**Decision to re-accredit service following a site audit**

**Service and approved provider details**

|  |  |
| --- | --- |
| **Name of service:** | Adventist Retirement Village - Victoria Pt |
| **RACS ID:** | 5480 |
| **Name of approved provider:** | Seventh-Day Adventist Aged Care (South Queensland) Ltd |
| **Address details:**  | 571 Cleveland-Redland Bay Road VICTORIA POINT QLD 4165 |
| **Date of site audit:** | 24 June 2019 to 26 June 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 31 July 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. |
| **Decision:** | To re-accredit the service under section 41 of the Rules. |
| **Further period of accreditation:** | 04 September 2019 to 04 September 2021 |
| **Number of expected outcomes met:** | 39 of 44 |
| **Expected outcomes not met:** | * 1.6 Human resource management
* 1.8 Information systems
* 2.13 Behaviour management
* 3.4 Emotional support
* 3.9 Choice and decision making
 |
| **Revised plan for continuous improvement due:** | By 29 August 2019  |
| **Timetable for making improvements:** | By 30 September 2019  |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**



Site Audit Report

Site audit

Name of service: Adventist Retirement Village - Victoria Pt

RACS ID: 5480

Approved provider: Seventh-Day Adventist Aged Care (South Queensland) Ltd

# Introduction

This is the report of a Site Audit from 24 June 2019 to 26 June 2019 submitted to the Aged Care Quality and Safety Commissioner (Commissioner).

There are four Accreditation Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment. 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.

An approved provider of a service applies for re-accreditation before its accreditation period expires and an assessment team visits the service to conduct a site audit. The team assesses the quality of care and services at the service and collects evidence of whether the approved provider of the service meets or does not meet the Accreditation Standards. The site audit report is completed by the assessment team and outlines the team’s assessment of the approved provider’s performance in relation to the service. The approved provider may, within 14 days, give the Commission a written response to the report.

The Commission will make a decision whether to re-accredit or not to re-accredit the service, taking into account this site audit report, any response by the approved provider, and any other relevant information. In making a decision, the Commission must be satisfied that approved provider will undertake continuous improvement in relation to the service.

If the Commission makes a finding of non-compliance the Department of Health is notified.

All accredited services are subject to ongoing monitoring of compliance with the Accreditation Standards by the Commission.

# Scope of this document

A site audit against the 44 expected outcomes of the Accreditation Standards was conducted from 24 June 2019 to 26 June 2019.

This site audit report provides an assessment of the approved provider’s performance, in relation to the service, against the Accreditation Standards, and any other matters the assessment team considers relevant.

# Details about the service

|  |  |
| --- | --- |
| **Number of total allocated places** | 179 |
| **Number of total care recipients**  | 168 |
| **Number of care recipients on site during audit** | 161 |
| **Service provides support to specific care recipient characteristics** | Care recipients who require a secure environment |

# Audit trail

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

## Interviews

| Position title | Number |
| --- | --- |
| Administration staff | 2  |
| Care staff | 18 |
| Catering area manager | 1  |
| Chef manager | 1 |
| Clinical nurse consultant | 2 |
| Consumers/representatives | 32  |
| Director of care and services | 1  |
| Diversional therapy staff | 5 |
| Education co-ordinator | 1 |
| Enrolled nurse - quality | 1 |
| Executive care manager | 1  |
| Hospitality staff | 5 |
| Housekeeping team leader | 1 |
| Maintenance officer | 1 |
| Registered staff | 9 |
| Student | 1 |
| Team leader spiritual volunteer team | 1 |
| Volunteer | 1 |
| Workplace health and safety officer | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients' files | 23 |
| Medication charts | 23 |

## Other evidence reviewed by the team

The assessment team also considered the following both prior to and during the site audit:

