



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Karingal Seymour RACS ID: 3050

Approved Provider: Seymour Elderly Citizens Hostel Inc

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 20 March 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 22 September 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 6 November 2015 to 6 October 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 20 March 2018

Accreditation expiry date 6 October 2019



Australian Government

Australian Aged Care Quality Agency

Karingal Seymour

RACS ID 3050
3 Bretonneux Street
SEYMOUR VIC 3660

Approved provider: Seymour Elderly Citizens Hostel Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 06 November 2018.

We made our decision on 22 September 2015.

The audit was conducted on 11 August 2015 to 12 August 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 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

Karingal Seymour 3050

Approved provider: Seymour Elderly Citizens Hostel Inc

Introduction

This is the report of a re-accreditation audit from 11 August 2015 to 12 August 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 August 2015 to 12 August 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:	Stephen Koci
Team member:	Michelle Harcourt

Approved provider details

Approved provider:	Seymour Elderly Citizens Hostel Inc
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Details of home

Name of home:	Karingal Seymour
RACS ID:	3050

Total number of allocated places:	60
Number of care recipients during audit:	59
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	N/A

Street:	3 Bretonneux Street	State:	Victoria
City:	Seymour	Postcode:	3660
Phone number:	03 5735 2200	Facsimile:	03 5792 3807
E-mail address:	don@karingalseymour.com.au		

Audit trail

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

Interviews

	Number		Number
Management	3	Care recipients/representatives	13
Nursing, care and lifestyle staff	11	Administration assistant	1
Ancillary staff	4		

Sampled documents

	Number		Number
Care recipients' files	12	Medication charts	6
Summary/quick reference care plans	8	Care recipient agreements	5
Supplier agreements	5	Personnel files	5

Other documents reviewed

The team also reviewed:

- Audit schedule, audits and checklists
- Cleaning documentation
- Clinical documentation including wound charts, blood glucose monitoring records, specialist and allied health reports
- Compulsory reporting register
- Continuous improvement registers and documentation including compliments and complaints
- Daily medication fridge temperature recording logs
- Education records
- Electronic maintenance system, documentation and schedules
- Fire equipment service records, emergency contingency plan and fire orders
- Food safety program, menu, care recipient dietary information, dietary summary overviews and dietary, daily record forms and audits
- Human resources documentation and rosters
- Infection control documentation
- Information booklets and handbooks
- Laundry documentation
- Lifestyle documentation and calendars
- Meeting minutes
- Occupation health and safety documentation
- Police check summary
- Policies and procedures

- Preferred suppliers list (organisation pick list)
- Self-assessment
- Staff orientation pack
- Test and tag spreadsheet.

Observations

The team observed the following:

- Activities in progress
- Care recipients mobilising independently and using mobility aids
- Chemicals and personal protective equipment
- Cleaning in progress and trolley
- Document archives
- Emergency pack
- Equipment and supply storage areas
- Firefighting equipment, fire panel and fire evacuation plans
- Hand hygiene facilities, personal protective equipment and material safety data sheets
- Interactions between staff and care recipients
- Internal and external living environment
- Internal feedback forms, external complaints and advocacy information
- Kitchen, kitchenettes, freezer, cool room and dry stores
- Laundry service in operation
- Medication and treatment rooms
- Short group observation in the dining room
- Sign in and out registers
- Transfer and mobility equipment
- Waste and sharps disposal.

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

There is a system to support the pursuit of continuous improvement across all four Accreditation Standards. Management identifies improvement opportunities from varied sources including surveys, improvement forms, meetings, corrective actions and organisational initiatives. Staff use an electronic database to record proposed improvement actions and responsibilities, and the management team monitor implementation, progress and outcomes. Communication to stakeholders about improvements occurs through meetings, noticeboards and newsletters. Management uses meetings, audits and informal consultation processes to evaluate improvement outcomes. Care recipients, representatives and staff are satisfied with opportunities to contribute to the continuous improvement program.

