Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Wintringham Hostel - Port Melbourne RACS ID: 3317

Approved Provider: Wintringham

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

Reconsideration Decision made on	20 March 2018
Reconsideration Decision	An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 13 October 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 23 November 2015 to 23 October 2019.
Reason for decision	Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

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

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits. |
| This decision is effective from | 20 March 2018 |
| Accreditation expiry date | 23 October 2019 |

Wintringham Hostel - Port Melbourne

RACS ID 3317
79 Swallow Street
PORT MELBOURNE VIC 3207

Approved provider: Wintringham

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 23 November 2018.

We made our decision on 13 October 2015.

The audit was conducted on 01 September 2015 to 02 September 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1:   Management systems, staffing and organisational development
Principle:
Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

Standard 2:   Health and personal care
Principle:
Care recipients' physical and mental health will be promoted and achieved at the optimum level in partnership between each care recipient (or his or her representative) and the health care team.

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

Standard 3:   Care recipient lifestyle
Principle:

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

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

Standard 4:   Physical environment and safe systems
Principle:

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

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

Audit Report

Wintringham Hostel - Port Melbourne 3317

Approved provider: Wintringham

Introduction

This is the report of a re-accreditation audit from 01 September 2015 to 02 September 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 01 September 2015 to 02 September 2015.

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

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

Assessment team

Team leader:	Stephen Koci
Team member:	Margaret Giffard

Approved provider details

Approved provider:	Wintringham

Details of home

Name of home:	Wintringham Hostel - Port Melbourne
RACS ID:	3317

Total number of allocated places:	35
Number of care recipients during audit:	35
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	N/A

Street:	79 Swallow Street	State:	Victoria
City:	Port Melbourne	Postcode:	3207
Phone number:	03 9646 0588	Facsimile:	03 9646 0288
E-mail address:	carolynr@wintringham.org.au		

Audit trail

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

Interviews

	Number		Number
Management	11	Care recipients/representatives	5
Nursing and care staff	4	Medical practitioner and allied health personnel	2
Lifestyle management and staff	2	Maintenance management and staff	2
Catering management	1	Cleaning staff	2

Sampled documents

	Number		Number
Care recipients' files	5	Medication charts	7
Personnel files	5	Care recipient agreements	5

Other documents reviewed

The team also reviewed:

- Audits and reports

- Care recipients' information, handbook and surveys

- Chemical register and material safety datasheets

- Cleaning documentation

- Cleaning regimes

- Clinical data and analysis

- Dietary changes form, dietitian referral forms, weight monitoring

- Electrical test and tag records

- Employee opinion survey

- Feedback, complaint and improvement forms

- Fire equipment service records

- Food safety plan, meal planner, records, dietary information, audits and reports

- Handbooks

- Hazard, pre purchase assessment checklists, risk assessments and incident forms

- Incident reports

- Infection data, reports and analysis

- Laundry documentation

- Lifestyle documentation and weekly planner

- Maintenance documentation, preventative maintenance schedule and workorders

- Management system

- Mandatory reporting register

- Medication register

- Meeting minutes

- Notifiable incident missing care recipient checklist

- Nursing registration database

- Outbreak guidelines

- Pest control records

- Police check database

- Policies and procedures

- Position descriptions

- Quality and strategic plan

- Residential medication management reviews, pharmacy orders

- Service provider agreements and approved supplier lists

- Specialised nursing care plans

- Staff handbook and orientation information

- Training attendance records and evaluations

- Vaccination records.

Observations

The team observed the following:

- Activities in progress

- Administration and storage of medications

- Annual essential safety measures report

- Archiving area

- Charter of residents' rights and responsibilities

- Chemical storage

- Cleaning in progress, trolley and steamer

- Clinical and general supplies

- Comments and feedback letterbox

- Equipment and supply storage areas

- Evacuation pack with care recipient list

- Firefighting equipment

- Interactions between staff and care recipients

- Internal and external advocacy and complaints resolution brochures

- Kitchens, freezers, refrigerators

- Laundries

- Living environment

- Meal in progress

- Outbreak equipment

- Personal protective equipment

- Short group observation in external, communal area

- Sign in/out register

- Staff room, notice boards and occupational health and safety representatives photos and names on display.