* Audit reports and documentation
* Authorisation to use restraint
* Call bell reports
* Care recipient handbook
* Care recipient survey
* Cleaning schedules
* Clinical indicator reports
* Comments and complaints documentation
* Consent forms
* Controlled drug register
* Deed of release and indemnity
* Diabetes management plan
* Diaries and communication books
* Dietary assessments and request forms
* External dementia advisory service correspondence
* Education records
* Electronic care management system
* Evacuation list
* Food safety plan and associated documentation
* Handbooks
* Hazard reports
* Incident report register
* Letters from medical and other health specialists
* Lifestyle and pastoral visit schedule
* Lifestyle one to one schedule
* Maintenance schedules
* Managers monthly report
* Mandatory reporting documentation
* Mandatory training records
* Meeting minutes
* Outbreak management guidelines
* Pastoral schedule
* Plan for continuous improvement
* Police certificate records
* Psychotropic medications list
* Risk assessments
* Restraint list
* Safety data sheet register
* Self-assessment tool
* Self-medication assessment and agreement
* Staff orientation booklet
* Temperature and equipment monitoring records
* Vaccination lists – care recipient and staff

## Observations

The assessment team observed the following:

* Activities calendars on display
* Activities in progress
* Call bell system
* Chapel service in progress
* Charter of care recipients' rights and responsibilities - residential care on display
* Chemical, equipment and clinical supply storage areas
* Cleaning in progress
* Clinical equipment in use
* Clinical guidelines on display
* Closed circuit TV cameras and signage
* Comments and complaints information on display
* Fire safety equipment, evacuation diagrams and egress routes.
* Hairdresser in attendance
* Hand hygiene facilities
* Interactions between staff, care recipients and representatives
* Internal and external living environment
* Kitchen and kitchenettes
* Laundry
* Meal and beverage service
* Medication administration and storage
* Menu on display
* Outbreak and spills kits
* Oxygen storage
* Short group observation
* Staff assisting care recipients with meal and drinks
* Staff education in progress
* Staff response to call bells

# Assessment of performance

This section covers information about the assessment of the approved provider’s performance, in relation to the service, 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 services, 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”.

#### Assessment of the expected outcome

The service meets this expected outcome

The continuous improvement program includes processes for identifying areas for improvement, implementing change and areas of training. Feedback is sought from care recipients, representatives, staff and other stakeholders. Improvement activities are documented in the plan for continuous improvement. Care recipients, representatives, staff and other personnel are provided with feedback about improvements. During this accreditation period the organisation has implemented initiatives to improve the quality of care and services it provides. A recent example of improvement in Standard 1 Management systems, staffing and organisational development is:

* The service has implemented an upgrade to its digital information management system. It was identified by the education coordinator and care manager that staff would require training in navigating the online system and how to access relevant information within the new intranet. The education coordinator has created a toolbox training session for all staff around accessing the intranet and using the system effectively. Staff are continuing to complete training and were able to demonstrate where to access information pertaining to clients and service processes.

### 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”.

#### Assessment of the expected outcome

The service meets this expected outcome

The service has a system to identify relevant legislation, regulatory requirements and guidelines, and for monitoring these in relation to the Accreditation Standards. The organisation's management has established links with external organisations to ensure they are informed about changes to regulatory requirements. Where changes occur, the organisation takes action to update policies and procedures and communicate the changes to care recipients, their representatives and staff as appropriate. A range of systems and processes have been established by management to ensure compliance with regulatory requirements. Staff have an awareness of legislation, regulatory requirements, professional standards and guidelines relevant to their roles. Relevant to Standard 1 Management systems, staffing and organisational development:

* Management is aware of their regulatory responsibilities in relation to police certificates and associated documentation.
* Care recipients and representatives were notified regarding this re-accreditation site audit within the required timeframe.
* Management has a plan for continuous improvement that shows improvements across the Accreditation Standards.
* Confidential documents are stored, archived and disposed of securely.
* There is information regarding internal and external complaint mechanisms and advocacy services.

There are systems to ensure these responsibilities are met.