Examples of recent improvements undertaken or in progress that relate to Standard 1 Management systems, staffing and organisational development include:

- A communication tool that was being used for 'handing over' care recipient information to oncoming shifts was not being used as efficiently as the management team thought it could be. In consultation with staff the tool has been redesigned to communicate key information, particularly changed care needs, or short term issues that staff need to monitor. Staff said the new tool is working well, and that communication processes have improved.
- Following staff and care recipient feedback regarding the 'rush' prior to the evening meal, a change to the roster has been made that allows another staff member to be available to assist with the evening meals. Management and staff are pleased as the evening mealtime is much calmer and care recipients don't feel as rushed.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The organisation has a system for identifying relevant legislation and regulatory requirements and ensuring compliance with professional standards and guidelines. Management receive regulatory information via membership on an industry body and from other relevant sources. Any relevant regulatory compliance information is discussed at the home's regular meetings where regulatory compliance is a standing agenda item. Care recipients and representatives are informed of changes to regulatory compliance through meetings or via direct contact.

Staff are informed through meetings, messages sent via the electronic timesheet system, updates to policy and procedures and via noticeboards. Regulatory compliance regarding management systems, staffing and organisational development is monitored through audits, competencies and observation. Staff said they are informed about regulatory compliance.

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

- Management ensured the notification, within the required time-frame, of all stakeholders about the re-accreditation audit.
- The organisation has processes to monitor police certificates and credential checks for staff, volunteers and service providers.
- Personal information is managed and destroyed in accordance with regulatory requirements.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management demonstrate there are systems in place to ensure all staff have appropriate knowledge and skills to allow them to perform their roles effectively. Upon commencement, all staff undertake orientation relevant to their role. Additional education sessions are conducted based on staff requests, meeting feedback, performance appraisals or a change in care recipient's needs. Management maintain attendance records and evaluations to monitor the effectiveness of the training. Management offer a range of compulsory education, toolbox sessions and self-directed learning packages and maintain a matrix of staff education completed. Staff stated they are satisfied with the level of education on offer and that internal and external training opportunities are available to further develop their skills.

Recent and upcoming training opportunities relevant to Standard 1 include:

- Electronic care system training
- funding instrument for registered nurses
- superannuation update
- time management.

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

There is a system to ensure each care recipient, representatives and other interested parties have access to internal and external complaints mechanisms. Management provides information about the home's complaints process and external complaints and advocacy services in the care recipient information booklet and through information displays. Provision of feedback occurs directly to staff via meetings or directly from a member of the management team. Management acknowledges formal complaints and provides feedback on

outcomes. Where appropriate, management document issues within the home's continuous improvement system to ensure timely resolution and evaluation. Discussion of feedback data occurs at meetings and through newsletters with processes to maintain confidentiality. Care recipients, representatives and staff have knowledge about the comment and complaints processes and feel comfortable to raise concerns.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has documented its philosophy, vision and values. This incorporates a focus on creating a happy, homely environment, supporting care recipients to achieve maximum independence and regarding care recipients, relatives and staff as 'family'. Information is included in all key documents and includes a commitment to ongoing quality improvement.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The organisation has processes to ensure the recruitment of appropriately skilled and qualified staff for the delivery of care and services to care recipients. A formal recruitment process is followed and management monitors qualifications and credential information. New staff complete orientation that includes 'buddy shifts' to assist them in adjusting to their new roles. All roles have position descriptions and staff sign a letter of engagement when they commence employment. Rosters confirm that adequate staffing levels occur over all shifts with a registered nurses rostered on all shifts. Roster vacancies are filled from permanent part time staff, a casual bank or agency staff. Care recipients, representatives and staff are satisfied with current staffing levels at the home.