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 has a continuous improvement system that demonstrates improvements in management, staffing and organisational development. The system for care recipients and representatives includes improvement forms, meetings and informal feedback. The system for staff includes forms, direct feedback, audits and meetings. Continuous improvements are identified, documented on a quality plan and are monitored and evaluated via the home's quality control system. Feedback on continuous improvements is provided as direct feedback or at meetings. Care recipients, representatives and staff are satisfied continuous improvement occurs at the home.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Management reviewed and updated the notifiable incident process. Management streamlined the process and introduced a 'notifiable incident missing care recipient checklist' that is a 'step by step' form to assist staff if there is a reportable incident.

- Management upgraded the organisation's information technology systems. Management report the upgrade resulted in improved speed and access of systems and enables staff to access information systems quickly and efficiently. Staff report they can access relevant information and forms quickly and easily.

1.2 Regulatory compliance

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

Team's findings
The home meets this expected outcome

The organisation has a system for identifying relevant legislation and regulatory requirements and ensuring compliance with professional standards and guidelines. The home's head office receives regulatory information via membership of an industry body and via a legal update service that provides regular information to the organisation. Care recipients and representatives are informed of changes to regulatory compliance through meetings, updates to policy and procedures and via noticeboards. Regulatory compliance regarding management systems, staffing and organisational development is monitored through audits, competencies and observation. Staff said they are informed about regulatory compliance.

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

- The organisation has processes to monitor police certificates and credential checks for staff and service providers.

- Personal information is managed and destroyed in accordance with regulatory requirements.

- Management ensured the notification, within the required time-frame, of all stakeholders about the re-accreditation audit.

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

Team's findings
The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. Staff participate in both onsite and corporate orientation programs and annual mandatory education relevant to their role. The organisation implements additional education across the Accreditation Standards, based on training needs identified through training needs analysis, surveys, meetings, comments and complaints, audits, incidents, regulatory compliance changes, observation of practice and changing needs of care recipients. Staff receive education through group and individual sessions and have access to online learning. Management document attendance, review training evaluations and monitor the effectiveness of education through observation, feedback and audits. Staff said they are provided with appropriate and sufficient education at orientation and a regular basis to support them in their roles. Care recipients and representatives are satisfied staff have appropriate knowledge and skills.

Recent education relating to Standard 1 Management systems, staffing and organisational development includes:

- building resilience

- comments and complaints

- incident reporting

- privacy and confidentiality.

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

Management maintains a comments and complaints mechanism that is accessible to care recipients, representatives, staff and other stakeholders. Access is facilitated through forms, meetings and 'open door' access to management. Information on the internal and external complaint mechanisms are communicated through care recipient information. Information brochures on advocacy services and the external complaints scheme are available. All complaints go directly to management, are recorded on a register and actioned in a timely manner. Feedback is provided personally to the complainant and comments and complaint data is reported to senior management. The organisation has processes for the handling of confidential complaints and care recipients and representatives can go directly to the organisation's head office with any comments and complaints. Care recipients and

representatives and staff are aware of the home's comment and complaints processes and said they are comfortable to raise any concerns.

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

Team's findings
The home meets this expected outcome

The organisation has documented its philosophy, vision, mission and values and commitment to continuous improvement. We observed the home's vision displayed at the home's reception and documented in 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

There are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the standards and the organisation's philosophy and objectives. The human resources department at head office, with input from the facility's management, administer the recruitment process from identification of need, advertising, interviewing and selection, including associated checks. New staff complete onsite and corporate orientation to ensure a supportive transition into their role. All jobs have position descriptions to guide staff and staff sign employment contracts. Roster vacancies are filled from staff employed at the home or agency. Staff said management supports them and care recipients and representatives are satisfied with the level and quality of care 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

The home has suitable goods and equipment for quality service delivery. Approved suppliers are used for delivery of fresh and dry stores, cleaning materials and clinical supplies. We observed all supplies stored in clean, secure areas around the home. The home's management and staff order directly from suppliers. Corrective and preventative maintenance programs and electrical testing and tagging programs are in place. Staff, care recipients and representatives said goods and equipment are readily available and in good working order.

