



Australian Government

Australian Aged Care Quality Agency

Opal Seahaven

RACS ID 3580
119 Cashin Street
INVERLOCH VIC 3996

Approved provider: Domain Aged Care (Victoria) Pty Ltd

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 February 2020.

We made our decision on 08 December 2016.

The audit was conducted on 08 November 2016 to 09 November 2016. The assessment team's report is attached.

After considering the submission from the home including actions taken by the home, we decided that the home does now meet expected outcome 4.4 Living environment.

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Opal Seahaven 3580

Approved provider: Domain Aged Care (Victoria) Pty Ltd

Introduction

This is the report of a re-accreditation audit from 08 November 2016 to 09 November 2016 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 43 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- Expected outcome 4.4 Living environment

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 08 November 2016 to 09 November 2016.

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

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

Assessment team

Team leader:	Adrian Clementz
Team member/s:	Kerry Ewing Sarah Lawson

Approved provider details

Approved provider:	Domain Aged Care (Victoria) Pty Ltd
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Details of home

Name of home:	Opal Seahaven
RACS ID:	3580

Total number of allocated places:	110
Number of care recipients during audit:	107
Number of care recipients receiving high care during audit:	106
Special needs catered for:	Memory support unit

Street/PO Box:	119 Cashin Street
City/Town:	INVERLOCH
State:	VIC
Postcode:	3996
Phone number:	03 5674 1700
Facsimile:	03 5674 1433
E-mail address:	dl_compliance@opalagedcare.com.au

Audit trail

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

Interviews

Category	Number
Facility manager	1
Care managers	2
Lifestyle co-ordinator	1
Administration	2
Registered and enrolled nurses	6
Care and lifestyle staff	7
Catering staff	1
Care recipients	18
Representatives	3
Cleaning staff	2
Maintenance staff	2
General practitioner	1
Physiotherapist	1

Sampled documents

Category	Number
Care recipients' files	17
Residential agreements	4
Medication charts	12
Personnel files	10

Other documents reviewed

The team also reviewed:

- Activity calendars, attendance records, evaluations and associated documentation
- Agency orientation folder
- Annual essential safety measures report
- Archiving register
- Audits, audit schedule and survey results

- Cleaning schedules
- Clinical assessments, charts, forms and documentation
- Clinical indicator data
- Complaints documentation
- Compulsory reporting folder and register
- Consent forms
- Contractor folder
- Corrective maintenance records
- Dietary information matrix
- Education records
- Emergency management plan
- Essential services schedules, service records and monitoring tools
- Food safety program, third party food safety audit and current certification
- Handover sheets
- Health specialist correspondence
- Incident reports
- Medication registers
- Meeting minutes
- Memoranda
- Menus and dietary information
- Nurses' registration folder
- Performance review processes
- Pest sighting records
- Plan for continuous improvement
- Police certificate register
- Policies, procedures and flowcharts
- Position descriptions
- Preventative and reactive maintenance records

- Preventative maintenance schedules, service records and monitoring tools
- 'Resident' booklets
- Rosters
- Self-assessment
- Sensor beam list
- Staff handbook
- Statutory declarations
- Vision and philosophy statement
- Volunteer folder

Observations

The team observed the following:

- Activities in progress
- Archives
- Bed poles
- Call bell positioning
- Charter of care recipients' rights and responsibilities – residential care
- Chemical storage
- Emergency evacuation pack and individual tags
- Equipment and supply storage areas
- Fire exits, egress routes, equipment and assembly areas
- Interactions between staff and care recipients
- Internal and external living environment
- Meal and refreshment service
- Noticeboards and information displays
- Storage of medications
- Test and tagging

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 organisation actively pursues continuous improvement across the four Accreditation Standards. Management maintain a schedule of audits to measure the home's performance across the Accreditation Standards. Opportunities for improvement are identified through informal and formal feedback from care recipients, representatives, staff and other stakeholders, meetings, surveys, audits and clinical data analysis. The plan for continuous improvement maintains a log of actions related to improvement activities. Management monitor and evaluate continuous improvement processes. The home uses memoranda, meetings and meeting minutes, survey results and noticeboards to keep stakeholders informed of the progress of improvements in the home. Care recipients, representatives and staff are satisfied the home actively seeks improvement.