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 suitable goods and equipment for quality service delivery. Preferred suppliers are used for delivery of foodstuffs, cleaning materials and clinical supplies. We observed all supplies stored in clean, secure areas around the home. Senior management handles contracts and agreements. Corrective and preventative maintenance programs and electrical testing and tagging programs are in place. Staff, care recipients and representatives said goods and equipment are readily available and that maintenance is completed in a timely manner.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has established systems for the management of information. Management exchanges information with staff, care recipients and representatives via a range of mechanisms including information booklets, newsletters, suggestion boxes, meetings, improvement forms, surveys and noticeboards. Systems to inform staff also include orientation, education, policies, care plans, audits and incident analysis. Confidential records are securely stored, archived and destroyed as required. Password protection and automatic off site back up protects the integrity of computer-based data. Staff, care recipients and representatives are satisfied with access to information and communication mechanisms at the home.

1.9 External services

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

Team's findings

The home meets this expected outcome

There are processes to ensure all external services are provided in a way that meets the residential care service's needs and service quality goals. External services at the home include physiotherapist, fire system testing, hairdressing and pest control. Contracts are handled by senior management and specify the required standards and timeframes. Observations, audits and feedback direct from stakeholders about the quality of service are sort by management. Care recipients and representatives confirmed that they are satisfied with the home's external services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation actively pursues continuous improvement across all aspects of care recipients' health and personal care. Refer to expected outcome 1.1 Continuous improvement for details of the service's continuous improvement systems. Care recipients are satisfied with the quality of care provided by staff.

Examples of recent improvements undertaken or in progress that relate to Standard 2 Health and personal care include:

- Management identified a need to increase staffing and improve the management of medication as the home increased in size. An electronic medication database was sourced and has since been implemented. Extensive training has occurred for all staff administering medications, pharmacies and medical practitioners. Management and staff said this has greatly improved the management of medication, orders are clearer, there are more 'checking' systems in place prior to the administration of medication, and medication orders are more legible. Medical practitioners are also able to access the medication records remotely. Management and staff are very satisfied with this new system.
- Senior clinical staff identified inconsistencies in the way that wounds were being managed, potentially leading to slower healing processes. Clinical staff researched possible solutions that would best meet the needs of the care recipients, and the common types of wounds care recipients sustained at the home. A company was selected; training provided, and a comprehensive system introduced to enable a consistent approach to the management of wounds. Staff are pleased with the results, and said that wounds are now much better managed.

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 system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in expected outcome 1.2 Regulatory compliance. Staff stated they are informed about regulatory requirements by management.

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

- The organisation has processes to monitor the current registration of nursing staff and registrations are audited by management.
- Medications are stored and administered according to legislated processes.

- There are systems and processes in the event of an unexplained care recipient absence.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management demonstrated there are systems in place to ensure all clinical staff have the appropriate knowledge and skills to allow them to perform their roles effectively. Staff stated they are satisfied with the level of education available. Care recipients said staff have the appropriate skills and knowledge to care for them. The education and staff development system is described in expected outcome 1.3 Education and staff development.

Recent and upcoming training opportunities relevant to Standard 2 include:

- Continence and falls management
- dementia and incontinence
- electronic medication system training
- palliative care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients receive appropriate care at the home. Qualified staff assess care recipients clinical needs using comprehensive charts and assessments tools. An individualised care plan is then generated through an electronic documentation system and contains detailed information to guide staff practices. Other allied health practitioners are involved as required including medical practitioners, dietitians, speech pathologists and mental health professionals. Management monitor clinical care practices through observing staff, audit and incident results and feedback received from stakeholders. Care recipients and representatives are satisfied with the care provided and are consulted regularly about care needs.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Qualified staff identify and meet care recipients’ specialised nursing care needs. Specialist information is recorded to ensure a consistent approach to specialised care. Visiting specialists and services include a dietitian, speech pathologist, movement specialist, and palliative care services from the co-located hospital. Management support nursing staff in their clinical practice by providing current policies and procedures, resources and access to specialised equipment and relevant training. Care recipients and representatives are satisfied with the provision of specialised nursing care.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Nursing staff and medical practitioners regularly initiate referrals to other health professionals based on care recipients’ individual needs and preferences. On site services include, physiotherapy, optometry, podiatry, and dementia advisory and mental health specialists. Some care recipients choose to access local practitioners within the community and staff assist them to do this. The home supports attendance at external appointments with other health specialists as required and regularly consults with medical practitioners regarding any recommendations or treatments. Care recipients and representatives are satisfied with their access to health specialist services and the treatments received.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Management and staff demonstrate they have systems that ensure care recipients’ medication is managed safely and correctly. Nursing and care staff administer medications from multi dose packs with all medications securely stored according to relevant legislation and regulatory requirements. The home uses an electronic medication system that links directly to medical practitioners and the associated pharmacies. Medication stocks are monitored and electronic medication charts reflect current photographs, allergies and special instructions for administration. Staff report medication incidents as they occur and management use an incident log and analysis tracking process for follow up and resolution of incidents. Further discussion regarding adverse events, pharmacy anomalies and audit results occurs at regular medication advisory committee meetings. Care recipients and representatives said care recipients receive their medications in a timely manner.