1.8   Information systems

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

Team's findings

The home meets this expected outcome

Effective information management systems are in place. Management communicates with care recipients and their representatives through care recipients' agreements, meetings, surveys, comments and complaints system, quality improvement forms, care consultations, electronic mail, letters, telephone calls and noticeboards. Staff are informed through position descriptions, meetings, handovers, clinical documentation, the intranet, policies, procedures and memoranda. The information technology system is password protected and regularly backed up. Care recipients' paper documentation is stored and archived securely or placed in confidential waste bins. Management monitor the effectiveness of information systems through audits, verbal and written feedback and meetings. Care recipients and staff are satisfied they have access to information appropriate to their needs.

1.9   External services

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

Team's findings

The home meets this expected outcome

There are processes to ensure all external services are provided in a way that meets the residential care service's needs and service quality goals. External services at the home include physiotherapy, dietitian, fire system testing and pest control. Contracts are handled at the organisation's head office and specify the required standards and timeframes and regulatory requirements. The organisation has an approved suppliers list. Management seek feedback about the quality of service delivery through observation, reviews and stakeholder feedback. Care recipients and representatives are satisfied with the home's external services.

Standard 2 – Health and personal care
Principle: Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (or his or her representative) and the health care team.

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

Team's findings
The home meets this expected outcome

The home has a continuous improvement system that demonstrates improvements in care recipient health and personal care. The continuous improvement system is described in expected outcome 1.1 Continuous improvement. Care recipients advised they are satisfied they receive appropriate clinical care. Staff said improvements have occurred in the area of health and personal care.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 2 Health and personal care include:

● Following a review of the menu and the meals management in conjunction with a dietitian introduced a more balanced menu to meet the nutrition needs of care recipients. Care recipients, representatives and staff advised they are happy with the meals and they are "better". Management advised this improvement is ongoing and has not been fully evaluated.

● Following the identification of gaps in the information passed on at handover management reviewed and updated clinical handover and introduced fortnightly residential care meetings that are attended by key management on site. Staff report they receive enough and relevant information to provide care to care recipients.

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

Team's findings
The home meets this expected outcome

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

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

● There are systems, processes and notifiable incident checklists available in the event of an unexplained care recipient absence.

● The organisation has processes to monitor the current registration of nursing staff.

● Medications are stored and administered according to legislated processes.

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 ensure staff have the knowledge and skills to effectively perform their roles in relation to care recipients' health and personal care. For details regarding the system, refer to expected outcome 1.3 Education and staff development.

Education and training scheduled and attended in relation to Standard 2 Care recipient health and personal care include:

- behaviour management strategies
- depression, dementia and delirium
- medication management
- wound management and pressure areas.

2.4   Clinical care
This expected outcome requires that "care recipients receive appropriate clinical care".

Team's findings
The home meets this expected outcome

There is a system to ensure care recipients receive appropriate clinical care. Staff develop interim care plans to guide immediate care needs when care recipients move into the home. Staff complete comprehensive care plans which are reviewed regularly and when care recipients' needs change. Medical practitioners, other health professionals and representatives are notified of changes in care recipients' conditions. Appropriately qualified staff provide or oversee care to care recipients and management and staff ensure correct management of clinical incidents. There is a process for ensuring current information accompanies the care recipient in the event of hospitalisation and that discharge information from the hospital is communicated to staff. Staff said they have enough time to attend to care recipients. Care recipients and representatives are satisfied with the clinical care provided.

