Australian Government
Australian Aged Care Quality Agency

Arcare Caulfield

RACS ID 3962
141 Kooyong Road
CAULFIELD NORTH VIC 3161

Approved provider: Arcare Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 24 December 2017.

We made our decision on 05 November 2014.

The audit was conducted on 14 October 2014 to 15 October 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

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Audit Report

Arcare Caulfield 3962

Approved provider: Arcare Pty Ltd

Introduction

This is the report of a re-accreditation audit from 14 October 2014 to 15 October 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 14 October 2014 to 15 October 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. The assessment team consisted of three registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Adrian Clementz
Team members:	Heather Browning Helen Fitzpatrick

Approved provider details

Approved provider:	Arcare Pty Ltd

Details of home

Name of home:	Arcare Caulfield
RACS ID:	3962

Total number of allocated places:	110
Number of care recipients during audit:	91
Number of care recipients receiving high care during audit:	66
Special needs catered for:	Not applicable

Street:	141 Kooyong Road
City:	Caulfield North
State:	Victoria
Postcode:	3161
Phone number:	03 9526 0400
Facsimile:	03 9559 9150
E-mail address:	accreditation@arcare.com.au

Audit trail

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

Interviews

Category	Number
Manager, quality and administrative staff	5
Corporate management	4
Care and lifestyle staff	8
Clinical staff	5
Care recipients/representatives	18
Catering, cleaning, laundry and maintenance staff	10
Volunteers	1
Visiting professional clinical persons	2

Sampled documents

Category	Number
Care recipients' clinical files	10
Care recipients' lifestyle files	9
Residential agreements	6
Medication charts	16
Personnel files	9

Other documents reviewed

The team also reviewed:

- Activity program, attendance records and evaluations

- Audits and surveys

- Residents' information guide

- Catering documentation

- Cleaning and laundry manuals and schedules

- Comments and complaints records

- Communication books

- Continuous improvement plan and supporting documentation

- Education planning and monitoring

- Education records

- Essential service and preventative maintenance schedules and service records

- Food safety plan, kitchen cleaning schedules and temperature check records

- Handover sheets

- Hazard report and analysis folder

- Incident reports and consolidated compulsory reporting register

- Infection rates, monthly data records and reports

- Lifestyle, leisure, cultural and spiritual needs assessments and care plans

- Material safety data sheets

- Medication records for restricted substances

- Meeting minutes

- Memoranda

- Menus

- Newsletters

- Nurses' registration register

- Police certificate register

- Policies and procedures

- Positions descriptions

- Resident dietary needs analysis and nutrition plans

- Rosters

- Staff information guides

- Staff qualification records

- Task lists

- Unplanned maintenance records

- Weight monitoring records

Observations

The team observed the following:

- Activities in progress

- Catering, cleaning and laundry processes and equipment

- Comments and complaints forms and lodgement boxes

- Communication boards for residents, staff and visitors

- Egress routes and emergency evacuation maps

- Equipment and supply storage areas

- External complaints and advocacy information

- Fire and emergency equipment

- Hand hygiene facilities, outbreak kits and personal protective equipment

- Information in languages other than English

- Interactions between staff and residents

- Internal and external living environment

- Kitchen and servery areas

- Meal and refreshment services

- Mobility aids and transfer equipment in use

- Notification to stakeholders of re-accreditation audit

- Sharps and infectious waste disposal

- Short group observation

- Staff practices in infection control

- Staff responding to call bells

- Storage and administration of medications

- Visitor and resident sign in/out register

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 with the support of the home's parent organisation has effective systems to actively pursue continuous improvement across the four Accreditation Standards. An electronic continuous improvement plan registers and monitors the progress of planned improvement projects to their conclusion. Inputs into the continuous improvement systems include but are not limited to initiatives raised as a result of meetings, comments, suggestions, complaints and audits. Management review and attend to matters in consultation with relevant personnel. The home's parent organisation quality personnel monitor the continuous improvement systems. Staff demonstrated a good understanding of continuous improvement processes and procedures. Residents said they are informed of improvements through meetings, informal discussions and newsletters.