2.8 Pain management

This expected outcome requires that “all residents are as free as possible from pain”.

Team’s findings

The home meets this expected outcome

Nurses assess and manage care recipients’ pain to ensure they are as free as possible from pain. Staff document on assessments and monitor care recipients pain experiences and the strategies that assist in relieving their pain. The physiotherapist is on site at least three times a week and facilitates individual pain management programs and offers treatments including heat therapy and massage. Evaluation of care recipients’ pain management occurs when medications are altered, when new pain is experienced, post falls and on return from hospital. Staff communicate with medical practitioners regularly regarding pain relief measures. Care recipients and representatives are satisfied with the pain management techniques used at the home.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Staff maintain the comfort of care recipients when they require palliative care. The home employs registered nurses across all shifts, and staff said this assists them with decision making in relation to medication management for palliative care and complex clinical decisions when care recipients reach the end of their life. External specialist palliative care services are accessed from the co-located hospital when needed. Care recipients discuss their terminal care wishes with staff and care recipients that have made decisions about their end of life choices have these recorded in their electronic records.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

There are systems in place to meet care recipients’ nutrition and hydration needs. Identification of care recipient’s dietary needs, allergies and preferences is collected on entry to the home. Monitoring of weight changes occurs on a scheduled basis and more often if required. A dietitian is available for consultation and reviews the menu to ensure it is nutritionally well balanced. A speech pathologist provides advice on modified food, fluids and supplements. Specialised cutlery and crockery are available for care recipients to assist them to maintain their independence. Strategies are identified to assist care recipients maintain a healthy diet and remain within a healthy weight range. Care recipients and representatives said meals were enjoyable and they are satisfied with the food served at the home.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients’ skin integrity is assessed and potential risks identified and recorded on individual care plans. A visiting podiatrist provides regular foot care services at the home. Nursing staff complete a wound management assessment and management plan and attend to wound care treatments to support and maintain skin integrity. Any care recipients that have chronic wounds have these wounds photographed to provide further monitoring of the healing process. The incident reporting system monitors skin tears, pressure areas and wounds with information captured on an incident log and analysis database. Care recipients and representatives are satisfied with the skin and wound treatments provided.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

There are systems to ensure care recipients’ continence is managed effectively. Staff complete an assessment and evaluation to assist in determining care recipients’ individual toileting patterns, necessary support and types of continence aids required. Equipment and resources are available for additional care needs and care plans reflect a continence management program tailored to each individual to maximise individual needs. Monitoring and reporting of urinary tract infections occurs through the home’s incident reporting system. Staff record care recipients’ bowel patterns daily and offer fresh fruit, juice and a high fibre diet to assist with a preventative approach to bowel management. Care recipients and representatives are satisfied with their continence management and the assistance received from staff.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Staff and other allied health professionals ensure that care recipients with challenging behaviours are assessed and managed effectively. Care recipients with complex cognitive impairment live within a secure area of the home. Prior history information, charts and a range of assessments identify responsive behaviours and inform staff of care recipients’ level of cognitive impairment. Detailed care plans include possible causes of behaviours and provide staff with individualised strategies when attending to care needs. Staff report behaviour related incidents as they occur and have an understanding of mandatory reporting guidelines. The home has a restraint free policy and there are no physical restraints used. Referrals occur to dementia advisory services and mental health specialists for further advice when needed. Care recipients and representatives said that staff attend to matters as they arise in a respectful and timely manner.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all residents”.