### 1.3 Education and staff development

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

#### Assessment of the expected outcome

The service meets this expected outcome

The service's processes support the recruitment of staff with the required knowledge and skills to perform their roles. New staff participate in an orientation program that provides them with information about the organisation, key policies and procedures and equips them with mandatory skills for their role. Staff are scheduled to attend regular mandatory training; attendance is monitored, and a process is available to address non-attendance. The effectiveness of the education program is monitored through attendance records and staff feedback. Care recipients and representatives interviewed are satisfied staff have the knowledge and skills to perform their roles and staff are satisfied with the education and training provided. Examples of education and training provided in relation to Standard 1 Management systems, staffing and organisational development include:

* The new Aged Care Standards.
* Documentation practices for care staff

### 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".

#### Assessment of the expected outcome

The service meets this expected outcome

There are processes to ensure care recipients, their representatives and others are provided with information about how to access complaint mechanisms. Care recipients and others are supported to access these mechanisms. Facilities are available to enable the submission of confidential complaints and ensure privacy of those using complaints mechanisms. Complaints are logged and monitored to track issues, actions, outcomes and feedback. Results show complaints are considered and feedback is provided to complainants if requested. Management and staff have an understanding of the complaints process and how they can assist care recipients and representatives with access. A high proportion of respondents to a consumer experience interview said staff follow up most of the time or always when they raise things. A small proportion of respondents said staff follow up some of the times explaining staff are too busy. Care recipients/representatives and other interested people interviewed have an awareness of the complaints mechanisms available to them and are satisfied they can access these without fear of reprisal.

### 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".

#### Assessment of the expected outcome

The service meets this expected outcome

The organisation has documented the service's vision, philosophy, objectives and commitment to quality. This information is communicated to care recipients, representatives, staff and others through a range of documents including posters and handbooks. The majority of respondents to a consumer experience interview agreed the service is well run. A small proportion of respondents provided a neutral response.

### 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".

#### Assessment of the expected outcome

The service does not meet this expected outcome

Care recipients/representatives are dissatisfied with the availability of staff when they require assistance. Staff do not have sufficient time to attend to care recipient needs and support their choices. Monitoring and supervision processes are not effective in identifying deficiencies in relation to staff.A high proportion of respondents to a consumer experience interview agreed or strongly agreed staff know what they are doing.

### 1.7 Inventory and equipment

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

#### Assessment of the expected outcome

The service meets this expected outcome

The service has processes to monitor stock levels, order goods and maintain equipment to ensure delivery of quality services. Goods and equipment are securely stored and, where appropriate, stock rotation occurs. Preventative maintenance and cleaning schedules ensure equipment is monitored for operation and safety. The service purchases equipment to meet care recipients' needs and generally maintains appropriate stocks of required supplies. Staff receive training in the safe use and storage of goods and equipment. Staff, care recipients/representatives interviewed are generally satisfied with the supply and quality of goods and equipment available at the service.

### 1.8 Information systems

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

#### Assessment of the expected outcome

The service does not meet this expected outcome

Care recipients/representatives do not have access to information appropriate to their needs to assist them make decisions. Information processes do not ensure there is consistent documentation to direct care. Management do not have access to information required to direct care and make informed decisions. Monitoring systems such as auditing do not identify deficiencies and/or when identified, deficiencies do not result in planned improvements. The majority of respondents to a consumer experience interview said staff explain things to them most of the time or always. A small proportion of respondents said staff explain things some of the time because they are too busy.

### 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".

#### Assessment of the expected outcome

The service meets this expected outcome

The service has mechanisms to identify external service needs to achieve its quality goals. The service's expectations in relation to service and quality is specified and communicated to the external providers. The service has agreements with external service providers which outline minimum performance, staffing and regulatory requirements. There are processes to review the quality of external services provided and, where appropriate, action is taken to ensure the needs of care recipients and the service are met. Staff are able to provide feedback on external service providers. Care recipients/representatives and staff interviewed stated they are satisfied with the quality of externally sourced 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”.

#### Assessment of the expected outcome

The service meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the service's systems to identify and implement improvements. A recent example of improvement in Standard 2 Health and personal care is:

* To improve the nutrition and hydration of care recipients requiring thickened fluids and texture-modified diets, the service engaged an external supplier to provide ready-to-drink thickened drinks and staff training in the preparation of thickened fluids. The service purchased a range of thickened drink products in different flavours to enhance care recipient choice. Staff confirmed they received training in thickened fluid preparation and the pre-thickened fluids provide improved consistency of thickened fluids for care recipients who require them

### 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”.

#### Assessment of the expected outcome

The service meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the service's systems to identify and ensure compliance with relevant regulatory requirements.

