



Australian Government

Australian Aged Care Quality Agency

Andrews House

RACS ID 3387
42 School Road
TRAFALGAR VIC 3824

Approved provider: West Gippsland Healthcare Group

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 13 December 2017.

We made our decision on 06 October 2014.

The audit was conducted on 02 September 2014 to 03 September 2014. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Andrews House 3387

Approved provider: West Gippsland Healthcare Group

Introduction

This is the report of a re-accreditation audit from 02 September 2014 to 03 September 2014 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

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 02 September 2014 to 03 September 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. 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 1997.

Assessment team

Team leader:	Kerry Ewing
Team member:	Sarah Lawson

Approved provider details

Approved provider:	West Gippsland Healthcare Group
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Details of home

Name of home:	Andrews House
RACS ID:	3387

Total number of allocated places:	50
Number of care recipients during audit:	47
Number of care recipients receiving high care during audit:	Not applicable
Special needs catered for:	Care recipients living with dementia

Street:	42 School Road
City:	Trafalgar
State:	Victoria
Postcode:	3824
Phone number:	03 5637 4100
Facsimile:	03 5633 1018
E-mail address:	janet.moore@wghg.com.au

Audit trail

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

Interviews

Category	Number
Manager	1
Associate director of nursing	1
Clinical care coordinator	1
Nursing and care staff	15
Lifestyle staff	2
Hospitality and environmental staff	5
Care recipients/representatives	9
Manager of engineering services	1
Occupational therapist	1
General practitioner	1
Occupational health and safety representative	1

Sampled documents

Category	Number
Care recipients' files	8
Care recipient agreements	5
Medication charts	10
Personnel files	5

Other documents reviewed

The team also reviewed:

- Activity calendar and activity evaluations
- Audits, audit schedule and surveys
- Cleaning schedules
- Clinical assessments, charts, forms and documentation
- Comments, suggestions and complaints forms
- Compulsory reporting register

- Contractor induction handbook
- 'CQI plan'
- Drugs of addiction register and medication refrigerator temperature charts
- Education records
- Food safety program, audits, dietary information and menu
- Handover sheets
- Incidents and clinical indicator registers and data
- Infection surveillance log, analysis and trending
- Maintenance and essential services records
- Meeting minutes
- New staff information handbook and information pack
- Newsletters
- Organisational chart
- Pest control records
- Police certificate and statutory declaration database
- Policies and procedures (organisation and local)
- Resident information booklet and pack
- Roster and staff allocations
- Self-assessment
- Service agreements
- Staff education attendance data base
- Staff pathways program
- Vision and mission statement.

Observations

The team observed the following:

- Activities in progress
- Dining experience

- Emergency and firefighting equipment
- Emergency egress routes and pathways
- Equipment and supply storage areas
- Information noticeboards
- Interactions between staff and care recipients
- Living environment- internal and external
- Meal and refreshment service
- Short observation conducted in Cook House
- Storage of medications.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Management are committed to the active pursuit of continuous improvement across the Accreditation Standards. The quality system values input from residents, representatives, staff and visitors. The home's performance across the Accreditation Standards is informed by various mechanisms including comment, suggestion and complaint forms, scheduled meetings, audits, surveys and the collection of incident, hazards and clinical indicator data.

As opportunities for improvement are identified, management document these items on the home's quality plan for action and evaluation. Quality activities are openly discussed with relevant stakeholders. Residents, representatives and staff said they are encouraged to raise suggestions for improvement and state the home is always striving to improve.

Examples of recent improvements undertaken that relate to Standard 1 Management systems, staffing and organisational development include the following:

- Management identified there was no formal process to capture the knowledge pertaining to all systems and processes across the Accreditation Standards. They have since developed a core document detailing the home's systems, processes and results across all 44 expected outcomes. This document has been made available to all staff. Management said the core document assists with demonstrating compliance across the Accreditation Standards, promotes continuous improvement and is used as staff resource.
- Following a management review, integration of the home's business plan is now integrated with the governing health service's strategic plan. Management said this has strengthened communication between the board and home's key personnel, also ensuring the home's objectives are considered at the board level.
- As a result of identifying an opportunity to improve, management investigated an improved way to generate and manage residential agreements. Following consultation with key personnel from other aged care homes, an electronic residential agreement program has been implemented. Management said benefits to the system include increased ease in accessing the residential agreement and associated documentation as well as automatic update of the residential agreement in response to legislative changes.