Team’s findings

The home meets this expected outcome

The physiotherapist assesses care recipients’ for individual needs and risks relating to mobility, dexterity and rehabilitation. A change to a care recipient’s mobility is communicated to relevant staff and the physiotherapists make recommendations to ensure optimal outcomes. Care recipients who sustain a fall undergo further reassessment by the physiotherapist. Care plans reflect individual interventions, type of aids and level of assistance each care recipient may require. There are a number of regular exercise programs at the home, some conducted by the physiotherapist. Care recipients and representatives are satisfied with how care recipients’ mobility and dexterity needs are managed at the home.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Care recipients’ oral and dental health is maintained. Staff gather history information and complete an oral hygiene assessment to identify any gum, teeth, mouth and lip problems and swallowing concerns. Care plans record details on the frequency of oral care and any staff assistance required. Staff assist care recipients to access a dentist or dental mechanic and assist with external appointments when required. Medical practitioners are consulted when care recipients’ experience mouth and gum problems. Care recipients and representatives are satisfied with the routine assistance care recipients receive from staff regarding their oral hygiene.

2.16 Sensory loss

This expected outcome requires that “residents’ 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 each care recipient for sensory loss associated with hearing, vision, smell, touch and taste. Other health professionals such as speech pathologists, audiologists and optometrists are consulted in response to any identified needs. Care plans include interventions required to assist care recipients with fitting and cleaning aids. Care recipients and representatives said staff assist care recipients to fit their aids as needed, and can access ophthalmologists and audiologists if required.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Practices at the home assist care recipients to achieve quality sleep. Care recipients are assessed on entry to the home to help identify their natural sleep patterns and preferences. Any changes to their sleep patterns are investigated and re-assessed when needed. Care recipients said they have their sleeping needs met and staff help them achieve sleep by offering comfort measures such as hot drinks, supper and reassurance. Care recipients said the home was quiet at night and others did not unnecessarily disturb them.

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

The organisation actively pursues continuous improvement across all aspects of care recipients’ lifestyle. Refer to expected outcome 1.1 Continuous improvement for details of the service’s continuous improvement systems. Staff and care recipients are satisfied with improvements in the area of care recipient lifestyle.

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

- The home identified a need to provide additional opportunities for care recipients, their friends and families to meet in a communal environment. A café was established operated by volunteers, the café provides cold drinks, coffees, and snacks. The café is very well patronised by care recipients, their friends and families as well as other members of the local community. Many care recipients commented on their enjoyment of being able to offer their friends a “cappuccino and cake” at their cafe.
- A member of the local community identified a concept of an “aphasia choir”. The concept is about assisting care recipients who might otherwise have difficulty speaking, be able to participate in a choir. This concept has commenced with support from a music therapist, although it is in its early stages of implementation, management said the care recipients who have joined the choir are enjoying it immensely.

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 system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in expected outcome 1.2 Regulatory compliance. Care recipients and representatives are informed of care recipients’ rights and responsibilities.

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

- Policies, procedures and a compulsory reporting register are in place regarding reportable incidents such as elder abuse.
- The organisation has policies and procedures in regards to privacy of care recipient information.
- The home has systems to demonstrate compliance related to care recipient agreements.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management demonstrated there are systems to ensure all relevant staff have appropriate knowledge and skills required to allow them to perform their roles effectively. Staff stated they are satisfied with the level of education available. Care recipients reported the home to be a safe environment in which to live and said staff respect their choices and treat them with respect. The education and staff development system is described in expected outcome 1.3 Education and staff development.