2.5   Specialised nursing care needs
This expected outcome requires that "care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings
The home meets this expected outcome

Management has a system to ensure appropriately qualified nursing staff identify and meet care recipients' specialised nursing care needs. Care recipients with specialised care requirements have documented instructions, reportable ranges and treatment strategies in their management plans. A clinical nurse oversees all specialised nursing care planning and a nurse consultant is available for further support. Care recipients have access to health professionals where required. Management facilitate the education for staff in areas of complex care to ensure currency of knowledge. Monitoring of specialised nursing care occurs through regular reviews, audits and feedback from care recipients and representatives. Staff have sufficient time and resources available to provide specialised care. Care recipients and representatives are satisfied with the specialised care provided.

2.6 Other health and related services
This expected outcome requires that "care recipients are referred to appropriate health specialists in accordance with the care recipient's needs and preferences".

Team's findings
The home meets this expected outcome

There is a system to ensure care recipients are referred to appropriate health specialists in accordance with care recipients' needs and preferences. Care recipients have access to health services including medical practitioners, physiotherapist, speech pathologist, dietitian, wound management, palliative care, vision, hearing and behaviour management services either on a regular basis or through a referral process. All appointments are documented and interventions noted in care recipients' care plans. Monitoring of the effectiveness of other health and related services is through verbal feedback, care plan reviews and care recipient surveys. Care recipients and representatives are satisfied referrals to other health and related services occur according to care recipients' needs and wishes.

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 is a system to ensure the safe and correct management of care recipients' medication. The organisation has medication policies and procedures and these are available to staff. Medication is stored securely according to legislative requirements. There is a process for monitoring opened creams and drops and staff generally refrigerate medication according to storage instructions. Management has a system to ensure there are supplies of regular medication as well as those required after hours. There is a process for ensuring care recipients who choose to self-medicate can do so safely. A pharmacist reviews care recipients' medications. Management monitor medication administration through audits, incident data analysis, completion of staff medication competencies and feedback from care recipients and representatives. Care recipients and representatives are satisfied with medication management provided at the home.

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

Management has a system to ensure all care recipients are as free as possible from pain. Staff conduct pain assessments when care recipients move into the home, regularly and when indicated. Care recipients are referred to allied health staff for review of their pain relieving treatment, if required. Strategies used to assist care recipients to maintain their comfort levels include medication, heat packs, exercises and diversional therapy. Staff evaluate and document the effectiveness of the interventions. Medical practitioners review care recipients regularly to monitor and manage their pain. Management monitor effectiveness of pain management through care plan reviews, pain assessment charting, verbal feedback and audits. Care recipients and representatives are satisfied with staff assistance to relieve 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

There is a system to ensure the comfort and dignity of terminally ill care recipients. Care recipients, along with their representatives, are supported to participate in advanced care plans and other terminal wishes forms, if they choose. Staff access medical care for care recipients as necessary and make referrals to external palliative care services if required to provide additional support. Management review and evaluate the palliative care process through care plan reviews, audits, consultations and feedback. Staff support care recipients and their representatives during this time to ensure the comfort and dignity of terminally ill care recipients.

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

Management has a system to ensure care recipients receive adequate nourishment and hydration. Staff assess and review nutritional requirements with care recipients' likes, dislikes, allergies, specific dietary needs and aids identified on a dietary form and these are kept in folders in each house's kitchen. Staff review assessments and care plans regularly in consultation with the care recipient and/or their representative, with referrals to the dietitian and speech pathologist if required. Management monitor the adequacy of nutrition and hydration for care recipients through dietitian and care plan reviews, monitoring of weight, food and fluid charting, verbal feedback from care recipients, representatives and staff, meetings and audits. Staff are aware of care recipients' dietary requirements and need for extra assistance. Care recipients and representatives are satisfied care recipients receive enough to eat and drink.

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 complete an assessment using a risk management approach to identify past and current factors affecting care recipients' skin integrity. A care plan includes details on equipment, resources and the assistance required from staff to maintain care recipients' skin integrity. Management support staff with education regarding skin and wound management to ensure best practice care. Care plans are reviewed regularly and staff monitor skin integrity during all personal care interventions. Consultation occurs with the medical practitioner and a wound consultant, for advice and prescribed treatments, if required. Staff complete incident forms and other documentation for any skin trauma. Management monitor, analyse and evaluate monthly data with regular audits occurring. Care recipients and representatives are satisfied with the assistance received regarding skin care.

