Australian Government
Australian Aged Care Quality Agency

Arcare Craigieburn

RACS ID 3970
251-259 Waterview Blvd
Craigieburn VIC 3064

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 02 June 2018.

We made our decision on 22 April 2015.

The audit was conducted on 12 March 2015 to 13 March 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of 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 Craigieburn 3970

Approved provider: Arcare Pty Ltd

Introduction

This is the report of a re-accreditation audit from 12 March 2015 to 13 March 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- All 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 12 March 2015 to 13 March 2015.

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

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

Assessment team

Team leader:	Jenny Salmond
Team members:	Karen Ray Katherine Hannaker

Approved provider details

Approved provider:	Arcare Pty Ltd

Details of home

Name of home:	Arcare Craigieburn
RACS ID:	3970

Total number of allocated places:	96
Number of care recipients during audit:	90
Number of care recipients receiving high care during audit:	Not considered
Special needs catered for:	Care recipients living with dementia

Street:	251-259 Waterview Blvd
City:	Craigieburn
State:	Victoria
Postcode:	3064
Phone number:	03 9219 2100
Facsimile:	N/A
E-mail address:	manager.craigieburn@arcare.com.au

Audit trail

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

Interviews

Category	Number
Management team	5
Regional management	2
Registered and enrolled nurses, care and lifestyle staff	13
Allied health staff	3
Care recipients/representatives	16
Environmental services staff and external catering service staff	5
Administration and maintenance staff	2

Sampled documents

Category	Number
Care recipients' files	11
Care recipients' lifestyle documentation	8
Care recipients' administration files	10
Medication charts	17
Personnel files	11

Other documents reviewed

The team also reviewed:

- Advance care directives

- Arcare Craigieburn self-assessment

- Audit and survey schedule, results and associated documentation

- Care recipients' information and handbook

- Cleaning schedules

- Consolidated record of all incidents and allegations of reportable assaults

- Continuous improvement plans and associated documentation

- Controlled drug register

- Disaster management plan

- Emergency management instructions, procedures and evacuation maps

- Essential services measures report, fire service log books and related documentation

- Food safety plan, associated documentation and current food safety certification

- Handover sheets and resident lists

- Hazard and fire alarm register

- Hazard reporting and risk assessment documentation

- Incident reports, analysis and trending data

- Lifestyle programs and related documentation

- Material safety data sheets

- Meeting minutes, newsletter and memoranda

- Nursing registration register

- Occupational health and safety information

- Orientation checklist, education and staff development records and associated documentation

- Pest control records

- Physiotherapy referrals

- Poisons control certificate and plan

- Police certification register and statutory declarations

- Position descriptions

- Preferred supplier and service provider documentation

- Preventative maintenance schedule, maintenance request forms and actions

- Procedures and flow charts

- Quality reporting and analysis

- Residents' dietary information

- Restraint assessment and evaluation

- Staff roster

- Visa monitoring documentation.

Observations

The team observed the following:

- Activities in progress, staff and volunteers assisting residents with activities, social calendar on display and resources

- Archive storage

- Call bell system

- Charter of Residents' rights and responsibilities on display

- Chemical and oxygen storage

- Cleaning in progress, cleaners' rooms and cleaning trolley

- Clinical supplies and equipment

- Drugs of addiction register and storage

- Egress and exit routes

- Equipment and supply storage areas

- Evacuation kit, egress routes and unobstructed pathways

- Feedback forms and pamphlet availability, including advocacy and complaints scheme brochures and suggestion box

- Fire detection system and firefighting equipment

- Hand washing facilities and hand sanitisers

- Handover in progress

- Infection control equipment and outbreak management kits

- Interactions between staff and residents

- Internal and external living environment

- Kitchen and food storage areas

- Laundry services in progress and linen storage areas

- Meal and refreshment service and menu on display

- Medication administration, medication imprest system, medication trolleys and storage

- Mobility aids and resident transfer equipment

- Notice boards and information displays

- Notification of re-accreditation visit by Quality Agency on display

- Palliative care equipment

- Personal protective equipment

- Pet fish

- Security system

- Short group observation in the sensitive care area

- Values statements on display

- Waste management systems and disposal areas.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation actively pursues continuous improvement. A schedule of audits identifies the home's level of performance at the home across the Accreditation Standards. Informal and formal feedback from all stakeholders, a schedule of meetings, the regular analysis of quality indicators and observations add insight into improvement opportunities. The continuous improvement documentation process captures actions and facilitates monitoring of progress towards satisfactory outcomes. Established informal and formal processes guide evaluation and management communicate outcomes to stakeholders through a range of established communication methods. These include scheduled meetings, the use of memoranda, information notice boards and regular newsletters. Staff, residents and representatives said they are encouraged to contribute to improvements at the home and management keeps them advised of changes.

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

- Management streamlined the organisation's orientation process prior to the home's opening in July 2014. Key administration staff supervise and document details of each staff members induction and orientation. Management is satisfied with the level of attention given each staff member's induction and orientation. As a result, staff have developed into cohesive teams with a focus on the provision of quality, resident focused care.

- Management streamlined the staff rostering process to facilitate the easier identification of rostering needs. An electronic spread sheet, developed for each unit, provides a simpler view of the staffing needs of the home and prompts more timely replacement of each shift vacancy. Management is satisfied this format effectively supports the maintenance of dedicated staff in each unit; thus facilitating continuity of residents' care.

- The structure of the organisational quality team evolved in response to a growth in requirements to improve diverse systems. In response to a stakeholder survey, the organisation implemented a new quality audit process in February 2015. The new format requires increased sample sizes and is structured using a more user friendly format to better engage stakeholders. Management stated the increased detail provides a better snapshot of the workplace on any particular day. As a result, more appropriate actions

are developed to address identified issues and staff are developing an appreciation for the positive improvements that can result from monitoring continuous improvement. Evaluation is ongoing.

