



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Lumeah Lodge Hostel RACS ID: 3303

Approved Provider: Hepburn Health Service

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 27 December 2017

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 29 June 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 21 August 2015 to 21 April 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 27 December 2017

Accreditation expiry date 21 April 2019



Australian Government

Australian Aged Care Quality Agency

Lumeah Lodge Hostel

RACS ID 3303

13 Hospital Street

DAYLESFORD VIC 3460

Approved provider: Hepburn Health Service

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 21 August 2018.

We made our decision on 29 June 2015.

The audit was conducted on 26 May 2015 to 27 May 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

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

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Lumeah Lodge Hostel 3303

Approved provider: Hepburn Health Service

Introduction

This is the report of a re-accreditation audit from 26 May 2015 to 27 May 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 26 May 2015 to 27 May 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:	Sarah Lawson
Team member:	Carmel Fitzgerald

Approved provider details

Approved provider:	Hepburn Health Service
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Details of home

Name of home:	Lumeah Lodge Hostel
RACS ID:	3303

Total number of allocated places:	12
Number of care recipients during audit:	12
Number of care recipients receiving high care during audit:	Not applicable
Special needs catered for:	Not applicable

Street:	13 Hospital Street	State:	Victoria
City:	Daylesford	Postcode:	3460
Phone number:	03 5321 6500	Facsimile:	03 5321 6546
E-mail address:	trishc@hhs.vic.gov.au		

Audit trail

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

Interviews

	Number		Number
Chief executive officer	1	Care recipients/representatives	7
Director of integrated services	1	Lifestyle staff	3
Director of organisational development	1	Volunteers	1
Director of nursing	1	Catering staff	2
Nurse unit manager	1	Maintenance staff	2
Manager quality and safety	1	Nursing/care staff	8

Sampled documents

	Number		Number
Care recipients' files	10	Medication charts	5
Personnel files	5		

Other documents reviewed

The team also reviewed:

- Audits, audit schedule and surveys
- Cleaning schedules
- Clinical assessments, charts, plans, forms and documentation
- Compliments and complaints and registers
- Continuous improvement plan
- Diary
- Drugs of addiction register and medication refrigerator temperature charts
- Education calendars and attendance records
- External contractor agreements
- Food safety program, audits, dietary information and menu
- Handover sheets
- Incidents and clinical indicator registers and data
- Inventory and equipment management documents
- Lifestyle calendar including assessments, evaluations and participation records
- Mandatory reporting register
- Material Safety Data Sheets
- Meeting minutes, memoranda and newsletters
- Menus and dietary information
- Monthly infection rate data and analysis

- Monthly key performance indicator data and analysis
- Orientation documentation
- Police certificate, statutory declaration and nursing registration database
- Policies and procedures and flowcharts
- Preventative and reactive maintenance records
- 'Resident' and staff information booklets and packs
- Rosters
- Self-assessment
- Service agreements
- Vision and values statements.

Observations

The team observed the following:

- Activities in progress
- Emergency and firefighting equipment, egress routes and pathways
- Equipment and supplies and storage areas
- Information noticeboards
- Interactions between staff and care recipients
- Internal and external living environment
- Meal and refreshment services
- Short observation conducted in the dining room
- Storage and administration of medications.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home is co-located, however the organisation is operating both homes as one. The home has a system to identify, action and monitor continuous improvement. The system is comprised of input from incidents, audits, observations, care consultations and written and verbal feedback from all stakeholders. Management log all input on a register, document feedback provided and escalate all complex items to the home's continuous improvement plan. Meetings, newsletters and memoranda keep care recipients, representatives and staff informed. The home conducts continuous improvement activities at a local level and organisational led improvements occur. Care recipients, representatives and staff are satisfied with the continuous improvement system and said management are responsive when they raise issues.

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

- Management identified an opportunity to meet the needs of the lesbian, gay, bisexual, transgender and intersex (LGBTI) community and have commenced achieving 'Rainbow tick accreditation'. The project has included education for staff, establishing consultative groups and reviewing documentation. The organisation has sought input from the community. Management and staff stated the project has been a positive experience and resulted in improved outcomes for care recipients from the LGBTI community.
- As a result of legislation changes, management initiated integrating the two co-located homes to work as one unit. A new combined roster has been implemented and staff care for all care recipients onsite. Management stated the initiative has resulted in improved teamwork, upskilling of personal carers and earlier identification of care recipients' clinical issues.