Relevant to Standard 2 Health and personal care:

* There are policies and procedures to ensure safe storage and administration of medication.
* Appropriately qualified and trained staff plan, supervise and undertake the provision of specialised nursing care.
* There are policies and procedures to follow in the event of a care recipient's unexplained absence.
* There are processes to ensure the currency of professional registrations for nursing staff.

There are systems to ensure these responsibilities are met.

### 2.3 Education and staff development

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

#### Assessment of the expected outcome

The service meets this expected outcome

The service has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to health and personal care. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 2 Health and personal care include:

* Hearing aid management
* Pressure area care and wound management
* Continence management – continence aides
* Nutrition and hydration including preparation of thickened fluids and food and fluid charts

### 2.4 Clinical care

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

#### Assessment of the expected outcome

The service meets this expected outcome

The service generally has mechanisms to ensure care recipients receive clinical care that is appropriate to their needs and preferences. Care needs are identified on entry and on an ongoing basis through a review and transfer of information, consultation with the care recipient and/or their representative and assessment processes. Individual care plans are developed by qualified staff and reviewed regularly. There are generally processes to ensure staff have access to current information to inform care delivery including care plans, progress notes and handovers. Care recipients' clinical care needs are generally monitored, evaluated and reassessed through incident analysis, reviews and feedback. Changes in care needs are identified and documented; where appropriate, referrals are made to medical officers or health professionals. Care recipients/representatives interviewed are satisfied with the clinical care being provided to the care recipient. All respondents to a consumer experience interview said staff meet their healthcare needs most of the time or always.

### 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”.

#### Assessment of the expected outcome

The service meets this expected outcome

Care recipients' specialised nursing care needs are identified through assessment processes on entry to the service. Care is planned and managed by appropriately qualified staff. This information, together with instructions from medical officers and health professionals is documented in the care plan. Specialised nursing care needs are reassessed when a change in care recipient needs occurs and on a regular basis. Staff have access to specialised equipment, information and other resources to ensure care recipients' needs are met. Specialised nursing care is delivered by appropriately qualified staff consistent with the care plan. Care recipients/representatives interviewed are satisfied with how specialised nursing care needs are managed.

### 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”.

#### Assessment of the expected outcome

The service meets this expected outcome

The service has systems to ensure care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Health specialist directives are communicated to staff and documented in the care plan and care is generally provided consistent with these instructions. Staff support care recipients to attend external appointments with health specialists. Care recipients/representatives interviewed are satisfied referrals for the care recipient are made to appropriate health specialists of their choice and staff carry out their instructions.

### 2.7 Medication management

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

#### Assessment of the expected outcome

The service meets this expected outcome

The service has systems to ensure care recipients' medication is generally managed safely and correctly. There are processes to ensure adequate supplies of medication are available and medication is stored securely and correctly. Medical officers prescribe and review medication orders and these are dispensed by the pharmacy service. Documented medication orders provide guidance to staff when administering or assisting with medications. Procedural guidelines provide clarification surrounding safe medication practices. Staff who administer or assist with medications receive education in relation to this. Care recipients and representatives interviewed are satisfied the care recipient's medications are provided as prescribed and in a timely manner.

### 2.8 Pain management

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

#### Assessment of the expected outcome

The service does not meet this expected outcome

Care recipients' pain is not effectively managed to ensure they are as free as possible from pain. Care plan interventions developed from the assessed information are not consistently implemented. Medical officers and allied health professionals’ directives are not consistently followed to manage care recipients' pain.

### 2.9 Palliative care

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

#### Assessment of the expected outcome

The service meets this expected outcome

The service has processes for identifying and managing care recipients' individual palliative care needs and preferences. Assessments are completed with the care recipient and/or representative to identify end of life care wishes and this information is documented in an end of life plan. The service uses a multidisciplinary approach that addresses the physical, psychological, emotional, cultural and spiritual support required by care recipients and their representatives. There is a supportive environment which provides comfort and dignity to the care recipient and their representatives. Care recipients remain in the service whenever possible, in accordance with their preferences. Referrals are made to medical officers, palliative care specialist teams and other health specialist services as required. Staff practices are monitored to ensure the delivery of palliative care is in accordance with the end of life plan. Staff follow end of life plans and respect any changes which may be requested. Care recipients/representatives interviewed are satisfied each care recipient's comfort, dignity and palliative care needs are maintained.