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’s management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

Management remain informed through legislative update services, peak bodies, and Government bulletins. Key staff interpret this information and discuss compliance action at relevant forums. Where action is required, it occurs and relevant parties are notified of such changes. Compliance with relevant legislation is monitored through the quality system. Staff said they receive information regarding regulatory compliance relevant to their roles and demonstrate knowledge of regulatory requirements.

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

- A range of policies and procedures reflect professional and regulatory guidelines.
- Confidential documents are stored and destroyed securely.
- Management ensured the notification, within the required time frame, of all stakeholders of the re-accreditation audit.
- Management ensures the availability of information about internal and external complaints mechanisms and advocacy services in languages specific to the needs of care recipients and their representatives.
- Management follows an established process to ensure all current staff, volunteers and relevant contractors have provided a statutory declaration and comply with the requirement to have a current police certificate.
- Management has a system to monitor the currency of professional registrations.

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. This is achieved through a comprehensive induction process for all new staff and ongoing support is provided through formal and informal education. The education offered to staff is based on the results of ongoing staff training needs surveys, defined organisational mandatory training requirements and the monitoring of changing residents’ care needs. A range of educators are utilised, including internal and external trainers, health professionals and

industry experts. The organisation provides opportunities for staff to upgrade their qualifications or specialise in an area of interest to them. Management monitor the appropriateness of staff knowledge and skills through quality processes. Staff, residents and representatives said staff have the appropriate knowledge and skill to ensure quality of care to residents.

Recent training and development opportunities relevant to Standard 1 Management systems, staffing and organisational development include the following:

- Documentation
- Communication and non-violent response education (CARE)
- Equal employment opportunities.

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 has systems to ensure residents, their representative and other interested parties have access to internal and external complaints mechanisms. Information about the comments and complaints process is included in information documents provided to residents and their representatives on entry. Management welcomes any form of feedback from residents and representatives, this can be done confidentially if they so wish.

Management acknowledges all forms of feedback, and if issues are raised, they are urgently prioritised so resolution can occur as quickly as possible. Staff are aware of complaints processes, and encourage residents to raise their concerns. Residents and representatives are comfortable approaching management and staff with feedback and are satisfied with their responsiveness.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

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

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Organisational policies and procedures guide the recruitment and retainment of appropriately skilled and qualified staff in order to deliver care and service in accordance with the Standards and the home's philosophy and objectives. Recruitment processes include formal interviews, reference and credential checks. Position descriptions, task lists and policies and procedures inform and guide staff in areas of resident care, services and professional development. Regular review of the staff mix occurs and management have authorisation to increase staff numbers or hours in accordance with residents' needs. New staff are orientated to the home, the organisation's expectations and are partnered for informal mentoring and support. Annual appraisals, feedback and quality processes assist management to identify ongoing staff training and skills requirements and to assess the effectiveness of the staffing roster. Staff said staffing is flexible and residents stated they are satisfied with the responsiveness of the staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Management have established systems to ensure stocks of appropriate goods and equipment are available for quality service delivery. Management regularly monitor and order supplies through preferred suppliers identified through organisational processes. Prior to purchase, new equipment is trialled and staff education is provided to ensure they use the equipment correctly and safely. The provision of goods and equipment is reflective of the identified needs of residents. The health services engineering department assists with the cleaning and maintenance of equipment to ensure it remains in good repair. Staff, residents and representatives are satisfied with the sufficiency and appropriateness of stock and equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Organisational systems are effective in ensuring all stakeholders have access to current and relevant information. Communication processes are two way to ensure both management and stakeholders are kept as informed as possible. Communication pathways include, scheduled meetings, electronic mail, newsletters, comment, suggestion and complaint forms, information handbooks, policies and procedures and care consultations. Confidential records are securely stored, archived and destroyed as required and computer systems are password protected

and backed up. An established document control system ensures the organisation's and site based policies and procedures align with contemporary practice.

Stakeholders are satisfied with the quality and timeliness of information provided.

1.9 External services

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

Team's findings

The home meets this expected outcome

The organisation ensures the provision of all externally sourced services occur in a way that meets the residential care service's needs and service quality goals. The organisation maintains a register of external services and develops service contracts which are reviewed regularly. Established processes ensure contractors abide by legislative requirements pertinent to their role; including the provision of evidence of current police certification.

