



Australian Government

Australian Aged Care Quality Agency

Johnson-Goodwin Memorial Homes

RACS ID 3292
22 Camp Street
DONALD VIC 3480

Approved provider: Johnson-Goodwin Memorial Homes

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 01 November 2019.

We made our decision on 26 August 2016.

The audit was conducted on 02 August 2016 to 03 August 2016. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



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Audit Report

Johnson-Goodwin Memorial Homes 3292

Approved provider: Johnson-Goodwin Memorial Homes

Introduction

This is the report of a re-accreditation audit from 02 August 2016 to 03 August 2016 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 02 August 2016 to 03 August 2016.

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

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

Assessment team

Team leader:	Adrian Clementz
Team member/s:	Deanne Maskiell

Approved provider details

Approved provider:	Johnson-Goodwin Memorial Homes
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Details of home

Name of home:	Johnson-Goodwin Memorial Homes
RACS ID:	3292

Total number of allocated places:	33
Number of care recipients during audit:	32
Number of care recipients receiving high care during audit:	Approximately 80 percent
Special needs catered for:	Not applicable

Street/PO Box:	22 Camp Street
City/Town:	DONALD
State:	VIC
Postcode:	3480
Phone number:	03 5497 1304
Facsimile:	03 5497 1769
E-mail address:	goodwin@goodwinagedcare.org.au

Audit trail

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

Interviews

Category	Number
Executive officer	1
Deputy executive officer	1
Care manager	1
Clinical care co-ordinator	1
Quality manager	1
Quality and education	1
Administration assistant	1
Enrolled nurses	1
Care recipients	9
Representatives	4
Personal care staff	5
Lifestyle staff	1
Cleaning and laundry staff	2
Catering staff	2
Maintenance staff	1

Sampled documents

Category	Number
Care recipients' files	8
Summary/quick reference care plans	5
Residential agreements	4
Medication charts and electronic administration records	5
Adverse event reports	8
Personnel files	7

Other documents reviewed

The team also reviewed:

- Activities calendars and flyers

- Activity evaluations and participation records
- Advanced care directives
- Annual essential safety measures report 2016
- Asset register
- Audit schedule and results
- Care recipients' information pack and handbook
- Catering records, internal and external audits and certification documentation
- Cleaning records
- Clinical observation charts and reportable limits
- Clinical review schedule
- Comments, complaints and compliment records
- Competency records
- Compulsory reporting folder
- Continuous improvement plan and associated documents
- Data analysis and trending
- Education calendar, attendance and monitoring records
- Essential services and preventative maintenance schedules and records
- Essential services log books
- External supplier agreements
- Fire and emergency response procedures
- Handover sheet
- Infection control records and outbreak information
- Influenza vaccination records
- Letter to care recipients and representatives notifying of re-accreditation
- Maintenance request book
- Memoranda, meeting minutes and newsletters
- Nurses registrations
- Nursing care assessments and plans

- Pathology, allied health and medical reports and referrals
- Police certificate registers
- Policies and procedures
- Risk assessments
- Roster
- Staff handbook
- Surveys and reports
- Volunteer handbook.

Observations

The team observed the following:

- Activities in progress
- Advocacy information pamphlets
- Archive and document storage
- Charter of care recipients' rights and responsibilities – residential on display
- Cleaning in progress
- Continuous improvement forms and suggestion box
- Electrical test and tagging records
- Emergency egress routes and assembly areas
- Equipment and supply storage areas
- Fire equipment
- Hand hygiene and personal protective equipment
- Handover
- Information on internal and external comments and complaints systems on display
- Interactions between staff and care recipients
- Living environment
- Meal preparation, beverage and meal service
- Menu on display
- Mobility aids and equipment

- Noticeboards and information displays
- Notification to stakeholders of re-accreditation audit
- Outbreak kit
- Palliative care equipment and supplies
- Security systems
- Short group observation in Riverside lounge
- Staff work areas
- Statements of strategic intent
- Storage and administration of medications
- Workplace health and safety information.