### 2.10 Nutrition and hydration

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

#### Assessment of the expected outcome

The service meets this expected outcome

Care recipients' nutrition and hydration requirements, preferences, allergies and special needs are identified and assessed on entry. Care recipients' ongoing needs and preferences are monitored, reassessed and care plans updated. There are processes to ensure catering and other staff have information about care recipient nutrition and hydration needs. Staff monitor care recipients' nutrition and hydration and identify those care recipients who are at risk. The service provides staff assistance, equipment, special diets and dietary supplements to support care recipients' nutrition and hydration. Staff generally have an understanding of care recipients' needs and preferences including the need for assistance, texture modified diet or specialised equipment. Care recipients/representatives interviewed are satisfied each care recipient's nutrition and hydration requirements are met.

### 2.11 Skin care

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

#### Assessment of the expected outcome

The service meets this expected outcome

Care recipients' skin care requirements, preferences and special needs are assessed and identified, in consultation with care recipients and/or representatives. Care plans reflect strategies to maintain or improve care recipients' skin integrity and are reviewed regularly. Skin care needs are monitored, evaluated and reviewed as required. Referral processes to other health specialists are available if a need is identified. The service's monitoring processes identify opportunities for improvement in relation to skin care; this includes a process for documenting and analysing incidents relating to skin integrity. Staff promote skin integrity through the use of moisturisers, pressure relieving devices, pressure area care and safe manual handling techniques. Care recipients/representatives interviewed are satisfied with the assistance provided to maintain the care recipient's skin integrity.

### 2.12 Continence management

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

#### Assessment of the expected outcome

The service meets this expected outcome

Care recipients' continence needs and preferences are identified during the assessment process and reassessments occur as required. Strategies to manage care recipients' continence are documented in the care plan and regular evaluation occurs to ensure strategies remain effective. Care staff have an understanding of individual care recipients' continence needs and how to promote privacy when providing care. Changes in continence patterns are identified, reported and reassessed to identify alternative management strategies. Equipment and supplies such as continence aids are available to support continence management. Staff are conscious of care recipients' dignity while assisting with continence needs. Care recipients/representatives interviewed are satisfied with the support provided to the care recipient in relation to continence management.

### 2.13 Behavioural management

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

#### Assessment of the expected outcome

The service does not meet this expected outcome

### Strategies to manage challenging behaviours are not effective. Care recipients’ behaviours are impacting on others. Where restraint is used and authorised, evidence of alternative strategies that have been unsuccessfully trialled is not available. The service's monitoring processes do not identify opportunities for improvement relating to behaviour management.

### 2.14 Mobility, dexterity and rehabilitation

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

#### Assessment of the expected outcome

The service meets this expected outcome

Care recipients' mobility, dexterity and rehabilitation needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Where a need is identified, referrals are made to medical officers and other health specialists, including physiotherapists. Strategies to manage care recipients' mobility and dexterity are documented in the care plan and are regularly evaluated and reviewed to ensure care recipients' needs are met. The service's monitoring processes include the collection and analysis of data relating to accidents and incidents. Care recipients and staff have access to a variety of equipment to assist with care recipients' mobility, dexterity and rehabilitation needs. Associated programs are delivered by appropriately skilled staff and are generally consistent with the care plan. Care recipients/representatives interviewed are satisfied with the support provided to the care recipient for achieving optimum levels of mobility and dexterity.

### 2.15 Oral and dental care

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

#### Assessment of the expected outcome

The service meets this expected outcome

Care recipients' oral and dental health needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Care strategies are documented on the care plan and are regularly evaluated and reviewed to ensure care recipients' changing needs are met. The service's monitoring processes identify opportunities for improvement in relation to oral and dental management systems and processes, including clinical monitoring processes and consultation. Equipment to meet care recipients' oral hygiene needs is available. Staff provide assistance with oral and dental care and where necessary referrals are made to health specialists such as dentists. Care recipients/representatives interviewed are satisfied with the assistance given by staff to maintain the care recipient's teeth, dentures and overall oral hygiene.