2.12 Continence management
This expected outcome requires that "care recipients' continence is managed effectively".

Team's findings
The home meets this expected outcome

Management demonstrates there are systems to ensure care recipients' continence is managed effectively. Assessments identify care recipients' continence history, current status and individual toileting programs. Care plans reflect the assistance and aids required by care recipients. Staff record urinary tract infections with monitoring of treatments and monthly analysis of data to identify trends. Continence is monitored through feedback, charting, care plan reviews and audits. A proactive approach to bowel management includes offering adequate fibre and promoting mobility and fluid intake. Care recipients and representatives are satisfied staff respond to continence management needs in a timely manner.

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

Team's findings
The home meets this expected outcome

Management and staff ensure the needs of care recipients with challenging behaviours are managed effectively. Prior history and current information, charts and assessments identify care recipients' behaviours of concern. Care plans reflect information on identified triggers for behaviours and the individualised strategies used by staff in care and recreation settings. Staff complete risk assessments and develop programs, with care recipients' input, for behaviours such as wandering, smoking and consumption of alcohol. Staff report behaviour related incidents as they occur and there is regular monitoring and analysis of these incidents. Consultation occurs with the medical practitioner, care recipients or representatives, staff and specialist dementia services for advice or review as required. Staff demonstrate knowledge regarding their approach to caring for individual care recipients with challenging behaviours. Care recipients and representatives are satisfied with the management of behavioural issues.

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 demonstrates optimum levels of mobility and dexterity are achieved for all care recipients. On moving into the home care recipients are assessed and staff document mobility and transfer needs, mobility equipment and aids and individual functional ability in care plans. Walking, exercises and heat application are some interventions used to maintain and promote independence. Staff document all mobility incidents and review and analyse falls incidents regularly. The physiotherapist reviews care recipients at request and after a fall. Care recipients and representatives are satisfied with the support received to maintain care recipients' mobility and dexterity and to maximise return of function.

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

Management has a system to ensure each care recipient's oral and dental health is maintained. Staff complete assessments when care recipients move into the home and develop a care plan detailing their oral and dental needs and products in consultation with the care recipient or their representative. Staff review the assessments and care plans regularly and care recipients are supported to access the local dentist or a dentist of their choice. There is a referral process to a speech pathologist for care recipients with swallowing difficulties and texture modified diets are provided if required. There is a process to monitor the cleaning and replacement of oral equipment such as toothbrushes. Care recipients and representatives are satisfied with the oral and dental care provided.

2.16 Sensory loss
This expected outcome requires that "care recipients' sensory losses are identified and managed effectively".

Team's findings
The home meets this expected outcome

Care recipients' sensory losses are identified and managed effectively. Staff complete assessments in all five senses. Staff develop care plans detailing the care, application, cleaning and storage of vision and hearing aids. Care recipients have access to optometrist and audiologist services. Other interventions to support care recipients with sensory loss includes avoidance of particular odours, ensuring rooms are well-lit and access areas are clear for care recipients with reduced vision to walk around safely. Management monitor the effectiveness of the management of sensory losses through care plan reviews, feedback and audits. Care recipients are satisfied with the assistance they receive in meeting their sensory needs.

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. Staff document each care recipients' prior sleep history and complete charts and assessments to develop interventions that support care recipients to sleep well at night. Care plans contain details such as preferred rising and settling times, room temperature, lighting and whether care recipients prefer to not be disturbed during particular hours. In combination with sedation use, alternatives are offered to assist with sleep including hot drinks, late supper, reading material, watching television and listening to music. Staff review care plans and complete audits regularly to ensure current interventions remain effective. Care recipients and representatives are satisfied with the home's approach to ensuring care recipients achieve a restful sleep.