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

Care recipients, their representatives, staff and other stakeholders are encouraged to participate in continuous improvement activities. Management have processes in place to ensure the active pursuit of continuous improvement. Issues and opportunities are identified from a variety of sources including; written and verbal suggestions or feedback from staff, care recipients and representatives, analysis of audits, incident reviews, surveys and recommendations from a variety of external organisations. Management evaluate improvements using both formal and informal methods. Management communicate progress with improvements to stakeholders through, newsletters, memoranda, at meetings or by posting information on noticeboards throughout the home. Care recipients, their representatives and staff said they are aware of how to contribute to the continuous improvement process.

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

- In response to feedback from stakeholders, the home reviewed the staff handover process and after consultation with staff altered the timing of the morning to afternoon shift handover. This has resulted in staff being available to assist and supervise care recipients during this period. Feedback from care recipients and staff has been positive.
- In response to a review of the home's communication processes and feedback from stakeholders, the home has developed an electronic version of their newsletter which is now emailed to stakeholders on request. Feedback from stakeholders accessing the newsletter in this manner has been positive.

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 a generally effective system to identify, respond to and meet relevant legislation, regulatory requirements, professional standards and guidelines across the Accreditation Standards. Management interpret information received from sources that include peak bodies, legislative update services, industry newsletters and government departments. Policies and procedures are developed or amended as required. Staff are advised of regulatory compliance matters through the induction process, handbooks, meetings, memoranda and education. Staff demonstrate knowledge of regulatory requirements relevant to their role. Management use registers, incident reporting and audits to monitor regulatory compliance.

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

- Management notified stakeholders of the re-accreditation audit as required and within regulated timeframes.
- Management has a system to undertake self-assessment.
- Stakeholders have access to information about advocacy services and internal and external complaint mechanisms.

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. Recruitment and selection processes are guided by role specific skill and qualification requirements. New staff are introduced to their position through supported shifts and an orientation program which includes the completion of mandatory education topics and competencies. Management develop an education program based on staff requests, changing care recipient needs, incident reports and observations of staff practice. The education program incorporates both internal and external education sessions and covers a wide range of topics. There are processes to advise staff of upcoming training sessions and to track staff attendance at mandatory and other education. Staff are satisfied with the range of education and professional development opportunities available to them. Care recipients and their representatives are satisfied with staff knowledge and skills.

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

- accreditation
- comments and complaints
- team building.

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

Each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms. Information about external complaints bodies and the home's system for providing feedback is included in stakeholders' information packages, displayed throughout the home, discussed in orientation programs and pamphlets are readily available. A range of established communication strategies are used to encourage stakeholders to raise their concerns with management and staff or to use the improvement form. Management reviews all feedback and ensures timely follow-up. Where appropriate, issues are documented within the home's continuous improvement system to ensure timely resolution. Care recipients, their representatives and staff said they are aware of how to make a comment or complaint and would do so, if required.

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

Management has documented the home's vision, mission and values statements. A commitment to quality underpins these statements of strategic intent which are displayed within the home and documented in information handbooks.

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 ensure there are appropriately skilled and qualified staff sufficient to meet the needs of those living in the home and the philosophy of care. There are processes to review staffing numbers and skill mix in response to changing needs of care recipients and feedback from staff. Multi-skilling enables an efficient allocation of staff hours for care and services.

Overnight management of clinical care is provided through a nurse on call. Resources provided to staff to enable them to perform their roles include position descriptions, policies and procedures, handbooks and information updates. Processes for monitoring staff performance against required duties and role responsibilities include stakeholder feedback and competency testing. There is an established pool of staff available to replace positions during planned leave and any unplanned absences. Staff are satisfied they have access to information regarding their duties and are usually able to complete them during the allocated shifts. Care recipients and their representatives are very satisfied with staff practices, their responsiveness and the manner in which care is provided.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Management has a system to ensure stocks of appropriate goods and equipment is available for quality service delivery. Suppliers deliver consumables to a regular order cycle and there are processes to ensure sufficient stock holding levels are maintained. Management identifies equipment needs through staff requests, audits, meetings, clinical reviews and care recipient feedback. There are processes to regularly inspect and clean care recipient equipment and document requests for repair. Storage areas are sufficient, clean, organised and secure. Staff are satisfied they have access to regular supply of goods and sufficient well maintained