### 2.16 Sensory loss

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

#### Assessment of the expected outcome

The service meets this expected outcome

Sensory losses are identified through assessment processes and in consultation with care recipients and/or their representative. Care plans identify individual needs and preferences and are reviewed regularly. Care recipients are referred to health specialists, such as audiologists and optometrists, according to assessed need or request and are assisted to attend appointments as required. The service's monitoring processes identify opportunities for improvement in relation to how sensory loss is managed, including clinical monitoring processes and consultation with care recipients, representatives and health professionals. Staff receive instruction in the correct use and care of sensory aids and are aware of the assistance required to meet individual care recipients' needs. Care recipients/representatives interviewed are satisfied with the support provided to manage care recipient sensory needs.

### 2.17 Sleep

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

#### Assessment of the expected outcome

The service meets this expected outcome

Care recipients' sleep patterns, including settling routines and personal preferences, are identified through assessment processes on entry. Care plans are developed and reviewed to ensure strategies to support natural sleep remain effective and reflect care recipients' needs and preferences. Care recipients experiencing difficulty sleeping are offered a range of interventions to promote sleep; where appropriate medical officers are informed of sleep problems. The environment is optimised to ensure it supports natural sleep and minimises disruption. Environmental and clinical monitoring processes identify opportunities for improvement in relation to sleep management. Staff support care recipients when normal sleep patterns are not being achieved. Care recipients/representatives interviewed are satisfied support is provided to the care recipient and they are assisted in achieving natural sleep patterns.

## 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”.

#### Assessment of the expected outcome

The service meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the service's systems to identify and implement improvements. A recent example of improvement in Standard 3 Care recipient lifestyle is:

* Diversional therapy staff identified that DVD choice during designated movie times did not always cater to care recipients’ requests. The service implemented a media streaming service in two lounge areas to increase choice and be flexible with changes in care recipient selections. Management report they have received positive feedback from care recipients, and ‘movie night’ has become very popular. Following the success of the media streaming service, the home plans to implement the streaming service in all the lounges. Care recipients confirm they enjoy going to movie night when it is available.

### 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”.

#### Assessment of the expected outcome

The service meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the service's systems to identify and ensure compliance with relevant regulatory requirements.

Relevant to Standard 3 Care recipient lifestyle:

* Management offers a residential agreement to each care recipient or his or her representative on entry to the service.
* Management provides information on care recipient rights’ and responsibilities, security of tenure and specified care and services to each care recipient or his or her representative on entry to the service.
* There are documented processes to ensure management and staff take appropriate actions including reporting requirements in the event of suspected elder abuse.

There are systems to ensure these responsibilities are generally met.

### 3.3 Education and staff development

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

#### Assessment of the expected outcome

The service meets this expected outcome

The service has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to care recipient lifestyle. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 3 Care recipient lifestyle include:

* Cultural awareness training
* Compulsory reporting

### 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".

#### Assessment of the expected outcome

The service does not meet this expected outcome

Care recipients and representatives are dissatisfied with the sufficiency of emotional support provided to care recipients. Staff do not have time to provide emotional support. Systems and processes to provide emotional support are not effective. Monitoring systems have not identified deficiencies in emotional support. Around half of respondents to a consumer experience interview agreed or strongly agreed there are staff care recipients can talk to if they are sad or worried. Around half of respondents gave a neutral response explaining they use family for emotional support. A small proportion of respondents disagreed there are staff to talk to when they are sad or worried explaining staff are too busy or they do not understand care recipients’ emotional needs.

### 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".

#### Assessment of the expected outcome

The service meets this expected outcome

Care recipients' needs and preferences are assessed on entry and on an ongoing basis to ensure there are opportunities to maximise independence, maintain friendships and participate in the life of the community. Consideration is given to sensory and communication needs as an element of this process. Strategies to promote care recipients' independence are documented in the care plan. The living environment is monitored and equipment is available to ensure care recipients' independence is maximised. Staff are familiar with the individual needs of care recipients. Care recipients/representatives interviewed are satisfied with the information and assistance provided to the care recipient to achieve independence, maintain friendships and participate in the community within and outside the service. The majority of respondents to a consumer experience interview agreed or strongly agreed care recipients are encouraged to do as much as possible for themselves. A small proportion of respondents gave a neutral response due to their impaired mobility.