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

- Management identified an opportunity to improve communication between the senior management team. Daily ten minute meetings were introduced with the aim of updating everyone on the happenings for the day in the various departments. The meetings include clinical and non-clinical managers/coordinators and the home's manager. Management said this has strengthened teamwork, ensures everyone is aware of happenings throughout the home and supports a continuity of care and service provision to the residents.

- As a result of the introduction of the daily senior management ten minute meetings the general service manager introduced a morning ten minute meeting for all support services staff. The aim of this 'morning huddle' is to ensure these staff are aware of what is happening throughout the home and in particular changes in residents status and needs. Staff said they appreciate the information and it supports the team approach to resident care.

- In response to an increase in resident numbers, management, with input from staff, reviewed the staffing requirements. Additional enrolled nursing and personal care attendant coverage was rostered to meet the identified needs. Feedback indicates a positive impact on resident care and staff working flow.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home with the support of the parent organisation ensures there is an effective system to identify, respond to and meet relevant legislation, regulatory requirements, professional standards and guidelines across all four Accreditation Standards. Management receive information through legislative update services, peak bodies and government departmental bulletins. This information is interpreted and tabled at relevant forums. As part of the process management review existing or develop new policies, procedures and guidelines.

Management provide information of regulatory guidelines and changes to policy and procedure through meetings, electronic mail, memoranda and education. Management require staff to complete annual competencies in relation to key legislation. Staff confirm they receive information about regulatory compliance matters relevant to their roles and demonstrated knowledge of regulatory requirements.

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

- Management processes ensure ongoing self-assessment of the home.

- The home has an effective system to manage police certificates for staff, volunteers and contractors.

- The home has an effective process to manage statutory declarations in regard to citizenship or permanent residence of a country other than Australia since turning 16 years of age.

- Management notified stakeholders of the reaccreditation audit within regulated timeframes.

- Stakeholders have access to information about advocacy services and internal and external complaint mechanisms.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

There is a system to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively across the Accreditation Standards. Management develop an education program based on resident care needs, staff requests, feedback, audits results, incidents, observations and other relevant data. Education schedules include a comprehensive induction program, an extensive suite of competencies and mandatory education days. There

are processes to advise staff of upcoming education and to track attendance. There are processes to evaluate the effectiveness of training and ensure new knowledge and skills are applied in the workplace. Staff are satisfied with the range of education and professional development opportunities available to them. Residents and representatives are satisfied staff have the skills and knowledge to meet residents' care needs and preferences.

Examples of education provided and competency assessed in relation to Standard 1 Management systems, staffing and organisational development include:

- Arcare's values

- electronic care management documentation

- incident reporting

- leadership skills for senior staff

- the accreditation process.

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

There are formal and informal comments and complaints systems, processes and mechanisms in place that are accessible to all stakeholders. Stakeholders receive information regarding internal comments and complaints processes and independent external complaints through the resident agreement, resident and staff information guides and brochures displayed throughout the home. Management demonstrate they respond to complaints in a timely manner and maintain confidentiality of individual complainants. Staff, residents and representatives stated they are aware of the internal and external complaint processes and are confident in using the systems and they are satisfied management address comments and complaints appropriately.

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

Arcare's statements of values are on display at the home and are included in resident and staff information guides and position descriptions.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Management demonstrate there are appropriately skilled and qualified staff sufficient to ensure services are delivered in accordance with the Accreditation Standards and the home's values. The home bases recruitment process on skills, qualifications and attitude as outlined in position descriptions. New staff undergo a comprehensive process of induction and competency testing and are assigned buddy shifts to assist them transition into the workplace. Resources to support staff in their roles include position descriptions, policies and procedures, flowcharts, information guides and ongoing education. Staff performance is monitored on an ongoing basis through observations of work practice. Adjustment of staff levels occurs to meet resident care needs and there are processes to replace staff for planned and unplanned leave. Residents and representatives are satisfied with the standard of care and services provided by staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has a system to ensure stocks of appropriate goods and equipment for quality service delivery are available. Management ensure approved suppliers deliver consumables to a regular order cycle and there are processes to maintain adequate stock holding levels. The home identifies equipment required through review of resident needs, meetings, feedback mechanisms and the input of visiting professional services. There are processes to ensure the suitability of new equipment and staff receive education in the safe use of equipment. The home maintains a preventive maintenance program and a structured process to manage unscheduled repairs. Storage areas are organised, clean and secure.