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 systems for identifying legislative and regulatory changes, communicating changes to staff and managing and evaluating compliance. Management staff receive information about changes from a legal updating service, peak bodies and government departments and agencies. Senior management review policies and procedures as needed in response to legislative changes. Meetings, memoranda, electronic mail,

education sessions and revised policies and procedures inform staff about compliance requirements. Management use an established audit system to monitor compliance with relevant legislation, regulations and guidelines. Staff and management advised they are aware of their obligations in relation to regulatory compliance.

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

- Management advised stakeholders of the re-accreditation audit within the required time frame through letters, posters and discussions at meetings.
- The organisation has processes they follow to monitor police certificates and credential checks for staff, volunteers and service providers.
- Confidential documents are stored and destroyed securely.

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 they follow systems to ensure staff have appropriate knowledge and skills to perform their roles effectively. All staff complete an orientation process and mandatory education relevant to their role when they commence at the home. Management provides additional education sessions based on training needs and staff interests identified from audit results, staff requests, meeting feedback, performance appraisals or changes in care recipients' needs. Management maintain attendance records and session evaluations to monitor the effectiveness of the training. Staff stated they are satisfied with the education provided internally and online and information they receive about external training opportunities.

Recent and upcoming training opportunities relevant to Standard 1 include:

- open disclosure education for managers
- accurate data collection using a care needs table.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has systems to ensure each care recipient, their representatives and all other interested parties have access to internal and external complaints mechanisms. The home informs stakeholders of internal and external complaints mechanisms through information displays, brochures and handbooks. The home has suggestion boxes for anonymous and confidential feedback. Management records all comments and complaints on a database and provides feedback. Care recipients, representatives and staff said they are aware of and satisfied with the comments and complaints mechanisms.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has documented its vision, mission, values and their commitment to quality throughout the service.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure there are appropriately skilled and qualified staff to ensure care and service delivery is in accordance with the Accreditation Standards and the organisation's values. Management follow formal processes to select new employees and monitor staff performance. All new employees attend an orientation program, complete shifts under the guidance of experienced staff and attend ongoing mandatory education sessions. Management use audit results, competencies and observation of staff practices to evaluate systems and ensure optimal care and service delivery. The home maintains records of mandatory training attendance and staff qualifications, police certificates, and professional registrations as required. Management monitors staffing levels and implements changes to reflect increasing care needs. Staff confirm they are able to perform their roles in the allocated times and are satisfied with staffing levels. Care recipients and representatives are satisfied with skills and competency of all staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The organisation has stocks of appropriate goods and equipment available sufficient to provide care and services to care recipients. Management identifies equipment requirements through stakeholder feedback, review of care and service needs, continuous improvement, and observation. Management and staff purchase and replace goods and equipment as required, following budget allocation and using checking and ordering processes. Staff trial new equipment through preferred suppliers where possible and receive education on its use as needed. Equipment, goods and food items are stored appropriately. Maintenance staff follow scheduled and corrective maintenance programs to ensure optimal functioning of equipment. Staff and care recipients are satisfied with the availability of appropriate goods and equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Management and staff have access to information that is accurate and appropriate to their roles. Care recipients and representatives are provided with information on entry to the home and are kept informed through newsletters, care consultations, meetings and informal discussion. Staff are kept informed through policies and procedures, education, meetings, handover and position descriptions. Key data is collected, analysed and discussed at meetings. Confidential records are securely stored, archived and destroyed as per legislative requirements. Stakeholders are satisfied with the quality and timeliness of information provided.

1.9 External services

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

Team's findings

The home meets this expected outcome

Management has systems and processes to ensure externally sourced services meet the home's services needs and quality goals. A range of external contractors provide services based on ongoing performance and compliance with the home's documentation requirements. The organisation maintains details of service providers including agreements regarding provision of police certificates, insurances and qualifications. Internal maintenance staff monitor contractors when they are in the home. Management evaluates service provision through audit results, staff and care recipient feedback and observation. Staff and care recipients are satisfied with the services the home provides using 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 actively pursues continuous improvement in the area of health and personal care. Care recipients and representatives are satisfied with the quality of care provided by staff and indicate the level of care is always improving. Refer to expected outcome 1.1 Continuous improvement for details of the home's continuous improvement system.