Recent and upcoming training opportunities relevant to Standard 3 Care recipient lifestyle include:

- Elder abuse
- privacy, dignity and independence
- sexuality in dementia.

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

The organisation supports care recipients in adjusting to life in the home and on an ongoing basis. Assessment of care recipients' emotional support needs and preferences occur when care recipients move into the home and care plans are developed to meet their needs. Review of care recipients' emotional support needs occurs on a regular basis by nursing and leisure and lifestyle staff and care plans are updated as required. Care recipients and representatives are provided with an information booklet to assist their orientation to the home. Lifestyle staff run a one to one visiting program for care recipients. Care recipients and representatives confirmed their satisfaction with the initial and ongoing emotional support care recipients receive at the home.

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. Initial and ongoing assessment and care planning processes identify, assess and plan for care recipients' physical, social, cognitive and emotional needs. Strategies to maximise independence include use of scooters, an in house café and freedom of movement within the home. The home welcomes visitors and maintains contact with local schools and community groups. Care recipients and representatives are satisfied care recipients' independence is actively promoted.

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

Staff respect care recipients' right to privacy, dignity and confidentiality. Staff practices are governed by policies and procedures which detail care recipients' rights to privacy and dignity. Staff describe appropriate practices to protect care recipients' privacy and dignity including knocking on doors, not discussing private information in public areas and calling care recipients by their preferred name. Monitoring processes include stakeholder feedback and observation. Care recipients and representatives said staff respect residents' rights to privacy and dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of interests and activities. Leisure and lifestyle staff complete assessments on entry to the home and develop a care plan in consultation with care recipients and representatives. Staff regularly review activity care plans. The program includes a wide range of activities that are advertised through a weekly calendar that is printed and displayed and daily activities are written on a whiteboard that is displayed. Management obtain feedback on the program via meetings, direct feedback, feedback forms, observations and reviewing activity attendance logs. Care recipients and representatives confirmed they are satisfied with the lifestyle program and confirm the support of care recipients to participate in a range of activities 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

The organisation values and fosters individual interests, customs, beliefs and cultural and ethnic backgrounds. Leisure and lifestyle staff identify care recipients' cultural and spiritual needs through the assessment process on entry to the home. There is provision for church services for care recipients at the home including regular Catholic, Anglican and Uniting services. There are special days held throughout the year and staff have access to culturally specific services via the internet to assist in meeting individual cultural needs as required. Care recipients and representatives are satisfied with the home's response to care recipients' 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

There are processes to promote care recipients' right to exercise choice and control over their lifestyle. Care recipients and representatives are encouraged to participate in the assessment process. The home holds regular meetings for care recipients and representatives and feedback forms are readily available. Management have an open door policy to ensure they are easily accessible if needed. Staff support care recipients to manage their own financial affairs and the organisation has a petty cash system. There is a wide range of activities on offer and care recipients can choose their participation levels. Care recipients and representatives confirmed their individual choices and decisions are encouraged, respected and supported by management and staff at the home.

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

The organisation has a system to ensure care recipients have secure tenure within the residential care service and understand their rights and responsibilities. Care recipient information covers security of tenure and care recipients' rights and responsibilities. The corporate services manager discusses entry requirements and agreements with care recipients and representatives. Any change of rooms will only occur after consultation with the care recipient and their representatives. Management can clarify and confirm care recipients' rights and responsibilities, security of tenure information and financial concerns on an ongoing basis as required. Care recipients and representatives said care recipients have secure tenure within the home and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The organisation actively pursues continuous improvement across all aspects of physical environment and safe systems. Refer to expected outcome 1.1 Continuous improvement for details of the service’s continuous improvement systems. Staff and care recipients are satisfied with improvements in the area of physical environment and safe systems.