equipment for carrying out daily tasks. Care recipients and their representatives are satisfied there are sufficient goods and access to equipment to provide for their individual needs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are effective information management systems in place which ensure confidentiality, privacy and security of information is maintained. The home has processes to ensure stakeholders have access to up-to-date information applicable to their needs. Policies and procedures are available to guide staff in provision of care and services. Management communicate information through a variety of means including scheduled meetings, education sessions, mail outs, memoranda and newsletters. Management provide each care recipient or their representative with an information package when a care recipient enters the home and encourage regular care consultations. Care recipients, their representatives and staff said they are satisfied with the home's information systems.

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

A generally effective system is in place to ensure external providers deliver services in a way that meets the residential care service's needs and quality goals. A variety of external contractors providing supplies and services attend the home on a regular basis. There is an inconsistent approach to maintaining service agreements and contracted obligations.

Management are alerted to inadequate quality of services through feedback processes. Management have recently recommenced and completed a formal evaluation of external service providers. Care recipients, their representatives and staff are satisfied with the services provided by external contractors.

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 at the home actively pursue continuous improvement in relation to care recipient health and personal care. Refer to expected outcome 1.1 Continuous improvement for information regarding the home's continuous improvement system.

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

- In response to the changing acuity of care recipients and increased falls risk for those living in the home management, consulted with staff to identify how to improve communication of care recipient needs. Consultation with staff has resulted in a review of the information included on the handover sheet. Falls risks and mobility aids used by each care recipient is now reflected and highlighted on the handover sheet. Feedback from staff has been positive with staff confirming an increased knowledge of care recipient risk.
- In response to feedback and suggestions from staff and management the home reviewed their medication management systems. In consultation with staff and other stakeholders the home has purchased and implemented the use of electronic medication management equipment and software. Staff feedback has been positive and management state this system assists with ensuring safe medication administration and streamlines medication auditing processes.

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

There is an effective 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 responsiveness to regulatory compliance relating to Standard 2 Health and personal care include:

- Registered nurses undertake care planning and specialised nursing care.
- Management monitor the professional registrations of staff.
- There are policies and procedures for the safe management and administration of medications.
- There are protocols to manage and report the unexplained absence of a care recipient.

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

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

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

- behavioural management
- diabetic management
- palliative care
- sensory loss.

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 appropriate clinical care. Staff complete a range of clinical assessments on each care recipient on entry to the home and nursing staff generate individualised care plans through the home’s electronic care package. Nursing staff review and update assessments and care plans according to a schedule or in response to changes in the needs of the care recipient. Nursing staff offer care consultations to each care recipient and/or their representatives annually and when there are significant changes in care needs. Nursing staff refer care recipients to medical practitioners or other health professionals who visit the home or in the wider community depending on care recipient preferences and needs. Management monitor the effectiveness of clinical care systems through audits, clinical data, adverse event report analysis and stakeholder feedback. Care recipients and their representatives are satisfied with the clinical care provided to those living in the home.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Appropriately qualified nursing staff identify and meet care recipients’ specialised nursing care needs. Nursing staff assess, plan and evaluate care recipients’ specialised nursing needs in consultation with medical practitioners and appropriate health specialists.

Registered nurses review specialised nursing care plans regularly and in response to changes in health needs. Management conduct audits, analyse clinical data and review stakeholder feedback to ensure specialised nursing care systems are effective. Staff have appropriate knowledge and skills to provide specialised nursing care with ongoing education and training provided to ensure quality care. Care recipients and their representatives are satisfied with the availability of nurses and the care provided.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Care recipients are referred to a wide range of health specialists in accordance with their individual needs and preferences. Nursing staff in consultation with the individual’s medical practitioner assess care recipients’ needs for allied health services and arrange referrals as appropriate. In accordance with each care recipient’s abilities and wishes, staff assist with access to visiting health specialists or health specialists of their choice within the broader community. Staff update care recipients’ care plans to include recommendations and ensure care is delivered accordingly. Management monitor the system’s effectiveness through care

plan review processes, audits and stakeholder feedback. Care recipients and their representatives are satisfied with care recipients' access to and the range of health specialists available.