Contractors are required to sign a register when entering and leaving the home and appropriate supervision occurs as required. Management monitors satisfaction with external service provision through the quality system. Stakeholders are satisfied with the quality of external services provided at the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Management actively pursues continuous improvement in the area of health and personal care. Residents and representatives are satisfied with the quality of care provided by staff and indicate the level of care is always improving. Refer to expected outcome 1.1 Continuous improvement for details of the home's continuous improvement system.

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

- Following the identification of a gap in the process between visiting health specialists and changes to care, management undertook action to tighten this process. Management developed a form to be utilised by health specialists when documenting their review and the outcomes. Management stated and staff confirm this has strengthened the communication process between health professionals and clinical staff and now ensures recommendations are incorporated into resident care promptly.
- Resulting from an opportunity to improve, management developed a team to assist in the ongoing support and improvement in the area of resident mental health. The team meet regularly and brainstorm ways to support positive mental health. Management and staff said this initiative has increased staff awareness of such a pertinent issue and is improving the quality of life for all residents.

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

Management has systems to identify and comply with all relevant legislation, regulatory requirements, professional standards and guidelines in the area of health and personal care. Refer to expected outcome 1.2 Regulatory compliance for further information about the home’s regulatory compliance system.

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

- Management has a documented system to guide staff management in the event of an unexplained absence of a care recipient.
- Registered nurses plan and supervise the delivery of specialised nursing care and ensure clinical guidance and support for staff is always available.
- Staff demonstrate compliance with policy and legislative requirements relating to medication management and storage.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to their provision of health and personal care. Refer to expected outcome 1.3 Education and staff development for details of the home’s education and staff development system.

Recent education opportunities relevant to Standard 2 Health and personal care include the following:

- Wound management
- Depression
- Continence care
- Oral health.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive appropriate clinical care. On entry an initial care plan guides staff practice until completion of the resident’s assessment period occurs. Staff develop individualised care plans from assessments which identify residents’ needs, preferences and strategies required. Nurses regularly review residents’ care plans and consultation with residents or their representatives takes place consistently. The monitoring of residents’ clinical care occurs by audits, clinical data and incident report analysis and stakeholder feedback. Staff demonstrate clinical interventions used to meet residents’ needs. Residents and representatives said they are satisfied with the clinical care residents receive.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

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

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Referrals to appropriate health professionals for residents occur in accordance with their needs and preferences. Completed assessments identify a resident’s need for referral to appropriate health specialists. Referrals take place according to the home’s internal referral system and management monitor this to ensure the effectiveness of referrals.

Documentation indicated staff implement and follow health specialists’ recommendations as required. Residents and representatives said referrals to appropriate health specialists take place as necessary.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

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

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Residents are as free as possible from pain. Residents’ pain assessments include identifying their risk for potential pain to occur. Care plans document triggers for pain, strategies and equipment required. Consultation takes place with residents and their representatives and the health care team as needed. Pain management interventions include a pain management program implemented by physiotherapists, medication, heat packs and massage. Management monitor residents’ pain management by audits and stakeholder feedback. Staff were aware of appropriate pain management interventions to implement.

Residents and representatives said they are satisfied with the management of residents’ 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

The home maintains the comfort and dignity of terminally ill residents. Residents and representatives complete end of life wishes where appropriate. Care plans reflect palliative care needs and preferences when required and a review of these needs is ongoing throughout the palliative care stages. Staff access general practitioners and when needed the advice of palliative care specialists. The monitoring of palliative care occurs by audits and stakeholder feedback. There are sufficient goods and equipment to provide appropriate palliative care and education is delivered to staff. Residents and representatives said consultation occurs regarding residents’ needs.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

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

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Residents’ skin integrity is consistent with their general health. Staff assess residents’ skin integrity and care plans document needs and preferences, including the levels of assistance and equipment required. Incident reports identify breaks in residents’ skin and staff initiate follow up care. Wound care charts guide staff practice when wounds occur and access to a wound consultant is available. Staff have access to appropriate emollient creams and dressings. Residents and representatives said they are satisfied with the care provided in relation to residents’ skin care management.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