Examples of recent improvements undertaken or in progress that relate to Standard 4 Physical environment and safe systems include:

- In an effort to further enhance the quality of food, and food experiences for older people one of the cooks was supported to attend a well-known chef’s education program called, “Creating an appetite for life”. This program included suggestions on how to entice care recipients’ with dementia, and those with swallowing issues with innovative ideas about food preparation and choices. The cook has commenced sharing her ideas and is in the process of implementing the ideas at the home to further enhance the meals provided.
- Following an infectious outbreak at the home, the management team decided to review the way in which they manage infectious outbreaks and improve processes. As a result they have developed ‘start up packs’ to be used during an infectious outbreak. These packs have been prepared and are ready to be taken to each affected care recipients room the moment there is a concern about infection. The individual packs are set up for immediate care recipient use. Management maintain a ‘Gastro Kit’, however the individual packs will allow them to respond faster to an outbreak and management hope it will further minimise spread of infection during a possible outbreak.

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 system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in expected outcome 1.2 Regulatory compliance. Staff confirm compliance with safe working practices within the home.

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

- Chemicals are securely stored with current material safety data sheets.
- The home has an audited food safety programme and has appropriate internal and external auditing of kitchen systems.
- Ongoing monitoring of the safety of fire safety systems.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management demonstrated there are systems in place to ensure all staff have appropriate skills to allow them to perform their individual role effectively. Staff stated they are satisfied with the level of education available. The education and staff development system is described in expected outcome 1.3 Education and staff development.

Recent and upcoming development opportunities relevant to Standard 4 include:

- Fire training
- food handling
- infection control.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The organisation has processes to assist in providing care recipients with a safe and comfortable environment consistent with care recipients' care needs. The home has care recipient accommodation of single rooms with private ensuites. Care recipients are encouraged to personalise their rooms. Internal and external areas are available for the use of care recipients and their representatives. Maintenance of buildings, grounds and equipment is through regular servicing and maintenance programs by internal staff or external contractors. There are appropriate preventative and corrective maintenance programs. Care recipients and representatives confirmed management provides a safe, secure, clean and comfortable 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

Management is actively working to provide a safe working environment to meet regulatory requirements. On commencement staff complete orientation that includes occupational health and safety. Policies and processes guide staff to understand their rights and responsibilities relating to occupational health and safety and notices identify relevant representatives. Management monitor the effectiveness of its occupational health and safety procedures through monthly completion of checklists and review of incident forms. Management and relevant stakeholders discuss and address any occupational health and safety issues at regular meetings. The home ensures all equipment is subject to routine and preventative maintenance. Staff said they are able to recognise and report hazards or incidents and are satisfied they work in a safe environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Management display fire evacuation plans, there is clear signage of emergency exits that are free from obstructions. Fire training occurs regularly at the home. Service of firefighting equipment is by external contractors and chemicals are stored safely and securely in locked rooms. Staff secure the home in the evenings and there is backup lighting in case of a blackout. There is a fire orders and a emergency contingency plan and an emergency pack that are accessible to all staff. Staff confirmed that fire training regularly occurs at 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

Management and staff demonstrate systems to ensure an effective infection control program. Management review and analyse infection data and oversee infection care and prevention. Food safety, pest control and environmental service routines are consistent with current infection control guidelines. Actions to minimise risk of infection include the use of protective equipment, hand hygiene, waste and sharps disposal. Management promote immunisation programs for staff and care recipients. Outbreak protocols, mandatory education and observation of practice provide staff with information on effective infection control measures. Staff, care recipients and representatives are satisfied with the infection control program at the home.

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

Management has effective systems to enable the provision of catering, cleaning and laundry services that enhance care recipients' quality of life and the staff working environment. All food is prepared in a central kitchen and served to care recipients. Monitoring mechanisms in the kitchen include external and internal audits and reports and daily record forms. The home has a four-week menu that changes for winter and summer and is reviewed by a dietitian. Schedules ensure cleaning tasks are completed and the team observed the living environment and care recipients rooms to be clean during the visit. All personal laundry and linen is completed onsite and there are adequate linen supplies. All care recipients clothing is labelled and staff have access to a label machine and label press. The home has a system to manage lost property. Staff and care recipients are satisfied with the home's catering, cleaning and laundry services.