Staff and residents are satisfied with the availability and quality of stock, inventory supplies and equipment at the home.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Management and staff have access to information appropriate to their role. Information provided to residents and representatives on entry to the home includes an information guide and the residential agreement. Newsletters, care consultations, meetings and informal discussions provide ongoing information. Policies and procedures, education, meetings, handover, communication books, daily diaries and position descriptions inform staff. Key data

is routinely collected, analysed and is available for relevant staff to review. Confidential records and information are securely stored and access to electronic records is password protected. Daily back up occurs for all computerised information and there are hard copy and electronic documents archiving processes. We observed noticeboards, memoranda, display boards and meeting minutes available to staff, residents and representatives. Staff, residents and representatives said they are well informed about and included in decisions concerning the home and themselves.

1.9 External services

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

Team's findings

The home meets this expected outcome

Management ensures externally sourced services are provided in a way that meets the residential care service's needs and quality goals. Corporate procurement services personnel conclude service agreements with a wide variety of external service providers.

An online electronic system enables delegated staff to monitor that all aspects of the contractual arrangements are adhered to, such as service visits occurring as scheduled. External contractors provide evidence of qualifications, registration, certification and insurances as part of the contractual engagement and review process. Standards of service are tracked through observations and feedback mechanisms. Contractors not fulfilling their obligations do not continue to provide services at the home. Residents, representatives and staff are satisfied with the services provided by the home's external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Routine collection and review of residents' clinical care and incident related data occurs. The outcomes of the clinical information, in conjunction with feedback received from staff, residents and representatives regarding residents' care needs contribute to the continuous improvement system.

Recent improvements relevant to Standard 2 Health and personal care include:

- The introduction of weekly meetings with the manager, clinical care coordinators and senior nurses occurred in response to management identifying a need to for more opportunities for sharing clinical information and identifying priorities for the week ahead. Feedback from nurses and the clinical care coordinators has been very positive.

- Staff requested a change of medication charts as they felt the format at that time was difficult to manage. Management sourced new charts and folders and provided staff training. An evaluation of the new system indicates a drop in medication incidents and positive feedback from clinical staff.

- Management identified a need to further develop staff palliative care knowledge and a need to provide a support system for representatives whose relative is receiving palliative care. In response, key staff received further palliative care training and a palliative care tool kit was sourced and used during the training. A palliative care trolley was also established.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has a system to identify and meet regulatory compliance obligations in relation to health and personal care. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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

- Registered nurses oversee specific care planning activities and care tasks.

- Professional registrations of staff are monitored and maintained.

- The home demonstrates compliance with policy and legislative requirements in relation to medication storage and management.

- There are effective processes to manage and report the unexplained absence of a resident.

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

The home has a system to enable management and staff to have the appropriate knowledge and skills to perform their roles effectively relative to health and personal care. There are processes to monitor that staff apply knowledge and skills appropriately in their work practice. For a description of the system refer to expected outcome 1.3 Education and staff development.

Examples of education provided and competency assessed in relation to Standard 2 Health and personal care include:

- behavioural management and documentation

- catheterisation

- oral care

- pain management

- using a syringe driver

- wound management.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

Residents following entry to the home are assessed to determine clinical needs, choices and preferences and care plans are developed to meet those needs. Clinical needs are reviewed regularly and in response to changing circumstances and care plans are adjusted accordingly. Care planning occurs with the collaboration of residents and/or their representatives. A responsive and accessible electronic system is used for care documentation. Appropriately qualified staff provide clinical care with registered nurses rostered for all shifts each day. Residents expressed satisfaction with all aspects of their clinical care.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

The technical and specialised care needs of residents are identified through the care assessment process and included in care planning. Complex care needs are met by registered nurses and appropriate clinical charting of all care is maintained. Adequate supplies of clinical products and equipment are available to meet care needs. Referrals are made to external specialist services to assist in meeting technical care needs. Residents expressed satisfaction with the provision of specialised nursing care.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

Care recipients are referred to appropriate health specialists in accordance with the care recipient's needs, choices and preferences. Regular visits occur by physiotherapists, dietitians, speech pathologists, podiatrists, audiologists, optometrists and mental health specialists. Records of visits are maintained and care plans adjusted to meet recommendations. Residents are assisted to visit external health specialists where required. Residents expressed their satisfaction with the provision of health specialist services and the assistance of staff to attend appointments.