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

- Following an organisational initiative to improve falls risk management, a falls working group was established, additional equipment purchased and a review of all strategies conducted. Management stated the initiative has resulted in improved strategies and safety for care recipients.
- As a result of increased medication incident reports, management reviewed and changed the process to manage analgesic patches. The improvement has resulted in improved medication management and reduced medication incident reports.

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 advised management inform them when there are changes to legislation or regulations.

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

- Clinical and care staff store and administer medications according to legislated processes.
- Registered nurses plan and supervise the delivery of specialised nursing care and ensure clinical guidance and support for staff is always available.
- There are policies and procedures to guide staff in the event of a care recipient's unexplained absence which includes maintenance of a register.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to care recipient health and personal care. Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Training opportunities provided relevant to Standard 2 include:

- venous leg ulcer management
- pressure injury severity levels
- syringe pump use for medication delivery
- strategies for managing challenging behaviours.

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. On entry an initial care plan guides staff practice until completion of the care recipient’s assessment period. Staff develop individualised care plans from assessments which identify needs, preferences and strategies required. Nurses regularly review care plans and consult with care recipients or representatives. The monitoring of clinical care occurs by audits, incident reports, clinical data analysis and stakeholder feedback. Staff demonstrated clinical interventions used to meet care recipients’ needs. Care recipients and representatives said they are satisfied with the clinical care provided to care recipients.

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 skilled staff identify and meet care recipients’ specialised nursing care needs. Clinical staff assess, plan and evaluate care recipients’ specialised nursing needs in consultation with appropriate health specialists and general practitioners. Care plans document specialised nursing needs, preferences and strategies required. Specialised nursing needs are monitored by stakeholder feedback, audits, incident reports and clinical data analysis. Staff have appropriate knowledge and skills to provide specialised nursing care. Care recipients and representatives said care recipients receive specialised nursing care in accordance with their needs and preferences.

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

Referrals to appropriate health professionals for care recipients occur in accordance with their needs and preferences. Allied health staff regularly accessed include a speech pathologist, dietitian, physiotherapist, occupational therapist and podiatrist. Completed assessments identify a care recipient’s need for referral to appropriate health specialists. Referrals take place according to the organisation’s referral system and management monitor to ensure the effectiveness of referrals. Documentation indicated staff implement and follow health specialists’ recommendations as required. Care recipients and representatives said referrals to appropriate health specialists take place frequently and as necessary.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The management of care recipients’ medication occurs safely and correctly. An assessment of care recipients’ medication administration needs occurs on entry and as required. Medication charts document relevant information including special instructions, allergies and photographs for ease of identification. Management monitor medication administration by audits, incident data analysis and staff competency completion. Staff store medications appropriately and assist or supervise care recipients’ medication administration as necessary. Care recipients and representatives said the administration of care recipients’ medications is timely.

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. Care recipients’ pain assessments including identifying their risk for potential pain occur. Care plans document triggers for pain, strategies and equipment required. Consultation takes place with care recipients and representatives and the health care team as needed. Pain management interventions include medication, heat packs and massage. Management monitor care recipients’ pain management by audits and stakeholder feedback. Staff are aware of appropriate pain management interventions to implement. Care recipients and representatives said they are satisfied with the management of care recipients’ 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

Clinical staff maintain the comfort and dignity of terminally ill care recipients. Staff assess care recipients’ terminal wishes and palliative care requirements in consultation with care recipients, their families and general practitioners. This occurs on entry to the home or at a later date if preferred. Staff have access to multidisciplinary support for care recipients as appropriate. Staff described consultation processes and care measures they provide when caring for terminally ill care recipients, including access to resources to support care recipients’ emotional and spiritual needs. Care recipients’ representatives expressed satisfaction with how staff accommodate care recipients’ palliative care needs.

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. Care recipients have a dietary assessment completed on entry that informs kitchen staff. Care plans identify dietary requirements, likes and dislikes and the level of assistance staff are to provide when assisting care recipients with meals. Staff monitor care recipients’ weight and referrals to dietitians and speech pathologists take place as needed. Management monitor nutrition and hydration by care recipient weight analysis, audits and stakeholder feedback. Staff assist care recipients with meals in an appropriate manner. Care recipients and representatives said they are satisfied with the home’s approach to meeting care recipients’ nutrition and hydration needs.