Examples of recent improvement initiatives in relation to Standard 1 Management systems, staffing and organisational development include:

- As a result of an organisation initiative, a registered nurse educator role has been implemented one day a week. The role includes delivering education, conducting competencies and coordinating, delivering and analysing education. Management stated as a result of the improvement, compliance with all competencies will improve. Staff are satisfied with the improvement and additional support.
- Management have implemented a 'Staff rewards and recognition program'. All stakeholders have access to nomination forms for 'Staff member of the month'. Management reward the staff members each month with a certificate and gift voucher. Management said the improvement recognises and rewards staff performance.

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 home has an effective system to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines across the Accreditation Standards. Subscription services, government agencies and industry bodies provide information about legislative changes to the organisation and management at the home. The organisation’s clinical governance committee interprets this information and develops or modifies policies and procedures where required. These are made available through the organisation’s intranet. Regulatory changes is a standing agenda item at staff meetings and management disseminate information via memoranda, education and the electronic care documentation system. Management monitors compliance through observations and the audit process.

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

- Stakeholders have access to information about advocacy services and internal and external complaint mechanisms.
- Management notified stakeholders of the re-accreditation audit.
- Management has a system to undertake self-assessment.
- Management maintain processes to ensure the currency of police certificates for staff, volunteers and contractors.
- Management has a process to obtain relevant statutory declarations.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

There is a system to identify and enable management and staff to have the appropriate knowledge and skills to perform their roles effectively. Recruitment and selection processes are guided by role specific skill and qualification requirements. New staff are introduced to their position through supported shifts and an induction program which includes the completion of mandatory education topics and competencies. The education program incorporates an organisational driven calendar and opportunities identified at the home.

Education opportunities are identified through staff requests, performance reviews, surveys, clinical trends, management observations and incident reports. A majority of education is delivered through short toolbox sessions delivered at handover periods. There are processes

to advise staff of upcoming training sessions and to track staff attendance at mandatory and other education. Staff are satisfied with the range of education and professional development opportunities available.

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

- code of conduct
- customer service
- incident flowchart
- respectful workplace
- return from hospital checklist
- roles and responsibilities.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Each care recipient, representative and other interested stakeholders have access to internal and external complaints mechanisms. Management and staff provide care recipients and representatives with information about internal and external complaint mechanisms and advocacy processes when they enter the home. The home provides stakeholders with access to information through handbooks, information packs, brochures, memoranda and meetings. Management stated they promote an open door policy. Management records suggestions and complaints on a register. Care recipients, representatives and staff said they have access to and are aware of complaint 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 Opal Aged Care mission and values are documented consistently at Seahaven. A commitment to quality underpins these statements of strategic intent which are displayed within the home and documented in information handbooks.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Management has systems to enable the home to have appropriately skilled and qualified staff sufficient to ensure the delivery of services in accordance with these standards and the residential care service's philosophy and objectives. Management demonstrated processes to review and adjust staffing numbers and skill mix in response to changing needs of care recipients. Resources provided to staff to enable them to perform their roles include position descriptions, policies and procedures, handbooks and information updates. Processes for monitoring staff performance against required duties and role responsibilities include stakeholder feedback, management observations, competency testing and reviews of individual performance. There are generally effective processes to replace staff during planned and unplanned leave using primarily the casual bank and at times agency staff. Staff are generally satisfied they have access to information regarding their duties and are able to complete them during the allocated shifts. Care recipients and their representatives are generally satisfied with staff practices, their responsiveness and the manner in which care is provided.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Stocks of appropriate goods and equipment for quality service delivery are generally available. There is an effective stock control system and delegated staff monitor stock levels and order goods through established inventory lists and preferred suppliers. Goods are stored safely in secure areas and there are maintenance schedules to ensure equipment remains in good working order. There are processes to purchase or replace equipment.

Staff, care recipients and representatives are generally satisfied with the quantity and quality of supplies and equipment available.