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

Management ensures care recipients' medications are managed safely and correctly. Registered nurses and medical practitioners review each care recipient for their medication support needs and care recipients wishing to manage their own medications are supported to do so within their capabilities. Staff responsible for medication administration undergo annual medication competency assessments. Policies and procedures, care plans and medication charts and electronic medication administration programs support staff in medication management. Medications are stored safely and according to legislative requirements and staff ensure appropriate and consistent medication supply. Management monitor the system through audits, competency assessments and adverse event analysis. Care recipients and their representatives are satisfied with the processes used to supply and administer 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

Care recipients are as free as possible from pain. Nursing staff, the home's physiotherapist and medical practitioners assess care recipients' current and previous experiences of pain and identify pain management strategies. Nursing staff refer care recipients to medical practitioners for review in response to new or ongoing pain or discomfort. Nursing staff consult with care recipients, their representative and other members of the health care team as needed. Strategies used include medication, active and passive exercise, use of heat packs and gentle massage. Management monitor the effectiveness of pain management through care plan review, audits and stakeholder feedback. Staff are aware of the key signs of pain and discomfort care recipients may demonstrate and appropriate pain management interventions. Care recipients and their representatives are satisfied with pain management strategies offered to ensure care recipients are as free as possible from pain.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The home maintains the comfort and dignity of terminally ill care recipients. Care recipients and their representatives are encouraged to complete advanced care directives and to discuss

end of life wishes. Care plans reflect palliative care needs and preferences when required and registered nurses review these needs frequently. Staff access medical practitioners and the advice of palliative care specialists when needed. The home has sufficient and appropriate stocks and equipment to provide palliative care and staff attend relevant education. Management monitor palliative care provision through audits, observation and stakeholder feedback. The home has received letters of thanks regarding the care and support provided to care recipients and their families during palliation.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. On entry to the home, staff identify care recipients’ likes, dislikes, special dietary needs and religious dietary needs to ensure appropriate diets are provided. Staff monitor care recipients’ weights and refer care recipients to allied health professionals and medical practitioners as appropriate to address issues related to weight variances. Assistive devices are available as required and modifications to food texture and alternative dietary items are available for care recipients with special needs and preferences. Management monitor the effectiveness of the nutrition and hydration system through weight audits, care plan review and stakeholder feedback.

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 assess care recipients’ skin integrity and potential for skin breakdown and develop care plans documenting needs and preferences including the levels of assistance and equipment required. Care staff monitor care recipients’ skin condition during hygiene care and report any issues to the nursing staff. Nursing staff develop wound care charts and provide wound care, where appropriate nursing staff refer care recipients to their medical practitioner and/or wound consultant for review. Staff use emollient creams, protective devices and pressure relieving equipment including air mattresses according to care recipients’ assessed needs. Management monitor the effectiveness of care recipients’ skin care through the audit program, adverse event analysis and stakeholder feedback. Care recipients and their representatives are satisfied with the care provided.

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 needs are managed effectively. Staff identify and assess the individual needs of care recipients on entry to the home and in response to changes in health status. Staff consider care recipients’ independence, maintenance of comfort and dignity needs in the development of an individualised continence management program.

Management monitor the effectiveness of care recipients’ continence programs through audits, care reviews and stakeholder feedback. Care recipients and their representatives are satisfied with the assistance provided by staff.