### 3.6 Privacy and dignity

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

#### Assessment of the expected outcome

The service meets this expected outcome

Care recipients' preferences in relation to privacy, dignity and confidentiality are identified on entry and these needs are generally recognised and respected. Strategies for ensuring privacy and dignity are planned and generally implemented according to the service’s policy. The living environment supports care recipients' need for personal space and provides areas for receiving guests. The service's monitoring processes, including feedback, meetings and care reviews, generally identify opportunities for improvement in relation to the service's privacy, dignity and confidentiality systems and processes. Staff have received education in relation to privacy, dignity and confidentiality and their practices generally support this. All respondents to a consumer experience interview said staff treat care recipients with respect most of the time or always. Care recipients/representatives interviewed are satisfied staff treat everyone with respect and feel the care recipient's information is secure.

### 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".

#### Assessment of the expected outcome

The service meets this expected outcome

Care recipients' interests and activities of choice are identified on entry; barriers to participation, past history, and cultural and spiritual needs are recognised. This information is documented and regularly updated to inform staff of care recipients' current preferred leisure choices. A varied program of activities is available and is reviewed and evaluated to ensure it continues to meet the needs and preferences of care recipients. The activities program respects care recipients' varied needs and includes group, one-on-one, community activities and outings. Staff encourage and support care recipient participation. Care recipients are satisfied with activities and confirm they are supported to participate in activities of interest to them.

### 3.8 Cultural and spiritual life

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

#### Assessment of the expected outcome

The service meets this expected outcome

Individual care recipients' customs, beliefs and cultural and ethnic backgrounds are identified on entry through consultation with the care recipient and their representatives. Relevant information relating to care recipients' cultural and spiritual life is documented in care plans which are regularly evaluated and reviewed. The service has access to support services such as interpreters and community groups and provision is made for the observation of special days. Care recipients' cultural and spiritual needs are considered in meal planning and the facilitation of leisure activities. Staff support care recipients to attend and participate in activities of their choice. Care recipients/representatives interviewed confirmed the care recipient's customs and beliefs are respected.

### 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".

#### Assessment of the expected outcome

The service does not meet this expected outcome

Care recipients are not satisfied their choices are respected. Systems and processes do not enable care recipients to have choices in relation to food showering and hygiene cares. Monitoring systems do not identify care recipients’ choices are not being enabled.

### 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".

#### Assessment of the expected outcome

The service meets this expected outcome

Care recipients and their representatives are provided with information about care recipients' rights and responsibilities, the terms and conditions of their tenure, any limitations to care provision within the service, fees and charges and information about complaints, when they enter the service. Changes to care recipients' security of tenure or rights and responsibilities are communicated to care recipients and/or their representative. If a change in care recipient health requires a room change or transfer to another service, this is discussed with the care recipient and/or their representative and managed in accordance with legislative requirements. The service's monitoring processes, including feedback, meetings and care reviews. Staff demonstrate an understanding of care recipient rights. Care recipients/representatives interviewed understand their rights and responsibilities. They are satisfied the care recipient has secure tenure within the service.

## 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”.

#### Assessment of the expected outcome

The service meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the service's systems to identify and implement improvements. A recent example of improvement in Standard 4 Physical environment and safe systems is:

* In February 2019, the service identified carpet cleanliness was an issue impacting care recipients and visitors to the service. Investigations determined the carpet cleaners being used were ineffective, resulting in unclean carpets, and staff and care recipient dissatisfaction. The service purchased a new carpet cleaner and provided training for cleaning staff. Cleaning staff confirm the new equipment is lighter to use and is cleaning the carpets more effectively.

### 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”.

#### Assessment of the expected outcome

The service meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the service's systems to identify and ensure compliance with relevant regulatory requirements.

Relevant to Standard 4 Physical environment and safe systems:

* There are infection control policies and a system for managing and reporting outbreaks.
* There is a food safety program that is regularly reviewed.
* There is a system to ensure compliance with fire safety regulations.
* Management supports an active workplace health and safety program.
* Safety data sheets are available where chemicals are stored.