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

Information management systems are in place and are generally effective. The home primarily uses electronic systems to manage and disseminate information relating to care, services, staffing, policies and procedures. Care recipients and representatives have access to the handbook, meetings and displayed information. Staff are informed by handbooks, position

descriptions, policy and procedures, meetings, memoranda, electronic mail and verbal handover. Key data is routinely collected, analysed and made available to the relevant staff. Confidential information is stored securely and access to computerised information is password protected. Archived material is record managed and stored securely pending destruction. Care recipients, representatives and staff are satisfied with information systems and communication processes.

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 is a system to ensure external providers deliver services in a way that meets the home's needs and quality goals. Opal Aged Care contracts a range of approved suppliers who provide services to the home. External contractors provide evidence of police certificates, registrations, certifications and insurance information where relevant as part of the contractual engagement and review process. Management has processes to ensure external service providers meet their contracted obligations. Management monitors the quality of services drawing on feedback from staff, care recipients and representatives.

Action is taken including changing service providers when required levels of service are not met. Care recipients and staff are satisfied with the quality of services provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a continuous improvement system that demonstrates ongoing improvement in care recipient health and personal care. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Examples of recent improvements over the last 12 months relating to Standard 2 Health and personal care include:

- Management developed and implemented a suite of clinical portfolios including pharmacy, pathology and progress note review. A registered nurse has been allocated to each portfolio. Management stated the initiative has streamlined processes, allocated accountability and improved compliance and completion of tasks in all areas.
- Management identified an opportunity to improve pharmacy services and contracted a local pharmacy. This has resulted in improved access to medication seven days a week and after hours. Management stated the initiative is also contributing to building relationships with the local community.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

There is an effective system to identify and meet regulatory compliance obligations in relation to health and personal care. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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

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

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

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

- anticoagulant therapy
- insertion of a suprapubic catheter
- pain management
- palliative care
- swallowing difficulties
- wound management.

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 said they receive appropriate clinical care. The clinical system guides staff through the process of assessment, planning and review to support appropriate clinical care provision. Care plans are generally reflective of care recipients’ needs and preferences. Care review processes and clinical handover assists with identification of changes in care recipients’ needs. Ongoing consultation occurs with care recipients or their nominated representative, general practitioner and health specialists to support the delivery of appropriate clinical care. Staff report clinical incidents and records show appropriate management. Monitoring of the clinical care system occurs through stakeholder feedback, clinical data, incident report analysis and audits. Staff described clinical interventions used to meet care recipients’ clinical needs. Care recipients and representatives are satisfied with the provision of clinical care.

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

Registered nurses identify, assess and plan for care recipients’ specialised care needs to ensure they are managed appropriately. Care plans are developed to guide staff in the area of specialised nursing care with specific instructions noted. Specialised care provision is provided in accordance with organisational guidelines. Changes in care needs are communicated effectively and staff are supported by a comprehensive and responsive education program to ensure they have the appropriate skills and knowledge to meet a diverse range of specialised needs. Management and key staff monitor the system’s effectiveness through stakeholder feedback, clinical data and audits. Care recipients and representatives are satisfied specialised care needs are identified and managed appropriately.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Care recipients are referred to a wide range of health specialists in accordance with their individual needs and preferences. Clinical systems including care review processes assist staff with identifying the need for health specialist support and advice. Mechanisms exist to capture, record, communicate and incorporate health specialists’ recommendations into care provision. Management monitor the system’s effectiveness through stakeholder feedback, care review processes and audits. Care recipients and representatives are satisfied with the range of health specialists available.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

There are systems to ensure safe and correct medication management. Appropriately skilled or qualified staff administer medications according to prescribed orders and quality processes monitor whether they are doing so safely and correctly. Clinical processes assist staff to identify, assess and review care recipients’ medication needs. Processes exist for the ordering, delivery, timely access to after-hours medication and disposal of medications.

Medications are stored safely and securely and in accordance with regulatory guidelines. Policies, procedures and current medication resources are accessible and guide staff practice. Care recipients who wish to self-medicate are assisted to do so. Management monitor medication management through stakeholder feedback, care review processes, medication incident data and audits. Care recipients and representatives are satisfied with how care recipients’ medications are managed.