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

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The management of residents with challenging behaviours is effective. Staff assess residents’ behaviours on entry following a settling in period. Reassessment occurs if new behaviours arise. Care plans identify behaviours, potential triggers and interventions needed. Referrals to general practitioners and behavioural management specialists take place if assistance is required. Management monitor residents’ behaviour needs by incident data analysis, audits and stakeholder feedback. Staff are educated on appropriate methods for managing residents with challenging behaviours. Residents and their representatives said other residents’ behaviours do not infringe on their rights.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Management of residents’ optimum levels of mobility and dexterity is effective. Residents have their mobility and dexterity needs assessed on entry. Care plans identify interventions including aids and equipment needed for mobilisation and also the level of assistance required. Staff complete incident reports following resident falls and a physiotherapist visits the home on a regular basis. Management monitor mobility by audits and stakeholder feedback. Staff have attended education in relation to assisting residents with their mobilisation needs. Residents and representatives said they were satisfied with the home’s approach to optimising residents’ mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

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

Residents and representatives said residents receive assistance as required to maintain residents’ oral and dental care.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

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

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

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

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

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

- Resulting from feedback, the home’s flag pole was replaced and repositioned in the home’s central garden area. In addition, a portable structure has been made by the ‘Men’s Shed’ which holds wreathes on days of significance. Residents and families are very satisfied with this initiative.
- Following a suggestion a ‘memorial folder’ has been developed and is now on display in the ‘Andrews wing’. This allows residents, families, staff and other visitors to remember residents who have deceased. Positive feedback has been received about this initiative.

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

Management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines in the area of care recipient lifestyle. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system.

Examples of responsiveness to regulatory compliance relating to Standard 3 Resident lifestyle include the following:

- Management has processes to manage compulsory reporting requirements and to educate all staff in recognising and responding appropriately to situations that may require action.
- Management offer a residential agreement to each resident or their representative/s on entry to the home and demonstrate respect for security of tenure.
- Residents receive information on their rights and responsibilities, security of tenure, privacy and consent issues in their information booklet and residential agreement.

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 and staff have appropriate knowledge and skills to perform their roles effectively in the area of care recipient lifestyle. Refer to expected outcome 1.3 Education and staff development for details of the home’s education and staff development system.

Recent education opportunities relevant to Standard 3 Care recipient lifestyle include the following:

- Compulsory reporting and elder abuse
- Person centred care
- Dementia and recreation.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Staff assess each resident's emotional requirements on entry and develop a care plan to meet identified needs. Information obtained includes family and life history, important life events and individual preferences for emotional support. Management provide residents and representatives with information including an information pack, tour and handbook to assist in their orientation to the home. Staff support residents in adjusting to life upon entering the home and on an ongoing basis. We observed staff to be supportive and to use a caring approach with residents. Residents and representatives are satisfied with the emotional support provided to residents.

3.5 Independence

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

Team's findings

The home meets this expected outcome

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

Assessments, care plans and consultations optimise residents' level of independence in daily activities. Staff promote residents' independence and community involvement through regular use of the home's bus, exercise programs and visiting community groups. Staff practices maintain each resident's individual level of independence. Residents said they are satisfied with the level of assistance the home provides in promoting their independence and participation in the community.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has systems to provide for residents' privacy, dignity and confidentiality. Accommodation for residents is in single rooms with ensuites. The home has sitting areas and gardens where residents can have quiet time or socialise with families and friends.

Residents' information is securely stored and access to the computerised care system is password protected. Staff contracts, handbooks and practices promote residents' privacy and confidentiality. Staff were observed to be maintaining residents' confidentiality and to be

discreet when managing care needs. Residents and representatives said staff maintain residents' privacy and dignity and are consistently respectful.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has systems to encourage and support residents to participate in a range of interests and activities. Staff complete lifestyle profiles and assessments after entry to the home in consultation with residents and representatives and individualised care plans are developed. Lifestyle staff provide activities in small and large groups, on a one to one basis and consider cognitive and physical ability. Annual surveys, resident meetings and formal evaluations monitor the effectiveness of the program. Regular outings and visits from community groups and entertainers occur. Residents are satisfied with the encouragement they receive to participate in a range of activities of their choice.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has processes to identify, respect and maintain residents' cultural customs, beliefs and spiritual backgrounds. Staff assess residents' cultural and spiritual needs on entry to the home and develop care plans identifying individual wishes and requirements. Residents have access to regular church services and pastoral care. The activity program includes celebrating days of significance, theme days, birthdays and provision of culturally specific activities. Resources are available to communicate with and support residents from culturally diverse backgrounds. Residents stated they are satisfied with the home's response to their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