In relation to the service's vaccination program:

* The service provides service staff with free access to annual flu vaccinations;
* The service actively promotes the benefits of the annual vaccination for their staff and volunteers; and
* The service keeps records of the number of staff who have received the vaccine every year.

### 4.3 Education and staff development

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

#### Assessment of the expected outcome

The service meets this expected outcome

The service has a system to monitor the knowledge and skills of staff members and enable them to effectively perform their role in relation to physical environment and safe systems. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 4 Physical environment and safe systems include:

* Manual handling.
* Infection control.
* Hazard identification.
* Chemical training and competency.

### 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".

#### Assessment of the expected outcome

The service meets this expected outcome

The service's environment reflects the safety and comfort needs of care recipients, including comfortable temperatures, noise and light levels, sufficient and appropriate furniture and safe, easy access to internal and external areas. Environmental strategies are employed to minimise care recipient restraint. The safety and comfort of the living environment is assessed and monitored through feedback from meetings, surveys, incident and hazard reporting, audits and inspections. There are appropriate preventative and routine maintenance programs for buildings, furniture, equipment and fittings. Staff support a safe and comfortable environment through hazard, incident and maintenance reporting processes. All respondents to a consumer experience interview said care recipients feel safe most of the time or always. Care recipients and representatives interviewed are satisfied the living environment is safe and comfortable.

### 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".

#### Assessment of the expected outcome

The service meets this expected outcome

There are processes which generally support the provision of a safe working environment, including policies and procedures, staff training, routine and preventative maintenance and incident and hazard reporting mechanisms. The occupational health and safety program uses audits, inspections, supervision of staff practice, and analysis of incident data to improve training for staff. Sufficient goods and equipment are available to support staff in their work and minimise health and safety risks. Staff have an understanding of safe work practices and are provided with opportunities to have input to the service's workplace health and safety program. Staff were observed to carry out their work safely and are satisfied management is actively working to provide a safe working environment.

### 4.6 Fire, security and other emergencies

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

#### Assessment of the expected outcome

The service meets this expected outcome

### Policies and procedures relating to fire, security and other emergencies are documented and accessible to staff; this includes an emergency evacuation plan. Staff are provided with education and training about fire, security and other emergencies when they commence work at the service and on an ongoing basis. Emergency equipment is inspected and maintained, and the environment is monitored to minimise risks. Staff understand their roles and responsibilities in the event of a fire, security breach or other emergency and there are routine security measures. Care recipients/representatives interviewed feel secure in the service; they are also satisfied that staff can assist the care recipient in emergencies

### 4.7 Infection control

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

#### Assessment of the expected outcome

The service meets this expected outcome

The service has processes to support an effective infection control program. The infection control program includes assessment of care recipients' clinical care needs in relation to current infections, susceptibility to infections and prevention of infections. Staff and management follow required guidelines for reporting and management of notifiable diseases. The service's monitoring processes includes analysis of clinical and infection data and trending. Preventative measures used to minimise infection include staff training, a food safety program, cleaning regimes, vaccination programs, a pest control program, waste management and laundry processes. Staff are provided with information about infections at the service and have access to policies and procedures and specific equipment to assist in the prevention and management of an infection or outbreak. Care recipients/representatives and staff interviewed are satisfied with the prevention and management of infections.

### 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".

#### Assessment of the expected outcome

The service meets this expected outcome

The service identifies care recipients' needs and preferences relating to hospitality services on entry to the service through assessment processes and consultation with the care recipient and their representatives. Contracted catering services provide an onsite cook fresh service. Personal clothing is laundered onsite while linen supplies and laundering are outsourced to a contractor. There are processes available that support care recipients to have input into the services provided and the manner of their provision. The service's monitoring processes generally identify opportunities for improvement in relation to the hospitality services provided; this includes feedback from care recipients and representatives and monitoring of staff practice. Hospitality staff interviewed said they readily have access to information about care recipient and receive feedback about services provided. Staff are satisfied the hospitality services enhance the working environment. Care recipients/representatives interviewed are generally satisfied the hospitality services meet the care recipient's needs and preferences. A high proportion of respondents to a consumer experience interview said care recipients like the food most of the time or always. A small proportion of respondents said they like the food some of the time due to lack of choices.