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 care recipients’ behaviours on entry to the home. Reassessments occur if care recipients’ behavioural patterns change. Care plans identify behaviours, potential triggers and reflect individualised management strategies, which include cultural, social and emotional support. Nursing staff refer care recipients to their medical practitioners and behavioural management specialists as required. Management monitor the effectiveness of behaviour management strategies through care plan review, adverse event data analysis, audits and stakeholder feedback. Staff are able to describe individualised interventions for care recipients to manage and prevent challenging behaviours impacting on others at the home. Care recipients and their representatives are satisfied with behavioural management at the home.

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

Care recipients achieve their optimum levels of mobility and dexterity. Nursing staff and the home’s physiotherapist assesses care recipients’ mobility, dexterity and rehabilitation support needs on entry to the home. Staff refer care recipients to the home’s allied health staff when changes in mobility or dexterity occur. Documented strategies include active and passive exercises, supply of mobility aids, hip protectors and assistance required for individuals to maintain their dexterity, mobility and independence. Management monitor the effectiveness of programs through analysing falls data, care plan review, observations and audits. Care recipients and their representatives are satisfied with the support care recipients receive to achieve optimal mobility and dexterity levels.

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. Staff conduct oral and dental assessments and formulate care plans to identify aids, equipment and the level of oral and dental care assistance required. Staff assist care recipients with maintaining their oral and dental hygiene regimes. Staff arrange for dental care practitioners to visit care recipients in the home or assist care recipients to attend dental clinics in the community as needed.

Management monitor oral and dental care through care plan reviews, audits and stakeholder feedback. Care recipients and their representatives are satisfied with the assistance care recipients receive to maintain their oral and dental care.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Care recipients’ sensory losses are identified and managed effectively. Staff assess and identify care recipients’ sensory deficits and develop care plans to ensure these are managed successfully. Staff refer care recipients to visiting or external services according to the individual’s needs and preferences. Staff are aware of the needs of the individual care recipients and assist those who require help with the care, maintenance and fitting of aids and devices. Management monitor provision of care related to sensory loss through care plan review and stakeholder feedback. Care recipients and their representatives are satisfied with the support provided by staff in managing 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

Staff assist care recipients to maintain natural sleep patterns. On entry to the home, staff assess sleep history and identify individual preferences of care recipients. Care plans reflect preferences and any individualised strategies used to promote optimal sleep patterns. These include individualised settling routines, the use of general comfort measures, evening drinks, snacks and medication as prescribed. Management monitor sleep management requirements through the care plan review process, audits and stakeholder feedback. Care recipients said they sleep well at night and that staff assist them to settle, respect their individual sleeping and resting routines, and provide assistance as necessary.

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 at the home actively pursues continuous improvement in relation to care recipient lifestyle. Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement system.

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

- In response to suggestions the home arranged for two staff to attend training on ‘chair chi’. After trialling the sessions and reviewing care recipient feedback and participation, the home’s lifestyle staff facilitate a fortnightly ‘chair chi’ session. Care recipients have provided positive feedback regarding this new activity and how it is assisting them in maintaining their independence.
- In response to feedback from care recipients and staff, the home created a new position for an additional lifestyle staff member to facilitate individualised activities which enables care recipients to attend activities in the local community with appropriate support. Feedback from care recipients receiving this support has been positive.

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

There is an effective 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 responsiveness to regulatory compliance relating to Standard 3 Care recipient lifestyle include:

- Care recipients, representatives and staff are made aware of care recipients’ rights to privacy and confidentiality.
- There are procedures and guidelines in relation to elder abuse and compulsory reporting and processes to make staff aware of their responsibilities.
- Care recipients are made aware of rights and responsibilities and the Charter is displayed within the home.
- At entry a residential agreement is offered to the care recipient or their nominated representative.

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.

Recent examples of education provided in relation to Standard 3 Care recipients’ lifestyle include:

- chair chi
- privacy and dignity
- an observational visit to a best practice regional home
- residents rights and responsibilities
- sexuality and older people.