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 medications and medication regimes of residents are managed safely and in accordance with regulatory requirements. Medications are administered from packaged aids and from original dose containers. Staff with appropriate qualification and training manages medication administration. Proper records are maintained for medication orders and administration.

Restricted substances are managed properly. Responsive provision of medications to meet changing resident needs is provided by the contracted pharmacy. Residents who continue to manage their own medications have systems in place to assure their safety. Residents and nursing staff articulated their satisfaction with the medication management processes in place.

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

All residents are assisted to remain as free as possible from pain. Individual needs and contributing factors to pain are identified through the assessment process and strategies for management are included in the care plan. Interventions are evaluated for effectiveness. A chronic pain management program is provided by a physiotherapist. Pain management is discussed at medication advisory committee meetings. Residents expressed their satisfaction with the pain management strategies in place and said they are assisted to be as active and independent as possible.

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 comfort and dignity of terminally ill care recipients is maintained during end of life care. Records of individual preferences and wishes are kept and used to inform care planning.

External palliative care specialist services are accessed to enhance the support provided. Care staff are able to provide appropriate care and support to residents facing their end of life journey.

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

The nutritional needs and preferences of residents are met to maintain adequate hydration and sustenance. Assessments of needs, dietary cultural requirements, likes and preferences are determined and included in care plans. Referrals to a dietitian or speech pathologist are made for residents with assessed needs. Regular monitoring of the weights of residents occurs. Utensils are available to maximise independence and dining furnishings are appropriate for use. Adequate numbers of staff are available to assist residents with their meals. Residents expressed their satisfaction with the food service provided to them and with the assistance provided by staff.

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

The skin integrity and care needs of residents are assessed following entry to the home and care plans developed to provide for individual skin integrity needs. A formal tool is used to assess skin integrity risk. Appropriate pressure relieving equipment is provided according to assessed needs and furnishings provided to maintain a safe environment. Registered nurses provide any required wound care and maintain clear records of management. Care staff include provision of regular hygiene care that includes application of moisturising lotions where it is planned. Referrals are made to specialist wound consultants where it is required. Residents expressed their satisfaction with the management of any skin integrity issues they have.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Care recipients' continence is managed effectively and with dignity. Assessments of continence care needs are made following entry to the home and the information used in care planning. Appropriate aids are provided to meet assessed needs and care staff receive training in continence management. Audits of the effectiveness of continence management strategies occur. Residents expressed satisfaction with the assistance and support they receive in managing their continence care needs.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are managed effectively. Assessments of individual behaviour management needs occur following entry to the home and the information is used to develop care plans. Care plans detail triggers for behaviours, strategies for management and emotional support of importance to the individual resident. Referrals are made to specialist mental health consultants where it is required. Dedicated and familiar staff rostering assists to maintain consistent care and support. Residents validated the support provided by staff to those residents who exhibit challenging behaviours.

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

Optimum levels of mobility and dexterity are achieved for all care recipients. Assessments of abilities are made upon entry to the home and care plans then developed to assist care staff. A physiotherapist also conducts assessments of functional mobility for all residents and provides individual mobility programs. There are group exercise sessions held and a chronic pain management program. Mobility aids are provided appropriate to the individual needs in addition to hip protectors and bed assistive devices. Resident falls are monitored and reviewed. The home provides a well lit and clutter free environment for safe mobility.

Residents expressed their satisfaction with the care and support provided to them to maintain optimal levels of 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

Care recipients' oral and dental health is maintained. Assessments of oral care needs are done following entry to the home and the information used in care planning. The care plans include the preferred oral health practitioners the resident attends and their preferred oral hygiene routine. Visiting specialists are accessed where required. Care staff receive education on provision of good oral health and assist residents where it is required.