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 care plans document needs and preferences, including the levels of assistance and equipment required. Progress notes identify breaks in care recipients’ skin and staff initiate follow up care. Wound care charts guide staff practice when wounds occur and access to a wound nurse is available. Staff have access to appropriate emollient creams and dressings. Care recipients and representatives said they are satisfied with the care provided in relation to care recipients’ skin care management.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure staff manage care recipients’ continence needs effectively. Assessments and care plans take into consideration the level of staff assistance required by the care recipient and continence aids if needed. The home’s approach to continence management encourages promotion of care recipient’s independence. Staff said they have access to sufficient continence aids and displayed their knowledge of care recipients’ toileting requirements. Care recipients and representatives are satisfied with continence care provided at the home and with the way staff promote care recipients’ independence.

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 management of care recipients’ with challenging behaviours is effective. Staff assess care recipients’ behaviours on entry following a settling-in period. Reassessment occurs if new challenging behaviours arise. Care plans identify behaviours, potential triggers and interventions needed. Referrals to general practitioners and behavioural management specialists take place if assistance is required. Management monitor care recipients’ behaviour needs by audits, incident reports, observation and stakeholder feedback. Staff are educated on appropriate methods for managing care recipients with challenging behaviours. Staff are familiar with individual care recipients’ behaviours of concern and they implement appropriate strategies.

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

Management of care recipients’ optimum levels of mobility and dexterity is effective. Care recipients have their mobility and dexterity needs assessed on entry. Care plans identify interventions including aids and equipment needed for mobilisation and also the level of assistance required. A physiotherapist and occupational therapist visits the home on a regular basis. Management monitor mobility by audits and stakeholder feedback. Staff have attended education in relation to assisting care recipients with their mobilisation needs. Care recipients and representatives said they are satisfied with the home’s approach to optimising care recipients’ mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The maintenance of care recipients’ oral and dental health occurs effectively. Oral and dental care assessments take place and care plans identify aids, equipment and the level of assistance required. Oral and dental health specialists visit the home or care recipients can visit outside specialists as needed. Management monitor oral and dental care by audits and stakeholder feedback. Staff assist care recipients with maintaining their oral and dental hygiene regimes. Care recipients and representatives said care recipients receive assistance as required to maintain care recipients’ 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

Assessment and care planning processes ensure staff identify care recipients’ sensory losses. Staff develop management strategies to minimise any identified sensory loss relating to the five senses. Referrals to audiologists and optometrists occur and devices to assist in sensory loss are acquired as needed. Care plan information includes the level of assistance required, care of aids and strategies to optimise sensory function. Management monitor sensory loss by audits and stakeholder feedback. Staff said they assist care recipients in maintaining and fitting sensory loss aids. Care recipients and representatives said they are satisfied with the support and care provided to manage care recipients’ sensory loss.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients are able to achieve natural sleep patterns. Nursing staff identify care recipients’ sleep needs and preferences using entry and ongoing assessments. Care plans document individual preferences including comfort measures to promote sleep, individual rituals and preferences for day rest, retiring and waking. Management monitor care recipients’ sleep requirements by audits and stakeholder feedback. Staff encourage natural sleep patterns, meeting care recipients’ environmental needs, pain management requirements and continence care. Care recipients said they are able to communicate with staff in relation to their sleep needs.

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 actively pursue continuous improvement activities in relation to all aspects of care recipients’ lifestyle. Care recipients and representatives expressed satisfaction with the support provided to care recipients to remain control over the life they live. Refer to expected outcome 1.1 Continuous improvement for details of the service’s continuous improvement systems.

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

- As a result of organisational management initiative, a social worker has been employed for one day a week onsite, shared between the acute hospital and the home. Staff stated the new role has benefited care recipients’ mental health status.
- Following a suggestion from lifestyle staff initiative, a range of sensory diversional therapy tools were purchased. Staff stated and we observed care recipients engaged with the tools. Management stated the initiative has resulted in a reduction in behaviours and skin tears.

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 advised they have been informed of their rights and responsibilities.