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

conduct care consultations with residents and representatives. Residents state staff respect their choices and preferences and they are encouraged to participate in decisions about their care and give feedback.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents have secure tenure within the home and are assisted to understand their rights and responsibilities. On entry, management provides information about security of tenure, privacy, confidentiality, complaints mechanisms and the available care and services through the handbook and residential agreement. The 'Charter of residents' rights and responsibilities' and advocacy and independent complaints mechanisms brochures are on display. Management ensures other stakeholders are made aware of residents' rights and responsibilities through handbooks, orientation, poster displays and policies and procedures. Residents and representatives are satisfied with the security of tenure provided by the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

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

- Following management identifying that there was no site specific occupational health and safety training captured for new staff, management have developed a presentation. All new staff received this information with the home’s occupational health and safety representative. Staff express satisfaction with this initiative and stated they are now more informed.
- As a result of staff expressing concerns about the risk of injury when manoeuvring bariatric residents in portable chairs, management explored several different options. Following a trial, a motor has been installed on a bariatric wheelchair which now propels the wheelchair with ease. This has successfully reduced the risk of staff injury.

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

Management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines in regards to the physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for information for details of the home’s regulatory compliance system.

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

- Chemicals are stored safely in secure areas and current material safety data sheets are available.
- Management ensures staff attend mandatory training in fire and emergency procedures each calendar year.
- Management supports an active occupational health and safety system.
- Regular monitoring and maintenance of fire and safety systems occurs and the home has a current ‘Annual essential safety measures report’.
- The catering service complies with a food safety program and has current third party and local council food safety certificates.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively in the physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for details of the home’s education and staff development system.

Recent education opportunities relevant to Standard 4 Physical environment and safe systems include the following:

- Heatwave in the older person
- Smart lift
- Basic life support
- Chemical use and safety.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management are actively working to provide a safe and comfortable living environment for residents. The home caters for residents with varying care needs including an area specifically designed for those living with dementia. Comprehensive cleaning and maintenance programs exist, and incident and reporting mechanisms are utilised to monitor the comfort and safety of the environment. Clinical systems support residents to take risks whilst at the same time remain safe. Residents are welcomed to personalise their room and other areas of the home, as they so wish to ensure they feel as comfortable as possible.

Residents and representatives are satisfied with the safety and comfort of the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

There are systems to provide a safe working environment that meets regulatory requirements. At orientation and on an ongoing basis staff receive information and training to promote a safe environment and safe work practices. Aspects include safe lift protocols, transfer equipment, training in manual handling techniques and chemical safety. Systems identifying risks to staff safety include hazard alerts, incident reports and environmental inspections. An active occupational health and safety officer is onsite and advocates on behalf of their colleagues in the area of occupational safety. Staff are satisfied with the safety of the working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Emergency plans and fire orders are in place and fire training regularly occurs. The home is equipped with firefighting equipment that includes a fire panel, smoke detectors and alarms, fire extinguishers, fire hoses, fire blankets, sprinklers and fire/smoke doors. There is keypad security throughout the home and external gates and doors are secure at night. The home is able to respond to other emergencies such as power failure and interruption to the water supply. The home manages risk through internal and external audits and inspections and via incidents and hazard reporting processes. Staff

stated they are required to undertake regular fire and emergency training and are comfortable to respond to fire or another emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has a system to prevent, identify, manage and contain infections. Infection control education is part of orientation and part of the home's annual mandatory education.

Management collect, analyse and trend infection data monthly then identify and implement strategies and interventions. Outbreak guidelines, protective equipment, infectious waste disposal and pest control form part of the infection control program. The home has a food safety program in place. Staff stated identification and management of infections occurs quickly and effectively.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The provision of hospitality services enhances residents' quality of life and the staff's working environment. The home has a rotating menu, offering choices at meal times and prepared in accordance with a food safety program. Residents have input into the menu and staff assist residents with their meals in a dignified manner. Cleaners follow a schedule which ensures appropriate cleaning of all areas of the home. Cleaning occurs according to infection control guidelines and personal protective equipment is utilised. The laundering of personal clothing takes place on site and staff also offer a labelling service. Residents and representatives said they were satisfied with all of the hospitality services provided at the home.