Residents are provided with new toothbrushes at planned regular intervals. Residents confirmed that they are satisfied with the provision of oral and dental health care at the home.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Care recipients' sensory losses are identified and managed effectively through the assessment and care planning processes. Care plans detail the assistance required with sensory aids. Referrals are made to specialist services as required. Optometry and audiology services visit the home. The lifestyle program includes activities that provide stimulation for the senses including massage, music, and reading. Residents are satisfied with the management of their sensory losses.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Care recipients are able to achieve their preferred sleep patterns. Assessments of usual sleep and rest routines occur following entry to the home and are incorporated into care plans. Care plans include preferred rise and retire times, room environment, continence management and any sedative medication. The home provides a quiet and private environment helpful to achieving individual routines. Residents said they are assisted to achieve their preferred sleep routines and that care staff assist them with this.

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

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

The continuous improvement systems demonstrate ongoing improvements in care recipients lifestyle.

Recent improvements relevant to Standard 3 Care recipient lifestyle include:

- Management and staff identified an opportunity to support the cultural needs of residents from the Jewish faith. Management and staff facilitated the erection of a sukkah in the central courtyard for use during the weeklong Jewish festival of Sukkot. Residents guided the staff in the requirements for the sukkah and the creation of appropriate decorations. This project also includes the provision of special food to be shared with family and friends at certain times during the celebration week. Staff informed us that a number of relatives and friends have attended with their resident and the feedback has been very positive and appreciative of the opportunity for the residents to be involved in their faith at this special time at the home.

- Management identified that Jewish culture requires the bedroom and belongings of a resident who has passed away must remain untouched for seven days, which is in conflict with the organisation's discharge policy. Management has organised for a seven day period of grace to be accounted for in the discharge process.

- The daily exercise program was in high demand and many residents were missing the opportunity to exercise at a time that suited them. An increase in exercise sessions occurred to include sessions in the afternoon. Resident feedback is very positive and they appreciate the different times as this allows them the option of fitting the program in with other scheduled activities.

3.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has a system to identify and meet regulatory compliance obligations in relation to care recipient lifestyle. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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

- Management provides information about rights to privacy and confidentiality to residents, representatives and staff.

- The home has a policy, procedure and guidelines in relation to elder abuse and compulsory reporting and there are processes to make staff aware of their responsibilities.

- The Charter of residents' rights and responsibilities is displayed within the home.

- The home offers a residential agreement to residents or their nominated representative at the time of entry.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has a system to enable management and staff to have the appropriate knowledge and skills to perform their roles relative to care recipients' lifestyle. There are processes to monitor staff apply knowledge and skills appropriately in their work practice. For a description of the system refer to expected outcome 1.3 Education and staff development.

Examples of education provided and competency assessed in relation to Standard 3 Care recipient lifestyle include:

- compulsory reporting and reportable assaults

- Jewish customs and New Year

- lifestyle staff workshop day

- privacy, dignity and confidentiality

- staff visits to the Jewish holocaust centre.

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

Management and staff provide support for residents and where appropriate representatives to adjust to the new environment when the resident moves into the home and on an ongoing basis. On entry to the home, assessments and a comprehensive relationship centred profiles capture the resident's emotional status and support needs. Lifestyle care plans are developed in consultation with residents and/or representatives. Residents' emotional support needs are monitored through daily observation and reporting by care and lifestyle staff. Evaluations and review of plans occurs regularly and as needed. Referrals to mental health services and social workers are available if required. Residents and representatives stated their individual emotional support needs are always met by staff in an appropriate and compassionate manner.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are assisted to achieve and maintain their maximum level of independence. Assessment and care planning processes assess and plan for maintaining the residents' individual level of physical, social, cognitive and emotional independence. Care plans include strategies to maximise independence. Staff support residents to maintain friendships within the home and visitors are encouraged and welcomed. Residents use mobility aids and where appropriate move independently around the home. Staff across all care, lifestyle and hospitality support services demonstrated a high level of commitment to ensuring residents reach their optimum level of independence in all aspects of their life in the home. Lifestyle programs offer many opportunities for residents to maintain interests and cultural contacts within their community. Interviews and satisfaction surveys confirmed residents and representatives are satisfied that staff support and respect residents' independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff demonstrate a strong commitment to ensuring residents' right to privacy, confidentiality and dignity is recognised and respected. Residents and/or their representative sign consent forms in relation to sharing personal information and the use of photographs. Access to resident files and other confidential information is restricted to authorised staff and computers are password protected. Interviews with staff and observations