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

Generally care recipients said they are as free as possible from pain. Care recipients’ pain is identified, assessed and evaluated on a continual basis. If care recipients present with either increased pain levels or with new origins of pain, reassessment is commenced and referral to relevant health specialists for treatment and/or advice occurs. The effectiveness of care recipients’ pain management is monitored through feedback mechanisms, care review processes and auditing. Staff can describe care recipients’ pain needs and the way they assist with pain prevention and management.

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

Staff maintain the comfort and dignity of terminally ill care recipients. Care recipients are provided opportunities to discuss their advanced care directives and end of life wishes and staff said these underpin care provision during the palliative care stage. Staff said they take an individual approach when caring for a care recipient who requires palliative care and resources are available to support comfort measures. Monitoring of the system’s effectiveness occurs through observation, care review processes and stakeholder feedback. Recorded feedback from past care recipients’ families acknowledges the level of care shown towards care recipients at their end of life.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Care recipients receive adequate nutrition and hydration. Care recipients’ likes, dislikes and special nutrition and hydration needs are captured through initial assessments reviewed regularly and as required. Nursing staff monitor care recipients’ nutritional and hydration status and implement referrals to general practitioners and other health specialists if required. Communication processes between staff and the catering department ensure care recipients receive the required diet. Assistive devices are available and modifications to food texture and alternative dietary items are offered to care recipients with special needs and preferences. Monitoring of the system occurs through feedback, care reviews, surveys and observation. Care recipients and representatives are satisfied care recipients receive an adequate level of nourishment and hydration.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. Care staff assess care recipients’ skin integrity daily during personal care and care recipients are assisted to maintain their skin, hair and nails in a healthy state with the support of a visiting podiatrist and hairdresser. Generally wound management plans are developed to monitor the healing process. Skin integrity issues are treated and monitored and advice is sought from health specialists if required. Management and key staff monitor the system’s effectiveness through stakeholder feedback, care review processes, incident data analyses and audits. Care recipients and representatives are satisfied with the approach to maintaining skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care recipients are generally satisfied their continence needs are managed effectively. Assessments and care plans note toileting times and the level of staff assistance required by the care recipient and continence aids if needed. Staff are aware of care recipients’ individual requirements and said they have access to sufficient resources to meet care recipients’ needs. Management monitor the system’s effectiveness through stakeholder feedback, care review processes and observation.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The needs of care recipients with responsive behaviours are managed effectively. Staff assess care recipients’ mood, routines and level of engagement on a continual basis. Generally care plans identify potential triggers and strategies to meet the needs of care recipients. Referrals to behavioural specialists occur under the direction of general practitioners. Staff are educated about supportive methods for managing the needs of care recipients with responsive behaviours. Management and key staff monitor the system’s effectiveness through stakeholder feedback, care review processes, incident data analysis and audits. Care recipients and representatives are satisfied with how the needs of care recipients who display responsive behaviours are managed.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Care recipients’ mobility and dexterity are achieved through initial and ongoing assessment and review by a physiotherapist. Each care recipient is assisted with their individualised program to maintain optimal levels of mobility and dexterity and functional capacity. Care recipients at risk of falls are identified through a risk assessment and strategies such as hip protectors, sensor beams, sensor mats and mobility aids are used to minimise risk.

Management monitor the effectiveness of the system through collection and analysis of falls data, care reviews and audits. Care recipients and representatives are satisfied with how mobility and dexterity levels are achieved.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Care recipients’ oral and dental health is maintained. Clinical systems guide staff with the assessment and development of an individualised oral and dental care plan for each care recipient. Recorded information includes specific aids, equipment and the level of staff assistance required. Care recipients are assisted to attend dental services for treatment as needed. Management monitor oral and dental care through stakeholder feedback and care reviews. Staff assist care recipients with maintaining their oral and dental hygiene regimes. Care recipients and representatives are satisfied with how staff maintain care recipients’ oral and dental health.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Care recipients’ sensory needs are identified, assessed and managed effectively. An assessment of each care recipient’s chemosensory abilities is conducted on entry to the home and this information guides care provision. Care recipients access eye and hearing services or are assisted to attend external appointments if this is preferred. The home is well lit, has accessible handrails and visible signage. Staff are aware of individual needs and assist care recipients with the maintenance, fitting and cleaning of aids and devices.