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 improvements in Care recipient lifestyle. The continuous improvement system is described in expected outcome 1.1 Continuous improvement. Care recipients, representatives and staff are satisfied with the home's improvements in the area of care recipient lifestyle.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 3 Care recipient lifestyle include:

- Management introduced virtual reality goggles into the recreation program to provide care recipients, especially immobile care recipients, with the opportunity to visit a range of locations without leaving their armchair. Management report the goggles use a mobile phone and special programs to give the impression that you are at certain locations through the goggles.

- The organisation introduced a recreation application for handheld devices that enables recreation staff to easily enter data in the application and other relevant information. Management report the information entered can be collated and reported on in a detailed manner with individual care recipient information.

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

Team's findings
The home meets this expected outcome

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

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

- The organisation has policies and procedures in regards to privacy 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 residential agreements.

3.3   Education and staff development

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

Team's findings
The home meets this expected outcome

Management ensure staff have the knowledge and skills to effectively perform their roles in relation to care recipient lifestyle. For details regarding the system, refer to expected outcome 1.3 Education and staff development.

Education and training scheduled and attended in relation to Standard 3 Care recipient lifestyle include:

- care recipients' rights and responsibilities (focus on care recipients who are from culturally and linguistically diverse backgrounds)

- elder abuse and mandatory reporting

- privacy and dignity in care.

3.4   Emotional support

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

Team's findings
The home meets this expected outcome

The organisation supports care recipients in adjusting to life in the home and on an ongoing basis. Assessment of care recipients' emotional support needs and preferences occur upon entry to the home and care plans are developed to meet their needs. Review of care recipients' emotional support needs occurs on a regular basis by nursing and recreation staff and care plans are updated as required. Care recipients and representatives are provided with a handbook to assist their orientation to the home. Lifestyle staff provide a one to one visiting program and have a range of pets that live at the home as well as a visiting pet therapy program. Care recipients and representatives confirmed their satisfaction with the initial and ongoing emotional support care recipients receive at the home.

3.5   Independence

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

Team's findings
The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Initial and ongoing assessment and care planning processes identify, assess and plan for care recipients' physical, social, cognitive and emotional needs. Strategies to maximise independence include access to a bus to take care recipients on outings, to access community groups or to go shopping, freedom of movement within the home and the use of individual mobility aids. The home welcomes visitors and maintains contact with local community groups. Care recipients and representatives are satisfied care recipients' independence is actively promoted.

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

Team's findings
The home meets this expected outcome

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

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

Team's findings
The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of interests and activities. Staff complete a profile and 'mind map' on entry to the home and develop a care plan in consultation with care recipients and representatives. Staff regularly review recreation care plans to ensure currency. The program includes a wide range of individual activities and other activities advertised through a weekly planner that is distributed to all care recipients. Management obtain feedback on the program via meetings, direct feedback, forms, observation and through reviewing participation records. Care recipients and representatives are satisfied with the recreation program and said care recipients are able to participate in a range of activities at the home.

3.8 Cultural and spiritual life
This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings
The home meets this expected outcome

The organisation values and fosters individual interests, customs, beliefs and cultural and ethnic backgrounds of care recipients. Staff identify care recipients' cultural and spiritual needs through the assessment process on entry to the home. There is provision for recreation staff to support care recipients to attend local churches. There are special days held throughout the year and staff have access to culturally specific services via the internet to assist in meeting individual cultural needs as required. Care recipients and representatives are satisfied with the home's response to care recipients' cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

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

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The organisation has a system in place to ensure care recipients have secure tenure within the residential care service and understand their rights and responsibilities. Care recipient information covers security of tenure and care recipients' rights and responsibilities. The organisations central intake worker or the chief financial officer discusses entry requirements and agreements with care recipients and representatives. Any change of rooms or move to another home within the organisation will only occur after consultation with the care recipient and their representatives. The central intake office of the chief financial officer can clarify on an ongoing basis any care recipients' rights and responsibilities, security of tenure information or any financial questions. Care recipients and representatives said care recipients have secure tenure within the home and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a continuous improvement system that demonstrates improvements in the physical environment and safe systems. The continuous improvement system is described in expected outcome 1.1 Continuous improvement. Staff said ongoing improvements occur at the home. Care recipients and representatives are satisfied with the safety and comfort of the home's environment.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 4 Physical environment and safe systems include:

- Following an infectious outbreak management reviewed the outbreak and the organisation's systems and introduced a coordinator role. Management report the coordinator would be appointed at the commencement of an outbreak and they would co-ordinate the home's response to the outbreak and ensure all steps, processes and relevant people are informed of the outbreak.