of staff practice confirmed staff respect and support residents' privacy and dignity. Support staff said they are made aware of any changes to individual resident's privacy needs at the 'morning huddle' meeting, for example the wish for a sleep in. Residents and representatives said staff are always polite and respectful of the residents' privacy and dignity needs. Representatives said residents are always appropriately groomed and their dignity supported and maintained.

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

Residents have opportunities to join a variety of leisure and lifestyle activities included in monthly program calendars that are based on a relationship centred approach to care and support. As such the programs remain flexible on a day to day basis to allow for the constantly changing needs and interests of the residents. Leisure and lifestyle staff provided examples of innovative new programs adapted to meet cultural and artistic needs and interests of the residents both on an individual basis and in group activities and outings.

Regular evaluation of all activities occurs through lifestyle staff observation, review of attendance records and direct resident feedback. We observed residents and their representatives enjoying a variety of activities that included culturally specific events. Residents said the lifestyle programs "more than meet their needs" and "there is always something of interest available" 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".

Team's findings

The home meets this expected outcome

The resident profile at the home includes a high number of residents from culturally and spiritually specific backgrounds. Management demonstrated a commitment to ensuring the cultural and spiritual competence of all staff and ensuring services and programs meet the residents' needs. Care and lifestyle assessment processes identify residents' cultural and spiritual backgrounds and practices of significance to them. The home facilitates residents' preferred practices including access to a number of appropriate spiritual leaders. Staff confirmed their understanding of residents' cultural and spiritual needs and how they provide support which was further demonstrated through our observation of a sukkah erected in the central courtyard for use during the week long Jewish festival of Sukkot. Management monitors and evaluates the effectiveness of these processes through surveys, feedback and observation. Residents and representatives said they were very satisfied with the management of residents' cultural and spiritual interests and beliefs and said staff are very sensitive to their 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

Management and staff demonstrate they are committed to recognising and respecting resident choices and decisions. The residential agreement and information guide include information about residents' rights and management explains these at the time of entry. Consultation about residents' individual preferences takes place on entry to the home and reviewed regularly. An authorised representative provides decision making support to residents presenting with reduced decision-making capacity. There are systems to support residents to provide feedback either as a group or on an individual basis. Interviews with staff verified staff endeavour to empower and support residents to make decisions and choices.

Residents and representatives confirm residents have input into the care and services residents receive including personal care, meals and level of participation in activities.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients have secure tenure within the home and there are processes to ensure they understand their rights and responsibilities. The home communicates information about residents' rights and responsibilities, security of resident tenure, advocacy and complaint services and specified care and services at entry, through the residential agreement and information guide. Staff are made aware of their responsibilities regarding residents' rights during induction and through information guides and work procedures. The Charter of residents' rights and responsibilities is displayed within the home. A process of consultation and agreement precedes any change in a resident's room. Residents and representatives are satisfied with the security of resident tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

The continuous improvement systems demonstrate ongoing improvements in the area of physical environment and safe systems.

Recent improvements relevant to Standard 4 Physical environment and safe systems include:

- A review of the breakfast tray service in Raleigh unit occurred in response staff identifying breakfasts were often cold. Management in consultation with staff and the catering contractor reviewed the systems and staff processes which resulted in the purchase of tray trolleys and modified staff work processes. Management reports staff and resident feedback has been positive and an improved breakfast service observed.

- In response to feedback from residents about the need to improve food/menu, the introduction of a food focus group occurred in June 2014. The group meet monthly and includes residents, management and catering contractor chef. Management's evaluation indicates residents have noted an improvement in meals and that meals now meet their individual preference. Feedback during our interviews with residents indicated they are satisfied with meals and their ability to provide input for the menu.

- Staff identified a number of residents would prefer a vegetarian meal and there was no suitable vegetarian option available on the menu. Management consulted with the catering contractor, nutritionist and dietitian to develop nutritious vegetarian options that are culturally appropriate and meet the preferences of the residents. Feedback from residents has been positive.