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

- The organisation has processes in use to ensure staff maintain the confidentiality of care recipient information.
- Policies and procedures are in place regarding reportable incidents such as elder abuse.
- The home has systems to demonstrate compliance related to care recipient financial 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

The education and staff development system is described in expected outcome 1.3 Education and staff development.

Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to their management of care recipient lifestyle.

Training opportunities provided relevant to Standard 3 include:

- elder abuse and mandatory reporting
- understanding of care needs of gay, lesbian and transgender care recipients
- end of life care needs.

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

Staff follow organisational processes to support care recipients from their arrival in adjusting to life in the home. Dedicated staff identify care recipients' emotional profile initially and all staff contribute to ongoing formal and informal review and assessment of emotional needs and preferences. Lifestyle care plans are individualised to ensure care recipient enjoyment and emotional support. Care recipients are encouraged to bring personal items to decorate their rooms as they feel comfortable. Staff demonstrated they have a comprehensive knowledge of individual needs and preferences. Families and friends are welcomed and encouraged to visit and participate in the home's activities. Community groups and individual volunteers visit care recipients to give them comfort and support. Care recipients are satisfied with the emotional support staff provide.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Management and staff foster and encourage care recipients to be as independent as possible. Assessment of independence includes physical, cognitive, emotional, social and financial status of care recipients for issues that may limit independence. Staff assist care recipients with mobility, communication and cognitive difficulties to maintain independence according to their needs and preferences. Care recipients attend activities of interest to them in the wider community with staff or family assistance as needed and are encouraged to participate in outings, manage their own financial affairs where able and maintain their civic responsibilities. Staff encourage care recipients' continued links with local organisations and

community. Care recipients say staff assist them to maintain their independence and continue to maintain friendships and links with the local community as long as possible.

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 recognise and respect each care recipient's right to privacy, dignity and confidentiality. Care recipients' files include signed privacy consent forms for care and lifestyle activities. Care recipients who share rooms have access to sitting areas of various sizes in the home and on the large veranda. Staff assist care recipients respectfully and patiently when attending to activities of daily living and meal service. Staff demonstrated awareness of care recipient right to privacy and dignity by knocking on doors before entering care recipient rooms and calling care recipients by their preferred names. Care recipient information is stored securely and appropriately. Care recipients confirm staff treat them with respect 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

Lifestyle staff identify each care recipient's leisure and lifestyle needs and preferences on entry to the home, documenting their choices and supporting interventions in individualised personalised lifestyle plans. Lifestyle staff review and update plans to reflect changes in individual needs and preferences as they occur. Staff assist care recipients to maintain community links, go on outings and continue to pursue hobbies. The lifestyle program reflects care recipient choices including physical, social, cultural, spiritual and sensual activities for groups and individuals. Staff evaluate the program through attendance at activities, feedback at staff and care recipient meetings, informal discussions and survey results. Lifestyle staff are aware of individual care recipients' lifestyle needs and preferences. Care recipients report staff invite them to activities on a daily basis, they are advised of the monthly program and enjoy the activities they attend.

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

Practices in the home foster care recipients' individual customs, beliefs and cultural backgrounds. Lifestyle staff document cultural and spiritual preferences at initial assessment. The home celebrates culturally significant days and staff support care recipients to meet individual spiritual and cultural needs. Care recipients have access to a range of church services in the home and spiritual advisors can be accessed as requested. Staff review and evaluate the cultural and spiritual support they provide through feedback from stakeholders in individual exchanges or survey responses and review of care recipient mix. Staff advise