Management monitor the system’s effectiveness through feedback processes, care review and observation. Care recipients are satisfied with the assistance provided to maximise their chemosensory abilities.

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 satisfied they are assisted to achieve natural sleep patterns. On entry to the home care recipients’ preferred sleeping routines are identified, assessed and noted on a plan of care. Any variances to these patterns are identified and reassessed to promote optimal rest and sleep is achieved. Staff are aware of care recipients’ individual settling routines and described ways they assist care recipients to achieve natural sleep patterns.

Management monitor the system’s effectiveness through feedback mechanisms, care review processes and observation.

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 home has a continuous improvement system that demonstrates ongoing improvement in care recipient lifestyle. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Examples of recent improvements over the last 12 months relating to Standard 3 Care recipient lifestyle include:

- Lifestyle staff initiated implementing a new standing exercise program, ‘body balance’, as a result of feedback from care recipients. The program is improving care recipient strength and mobility. Care recipients are satisfied with the program.
- Management identified an opportunity to improve lifestyle outcomes for care recipients in the memory support unit and introduced the ‘Montessori approach’. The program includes focussing on care recipients’ current and past abilities and interests. The home won an organisational award for the initiative. Staff stated care recipients are now more engaged in the program.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

There is an effective system to identify and meet regulatory compliance obligations in relation to care recipient lifestyle. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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

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

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

There is a system to identify relevant needs for and enable management and staff have the appropriate knowledge and skills to perform their roles relative to care recipients’ lifestyle. For a description of the system refer to expected outcome 1.3 Education and staff development.

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

- anxiety management
- depression
- LGBTI inclusivity
- sundowner programs
- touch programs at end of life.

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 home has systems to ensure each care recipient receives support in adjusting to life in the new environment and on an ongoing basis. Staff familiarise care recipients to the home, reassure representatives and get to know care recipients' interests and preferences.

Information obtained includes family and life history, important life events and individual preferences for emotional support. Management provide care recipients and representatives with information including an information pack, tour and handbook to assist in their orientation to the home. Care recipients and representatives are satisfied with the emotional support care recipients receive.

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

The home has systems and resources to assist and encourage care recipients to achieve maximum independence, maintain friendships and participate in community life.

Assessments, care plans and consultations optimise care recipients' level of independence in daily activities. Staff practices maintain each care recipient's individual level of independence. Appropriate aids are available to support mobility and independence within the home and community. Care recipients said they are satisfied with the level of assistance the home provides in promoting their independence and participation in the community.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff recognise and respect each care recipient's right to privacy, dignity and confidentiality. Accommodation for care recipients is in single rooms with ensuites. The home has sitting areas and gardens where care recipients can have quiet time or socialise with families and friends. Care recipient information is stored securely and appropriately.

Staff contracts, handbooks and practices promote care recipients' privacy and confidentiality. Staff were observed to be maintaining care recipients' confidentiality and to be discreet when managing care needs. Management monitors privacy and dignity through observation and

feedback. Care recipients and representatives said staff maintain care recipients' privacy and dignity and are respectful.

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 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 sensory activities for groups and individuals. Bus outings, visiting entertainers and a volunteer program add to the diversity of activities. Staff evaluate the program through attendance at activities, formal evaluations, feedback at care recipient meetings and survey results. Lifestyle staff are aware of individual care recipient's lifestyle needs and preferences. Care recipients are satisfied with activity program and the support provided to participate.

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 home ensures care recipients' individual customs, beliefs and cultural backgrounds are fostered and valued. Care plans document cultural and spiritual needs and there are regular church and communion services. Lifestyle and care staff work collaboratively as a team and with volunteers' support deliver activities to meet care recipients' spiritual and religious needs. The home encourages the celebration of significant days. Care recipients and representatives are satisfied with the cultural and spiritual support provided.