- Management introduced a steam cleaning process. Management report the steam cleaner decreases the risk of manual handling incidents and staff contact with chemicals. Staff report the steam cleaner has reduced the use of chemicals. Management report the improvement is yet to be evaluated

4.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

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

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

- Chemicals are securely stored with current material safety data sheets.

- The home has an audited food safety program and has appropriate auditing of kitchen systems

- Ongoing monitoring of the safety of fire safety systems.

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

Team's findings
The home meets this expected outcome

Management ensure staff have the knowledge and skills to effectively perform their roles in relation to physical environment and safe systems. For details regarding the system, refer to expected outcome 1.3 Education and staff development.

Education and training scheduled and attended in relation to Standard 4 Physical environment and safe systems include:

- bullying and harassment
- emergency response training
- food safety
- infection control
- manual handling.

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

Team's findings
The home meets this expected outcome

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

4.5 Occupational health and safety
This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings
The home meets this expected outcome

Management is actively working to provide a safe working environment to meet regulatory requirements. On commencement of employment, staff complete orientation that includes occupational health and safety. Policies and processes guide staff to understand their rights and responsibilities relating to occupational health and safety and notices identify relevant representatives. Management monitor the effectiveness of its occupational health and safety procedures through regular audits and review of incident and hazard forms. Management and relevant stakeholders discuss and address any occupational health and safety issues at

regular organisation and site meetings. The home ensures all equipment is subject to routine and preventative maintenance. Staff said they are able to recognise and report hazards or incidents and are satisfied they work in a safe environment.

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

Team's findings
The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Management display evacuation diagrams and there is clear signage of emergency exits that are free from obstructions. Fire training occurs regularly at the home. Service of firefighting equipment is by external contractors and chemicals are stored safely and securely in locked rooms. Staff secure each house each evening and there is backup lighting in case of a blackout. There is an emergency control and management procedure manual and an evacuation kit with an updated care recipient list that is accessible to all staff. Staff are comfortable with their roles and responsibilities relating to fire, security and other emergencies.

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

Team's findings
The home meets this expected outcome

Management has an effective infection control program in place. Personal protective equipment, hand washing facilities and processes for staff and care recipients who are unwell are in place to minimise the risk of infection. Review and analysis of infection data occurs and annual mandatory training includes infection control. Staff identify care recipients at risk of infection with appropriate reviews undertaken and implementation of treatment, as needed. The home undertakes pest control inspections and appropriate waste disposal processes are in place. Staff demonstrate an awareness of the practices required during a gastroenteritis or other infectious disease outbreak. Staff said there are adequate supplies and equipment to assist staff in minimising the risk of infection. Staff practices generally indicate an awareness of the need to reduce the risk of cross-infection. Care recipients and representatives are satisfied staff practices are appropriate.

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

Team's findings
The home meets this expected outcome

Management has effective systems to enable the provision of catering, cleaning and laundry services that enhance care recipients' quality of life and the staff working environment. All food is prepared in a kitchen in each house of the home by personal care workers and meals are served directly to care recipients. Monitoring mechanisms in each of the houses kitchens include food temperature and cleaning records. The home has a six week menu that is reviewed by a dietitian. Schedules are in place to ensure that cleaning tasks by cleaning staff are completed and the team observed the living environment and care recipient rooms to be

clean during the visit. Each care recipients clothing is laundered on site by personal care staff or cleaning staff and there are adequate linen services. The home has a system to manage lost property with management advising they have very little lost property. Staff and care recipients are satisfied with the home's catering, cleaning and laundry services.