they can access culturally and linguistically diverse information as required. Care recipients and representatives are satisfied with the ways staff support them to meet their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home supports and promotes care recipients to exercise choice and decision making regarding lifestyle, health and social needs. Care recipients have input into the services they receive including rising and retiring times, food choices, activities and levels of socialisation. Care recipients and their representatives are encouraged to provide feedback about the care and services provided at meetings and in consultation with staff and management. Care recipients are encouraged to make choices and staff assist where possible to achieve them. Care recipients and representatives confirm staff consult them about all aspects of care and service. Care recipients are satisfied with their opportunities for choice and control over their individual lifestyle within the home and how their staff respect their decisions.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients have secure tenure within the home and there are processes to ensure they understand their rights and responsibilities. Care recipients and/or their representative receive an information pack prior to and on entry to the home and one is available in their room. Management provide an agreement to all care recipients which formalises occupancy arrangements and outlines the Charter of care recipients' rights and responsibilities. The agreement includes information for care recipients about conditions of tenure, fees, complaint mechanisms and termination options. Management ensure proposed changes of location within the home or to other facilities are aligned with care recipients' and representatives' preferences. Management review and update agreements in line with changing legislation. Care recipients and representatives said they feel secure and safe at the home and they are aware they have rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Management actively pursues continuous improvement activities related to the physical environment and safe systems. Care recipients and representatives are satisfied with the comfort of the living environment and the quality of hospitality services. Refer to expected outcome 1.1 Continuous improvement for details of the home’s continuous improvement system.

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

- Management initiated a regular executive team walk about whose role includes to observe and monitor the living environment. Management stated the initiative has resulted in improved identification and actioning of issues in the living environment
- As a result of an organisational initiative, a code grey to alert when staff are at risk, was introduced. Education was provided to staff and emergency documentation updated. The initiative has resulted in improved staff safety.

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 advised they follow guidelines to maintain 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 program.
- There is ongoing monitoring of fire safety systems and equipment.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively in the physical environment and safe systems. The education and staff development system is described in expected outcome 1.3 Education and staff development.

Training opportunities provided relevant to Standard 4 include:

- monthly education to increase awareness of emergency codes and corresponding action
- outbreak management
- body fluid spill kit use.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management and staff are working to provide a safe and comfortable environment for care recipients. The home provides comfortable internal and external environments with appropriate signage, security features and areas for care recipients and families to meet apart from bedrooms. Care recipients are in single rooms with access to a call bell system for assistance. The home has maintenance and emergency systems and procedures in place. Communal lounge and dining areas and outdoor sitting areas and landscaped gardens are accessible to care recipients and their representatives. Management maintain temperature, lighting and noise levels at a comfortable level for care recipients. Care recipients and representatives are satisfied with the levels of safety and comfort in the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Organisational and the home's management provide occupational health and safety systems and processes to ensure a safe working environment that meets regulatory requirements. Hazard identification, incident analysis, workplace audits and maintenance schedules are parts of a program to ensure the environment and equipment are safe. Safety representatives inform management who meet regularly to discuss and monitor safety related issues. Staff report hazards as they are identified and receive ongoing training for manual handling, chemical management, fire and emergency and infection control. Policies and procedures guide work practices and management analyse incident and infection data routinely. Staff manage hazards and maintenance requests in a timely manner. Staff report they contribute to the home's health and safety system at meetings and through hazard and incident identification and are satisfied with how management support the provision of a safe working 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

There are established procedures and equipment for detecting and acting on fire security and other emergency risks and incidents. Emergency exits are clearly marked, lit and large enough to facilitate the transfer of care recipients to an evacuation area. Professional contractors carry out regular testing and maintenance on all emergency alarms and equipment. The home has an electrical testing and tagging system and exit doors automatically release in the event of an emergency. Staff confirmed they have annual education in fire and other emergencies, have recently upgraded their awareness of unarmed threat procedures and are aware of actions to take in case of fire. Care recipients said that they feel safe in the home and in the event of an emergency they would wait for instructions from staff before acting.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has a system to prevent, identify, manage and contain infections. Infection control education is part of orientation and the home's annual mandatory education. Management collect, analyse and trend infection data monthly then identify and implement strategies and interventions. Outbreak guidelines, protective equipment, infectious waste disposal and pest control form part of the infection control program. The home has a food safety program in place. Staff stated identification and management of infections occurs quickly and effectively.

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. Catering services identify care recipient preferences, nutritional needs and special requirements and provide choices of meals and drinks accordingly. Management provide cleaning services which maintain care recipient rooms, the general living environment, staff areas and equipment according to care recipient needs. Laundry services take into account the frequency of linen and care recipient laundry services and there is minimal lost laundry. Staff provide hospitality services in accordance with current health and hygiene standards, including infection control requirements for staff. Management review hospitality services in response to care recipients' changing needs, stakeholder feedback, audit and survey results. Care recipients are satisfied with the catering, cleaning and laundry services provided at the home.