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 has a system to assist care recipients adjust to life at the home and for staff to provide emotional support on an ongoing basis. There is a formal process to provide information to a care recipient and their representatives before moving into the home and to induct the new arrival. Staff help care recipients adapt to their new environment through room visits and invitations to social activities. Staff complete formal assessments that take into account the level of emotional need required by each care recipient. Care plans are reviewed on a regular basis and in response to changing needs. Staff are supported by volunteers in ensuring ongoing interaction with all care recipients, especially when emotional support is required during times of grief or sickness. Care recipients and their representatives said staff are responsive to the emotional support needs of care recipients.

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

There is a strong emphasis on assisting and encouraging care recipients to achieve maximum independence and maintain community ties and friendships. Assessment, care planning and review processes identify and plan for care recipients' physical, social, cognitive and emotional needs and preferences. The home's living environment promotes care recipient mobility and independence. Staff support and enable opportunities for care recipients to participate individually or through group settings in activities such as tending to the gardens, voting, shopping and bus outings. Staff implement strategies to assist care recipients attend interests and activities in the local community outside of the home. Visits by family and friends are encouraged and there is ongoing intergenerational contact through the local schools. Care recipients and their representatives are satisfied staff encourage, support and assist care recipients to optimise their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff ensure that each care recipients' right to privacy, dignity and confidentiality is recognised and respected. Individual needs and preferences of care recipients are identified through the suite of assessments and consent forms initiated when the care recipient enters the home. This is captured on care plans and reviewed on a regular basis. Care recipients receive information about how the home protects their privacy when

they move into the home. Policies and procedures guide staff practice and this is supplemented by specific information received through handover, meetings and education. Confidential information is stored effectively and access is limited to authorised staff and visiting health professionals. There are areas within the home and gardens for care recipients to receive visitors or spend quiet time. Care recipients and their representatives are satisfied with the way privacy and dignity is maintained in the home.

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 encourage and support care recipients to participate in a range of interests and activities of interest to them. Staff complete assessments when the care recipient moves into the home and capture information about previous and current social and lifestyle choices and preferences. Individual care plans are developed and reviewed on a structured basis in consultation with the care recipient or representative. A pool of volunteers from the local community assist staff to enable a full and varied program of group and individual recreational activities. Lifestyle staff monitor the effectiveness of leisure activities and programs through participation levels, informal feedback and discussion at meetings.

Care recipients and their representatives are satisfied with the variety of leisure activities provided at the home.

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. Staff identify the specific individual cultural, spiritual and religious needs and preferences of a care recipient during the assessment process at entry. From this individual care plans are developed and reviewed on a regular basis. Scheduled church services, bible study activities and visiting religious representatives support care recipients who follow the Christian faith. There are a wide range of opportunities for care recipients to celebrate events and days of cultural significance. Care recipients and their representatives are satisfied with the opportunities made available to partake in their preferred religious practices and engage in cultural activities of relevance to them.

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 promote and support 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. Care recipients and representatives are encouraged to express their wishes during the assessment process, at meetings, during individual consultations and through feedback processes. Staff document this information in care plans and regularly review each care recipient's preferences for care and support. An authorised representative is identified to provide decision-making support to care recipients presenting with reduced decision-making capacity. Staff are made aware of their responsibility to support resident choice through work procedures and education. Care recipients and their representatives are satisfied they can participate in decisions, exercise control and make informed choices about care and services they receive.

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 there are processes to ensure they understand their rights and responsibilities. At the time of entry, care recipients and/or representatives are provided with information on rights and responsibilities, security of tenure, external complaints and advocacy services and specified care and services. This information is set out in the residential agreement and care recipient handbook and explained by management during the entry process. There is a process to ensure information on care recipients rights and responsibilities remains current and meets legislative requirements. Security of place is respected. Care recipients and their representatives are satisfied with the security of care recipient tenure 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

Management at the home actively pursues continuous improvement in relation to physical environment and safe systems. The home’s continuous improvement system is described in expected outcome 1.1 Continuous improvement.