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 rights of care recipients to make decisions and exercise choice and control over their lifestyle is recognised and respected. Assessments record choices and preferences. Care plans, dietary lists and records of activities document personal preferences which lifestyle and nursing staff regularly review. The home has a complaints system with forms displayed prominently and surveys, meetings and comment forms provide regular feedback. Clinical staff

conduct care consultations with care recipients and representatives. Care recipients stated staff respect their choices and preferences and they are encouraged to participate in decisions about their care and give feedback.

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. Prior to and at the time of entry designated staff guide new care recipients and/or their representatives through contractual and legislated relationship between the home and care recipient. All care recipients or their nominated representatives are offered a residential agreement at the time of entry. The handbook for care recipients and relatives provides information relating to care recipients' rights and responsibilities, security of tenure, complaints resolution and ending the agreement. Security of place is respected and consultation precedes any change of room. Care recipients and their representatives are satisfied with the security of care recipient tenure.

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 home has a continuous improvement system that demonstrates ongoing improvement in physical environment and safe systems. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Examples of recent improvement over the last 12 months relating to Standard 4 Physical environment and safe systems include:

- As a result of a review conducted following an outbreak, management identified an opportunity to increase hand hygiene facilities. An additional six hand washing basins have been installed. The initiative has improved infection control, access to hand basins and staff work flow. Staff are satisfied with the improvement.
- In response to issues with ageing heaters, management installed reverse cycle heating and cooling systems in every care recipient’s room and in communal areas. The initiative has resulted in improved comfort for care recipients and individual control. Care recipients and representatives are satisfied with the improvement.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

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

- There is a process to ensure chemicals are stored safely.
- Staff are made aware of their responsibilities in responding to fire and emergencies through annual mandatory training.
- There is a system to ensure compliance with fire safety regulations.
- Updated influenza outbreak guidelines informed the home’s system for managing outbreaks.
- Management has a food safety program that is regularly reviewed.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

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

- fire and emergency
- falls risk management and coronial report
- influenza
- manual handling
- wet floors and spillages.

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 does not meet this expected outcome

Management are not actively working to provide a safe and comfortable environment consistent with care recipients' safety and care needs. Not all care recipients and representatives are satisfied with the response to call bells. Management cannot demonstrate there is a system to ensure the safety of care recipients is maintained and monitored when bed poles are in use. Staff stated they are not always able to maintain a safe environment due to a lack of appropriate equipment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

There is a system to support a safe working environment in line with regulatory requirements. Management inform staff about their workplace health and safety rights and responsibilities during the induction program, through displayed information and in policies, procedures and handbooks. Ongoing health and safety awareness is created through dedicated noticeboards and mandatory education, which includes manual handling, chemical handling and infection control. Health and safety issues are tabled, monitored and addressed at relevant meetings. Health and safety deficits are identified through mechanisms including audits, staff incidents, feedback forms and maintenance requests. Equipment is routinely maintained through the preventative maintenance program.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff actively work to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are procedures and contingency plans to respond to identified internal and external emergencies. Maintenance staff and qualified external contractors maintain fire safety equipment and other essential services equipment and fixtures. There are processes to ensure all staff complete mandatory fire and emergency training and are aware of their responsibilities. Emergency exits and egress routes are free from obstruction with assembly points clearly identified. There are processes to ensure emergency evacuation information is kept current. Arrangements for providing a secure environment include a sign in and out register, security lights and keypad access to the home. Care recipients are provided with information on what to do in the event of the fire alarm sounding. Care recipients said they feel secure in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective system to prevent, identify, manage and contain infections. Infection control education is part of orientation and part of the home's annual mandatory education. Management collect, analyse and trend infection data then identify and implement strategies and interventions. Data is benchmarked with other homes within the organisation. 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 provision of hospitality services enhances care recipients' quality of life and the staff's working environment. Catering services meet care recipients' individual dietary needs and preferences, have a seasonal rotating menu and food preparation is in accordance with a food safety program. Cleaners follow a schedule which ensures appropriate cleaning of all areas of the home. Cleaning occurs according to infection control guidelines and personal protective equipment is utilised. The laundering of personal clothing and linen takes place on site and staff offer a labelling service. Care recipients and representatives are satisfied with all of the hospitality services provided.