4.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

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

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

- Staff store chemicals safely and current material safety data sheets are available.

- The home follows relevant protocols in relation to compliance with food safety regulations and guidelines.

- There are infection control guidelines to guide the management of an outbreak.

- The home has a system to demonstrate compliance with fire safety regulations.

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

The home has a system to enable management and staff to have the appropriate knowledge and skills to perform their roles relative to the physical environment and safe systems. There are processes to monitor staff apply knowledge and skills appropriately in their work practice. For a description of the system refer to expected outcome 1.3 Education and staff development.

Examples of education provided and competency assessed in relation to Standard 4 Physical environment and safe systems include:

- chemical handling

- emergency response

- gastroenteritis outbreak procedures and actions

- manual handling

- sling laundering.

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 is actively working to provide residents with a safe and comfortable environment consistent with the care needs of residents living at the home. Residents are accommodated in single ensuite rooms which they are encouraged to personalise. Resident rooms and the many communal and private areas are well appointed, light, appropriately furnished and kept at a comfortable temperature. Residents have access to comfortable outside areas and established gardens. Management ensures the buildings, grounds and equipment are maintained through regular servicing and maintenance programs by maintenance staff and external contractors. Daily observational inspections, regular audits, incident reporting, meetings, maintenance requests and other feedback mechanisms are used to monitor a safe and comfortable living environment. Staff are educated in and employ appropriate practices to ensure the safety and comfort of those residing at the home.

Residents and representatives are satisfied the home provides residents a comfortable, safe and secure environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home with the support of central office has a system to support a safe working environment that is aligned to regulatory requirements. There are policies, procedures and guidelines in relation to safe work practice. Staff are informed of their responsibilities through displayed information and during induction and mandatory education and at meetings. The home's education program includes training for staff in manual handling, infection control and chemical safety. Health and safety representatives attend accredited external training.

Staff and management identify work hazards through audits, maintenance requests, staff incidents and daily meetings. These are discussed at regular meetings as appropriate. Staff are satisfied management work actively to create a safe work 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 work actively to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are procedures and guidelines to respond

to a range of internal and external emergencies. Qualified external contractors maintain fire equipment and there are effective processes to monitor the maintenance of essential services equipment. Management displays emergency evacuation plans and ensures emergency exits and egress routes are free from obstruction. There are effective processes to maintain emergency evacuation packs and access to evacuation lists. All staff are required to complete mandatory fire and emergency training. Arrangements for providing a secure environment include keypad entry points, closed circuit television monitoring, sign in processes and an automatic after hour lock up procedure. Residents and representatives are satisfied the home provides a safe and secure environment. There are processes to make residents aware of what to do on hearing the fire alarm.

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

There is an effective infection control program to identify and manage infection risks and outbreaks. The program includes an infection surveillance program, data collection, review and actioning of identified trends and internal and external audits. Infection control is included in staff inductions and there is ongoing education and competency testing. Policies and procedures including for the management of gastroenteritis and influenza are available to all staff. A staff and resident vaccination program is in place. There are supplies of protective clothing and equipment and systems for the disposal of sharps and infectious waste. Food safety, pest control programs and environmental services comply with legislation and infection control guidelines. The home reviews infection rates and implements improvement plans to ensure infection control practices in the home remain current and effective.

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

Hospitality services are consistent with the needs of the residents and staff working environment. An external catering contractor prepares meals on site with nutritionist and dietitian input into the menu. Meals are served from pantries adjoining the four dining rooms in accordance with food safety standards. Staff plate the meals referring to resident information regarding meal size, nutrition and hydration requirements, food allergies, food preferences and cultural requirements. Alternate meals and snacks are available if required. Cleaning occurs according to schedules and there is a system to accommodate urgent cleaning requirements. Laundering of bed linen and towels is outsourced to an external contractor and personal laundry is completed onsite where there is effective clean and dirty separation and processes to minimise lost property. Staff described procedures relevant to their role and confirmed completion of appropriate training. Residents and representatives are satisfied with the quality of the hospitality services provided.