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

- The home reviewed the transport and assistance needs for care recipients who participate in regular walks in the community. Staff and care recipient feedback identified an electric wheel chair would improve the safety of staff and family members who were pushing manual wheel chairs up inclines and over rough surfaces. After a trial the home purchased an electric chair which is controlled from the rear. Feedback has been positive.
- In response to feedback the home reviewed care recipient access to and use of the home’s courtyard areas. The home identified that hot weather experienced over the summer months restricted the use of the area. After discussion with stakeholders, the home purchased and installed a large shade cloth over the court yard. Care recipients and staff feedback has been positive with more care recipients noted to use the courtyard.

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

There is 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 responsiveness to regulatory compliance relating to Standard 4 Physical environment and safe systems include:

- Staff store chemicals safely and there are processes to update material safety data sheets.
- Staff participate in fire and emergency training.
- Management complete an annual essential safety measures report each year on the anniversary of the occupancy permit.
- There are infection control policies and a system for managing and reporting outbreaks.
- Management has a food safety program that is regularly reviewed.

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.

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

- food safety
- nutrition for aged care
- outbreak principles
- physical restraints.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management is actively working to provide care recipients with a safe and comfortable environment consistent with the care needs of those living at the home. Care recipient rooms and communal areas are appropriately furnished, well maintained and kept at a comfortable temperature and level of noise. Care recipients have easy access to safe outside areas, paved pathways and established gardens. There are processes to ensure the maintenance of buildings and fixtures through regular servicing and maintenance programs. Risk assessments, audits, adverse event reporting and feedback mechanisms help monitor a safe and comfortable living environment. Care recipients and their representatives are satisfied management provides a comfortable, safe and well maintained living 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

There is a system to support a safe working environment in line with regulatory requirements. Management inform staff about their workplace health and safety rights and responsibilities during the induction program, through displayed information and in policies, procedures and handbooks. Staff are provided with relevant education including manual handling, infection control and chemical handling. Health and safety representatives receive initial and ongoing accredited training. Management and maintenance staff attend promptly to deficits identified through audits, adverse events and maintenance requests. Health and safety issues are tabled, addressed and monitored through the occupational health and safety meeting. 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 actively work to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are procedures and contingency plans to respond to identified internal and external risks and emergencies. Equipment is in place to ensure continuity of utility services in the event of an interruption in supply.

Maintenance staff and qualified external contractors maintain fire safety equipment and other essential services equipment and fixtures. All staff are required to complete mandatory fire

and emergency training. Emergency exits and egress routes are free from obstruction and assembly points clearly identified. Arrangements for providing a secure environment include an after-hours lock up procedure and keypad access to the home. Care recipients and their representatives are satisfied with the home's processes to ensure those living in the home feel safe and secure.

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. Key staff oversee the infection control program. Responsibilities include collection of infection surveillance data and overseeing infection control care and practices. Infection control education is included in staff orientation and annual education programs. Policies and procedures include guidelines for managing pandemic, gastroenteritis and influenza outbreaks. There are effective processes for hand hygiene, the use of personal protective equipment and the safe disposal of sharps and contaminated waste. Food safety, pest control programs and environmental services comply with legislation and infection control guidelines. Staff explained procedures to follow in relation to managing and preventing infections and their roles in the event of an infectious outbreak. The home encourages staff and care recipients to participate in influenza vaccination programs. Care recipients and their representatives are satisfied with staff practices relating to infection control.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment".

Team's findings

The home meets this expected outcome

The home provides hospitality services in a way that enhances care recipients' quality of life and staff's working environment. Food services are provided in line with the home's food safety plan which is reviewed annually by an independent auditor and the local council. All meals are prepared and cooked on site. A dietitian reviews the home's rotating menu when changes are made. Cleaning staff follow processes for maintaining the cleanliness of the environment in accordance with cleaning schedules and infection control guidelines. A contract laundry service launders the home's linen and staff attend to care recipients' personal items. Staff provide ironing and labelling services as needed. Adequate cleaning and laundry supplies and equipment are available and chemicals are stored in a safe manner. Management monitor hospitality services through internal and external audits with the provision of regular staff education which includes chemical handling and infection control training. Care recipients, their representatives and staff are satisfied with the home's catering, cleaning and laundry services.