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.

Organisational management remain advised of legislative changes through membership of a legislative update service and notifications from professional bodies and government.

Established communication processes distribute changes to management, who ensure all staff receive relevant updates. Management require staff to undertake annual mandatory training and competency testing specific to their role. Monitoring of regulatory compliance occurs through internal and external auditing processes, incident analysis and management observation. Staff are satisfied with the established processes management use to inform them of any regulatory change. Residents and representatives are satisfied with the information provided to them by management and staff.

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

- Confidential documents are stored securely.

- Management ensured all stakeholders were notified of the re-accreditation audit within the required time frame.

- Management ensures information about internal and external complaints mechanisms and advocacy services are on display.

- Management has a system to monitor the currency of professional registrations.

- Organisational management follows an established process to ensure all current staff, volunteers and relevant contractors have provided a statuary declaration and comply with the requirement to have a current police certificate.

- Professional and regulatory guidelines are reflected in the range of procedures and flow charts.

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 the appropriate knowledge and skills to perform their roles effectively. The education and orientation programs include topics across the Accreditation Standards. An annual calendar includes mandatory and other relevant education taking into consideration resident needs, results of audits, management and regulatory requirements and staff practices and requests. All staff complete an orientation program and undertake mandatory training and competencies relevant to their roles. There are processes to inform staff of training and to track attendance at mandatory education. The education program incorporates both internal and external education sessions covering a wide range of topics. 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 in relation to Standard 1 Management systems, staffing and organisational development include the following:

- customer service

- electronic care documentation

- professional behaviour in the workplace

- understanding accreditation.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms. The orientation program and resident and staff handbooks include information about the internal feedback process and pamphlets outlining external complaints and advocacy services are readily available. Established communication strategies encourage stakeholders to use the feedback form or to raise their concerns with management and staff. Residents less able to raise their concerns independently are supported by staff and family. Management provides timely review and follow-up of all feedback. When indicated management develop an action plan and monitor progress through the continuous improvement system. Residents and representatives stated management and staff are approachable and they 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 values. These leadership statements are documented in a wide range of stakeholder information and new staff are required to complete a relevant competency. The organisation reinforces its commitment to providing quality services through a range of established communication and documentation processes.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There are appropriately skilled and qualified staff, sufficient to ensure services are delivered in accordance with these standards and the residential care service's philosophy and objectives. An established system guides the recruitment, selection and orientation of new staff. Position descriptions define the roles and responsibilities required to undertake each position and a performance appraisal system is utilised to review issues identified with staff performance. Established strategies support continuity of care in each wing. Staffing levels are monitored and maintained using established internal staffing resources and agency staff. Staff feel confident they understand their responsibilities and stated management fills vacant shifts. Residents and representatives expressed their satisfaction with the support and timely care they receive from 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 ensure stocks of appropriate goods and equipment for quality care and service delivery are readily available. Staff order through preferred suppliers and stock rotation and monitoring of stock levels occurs. New goods and equipment requirements take into consideration residents' needs and staff and visiting professionals' feedback. Trial and evaluation of new equipment occurs as applicable and suppliers provide initial and ongoing training as required. There are processes for after hours and emergency response to equipment failure. Audits, maintenance and cleaning processes ensure timely corrective and ongoing cleaning and maintenance of equipment. Storage areas are sufficient, organised, secure and appropriately signed. Staff and residents are satisfied adequate supplies of appropriate goods and equipment are available at all times.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Effective information management systems are in place. Established communication and documentation systems provide management and staff with timely and accurate information to support them in effectively performing their roles. During the entry process management provides residents and their representatives with information relevant to life within the home. Updated information is provided through schedule meetings, care consultations, information noticeboards and newsletters. Established processes used to keep staff informed include the availability of position descriptions, procedures and flow charts and scheduled education and meetings. The efficacy of management systems and care and service provision is monitored through the analysis of quality data. Confidential information is stored and archived according to legislative requirements. Information technology staff support staff use of computer systems which are password protected with restricted levels of access to files. Staff, residents and representatives are satisfied with the communication processes used at the home.

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

An organisational system ensures the provision of all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals. The organisation maintains a register of approved providers and established service contracts with relevant providers are regularly reviewed. Recognised processes ensure contractors abide by legislative requirements pertinent to their role; including the provision of evidence of current police certification. Contractors are required to register when entering and leaving the home and when required are appropriately supervised. Management monitor satisfaction with external service provision through a variety of mechanisms including observation, stakeholder feedback and audits. Residents, representatives and staff 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

The organisation actively pursues continuous improvement across all aspects of care recipients' health and personal care. Residents and representatives are satisfied with the quality of care provided by staff. 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 2 Health and personal care include the following:

- As a result of a review of the documentation of residents' end of life needs and preferences and family conferences, management facilitated enhancements to palliative care facilities. The availability of two fold down beds facilitates family members staying overnight when they wish. Following discussion with residents about how they wish to leave the facility, their decision was made to leave via the front door; reflecting how they entered the home. Management commissioned a special quilt to enhance the farewell process. Palliative care boxes and separate bed side cabinets, containing special items to support residents' needs and preferences during the palliative care process are available in each unit. A commemoration book is displayed for a week to mark the passing of a resident. Management, staff, residents and representatives provided positive feedback on the enhanced comfort and quality of palliative care these strategies have facilitated.

- Following the review of falls related incident data, management facilitated the availability of additional chair/bed sensor beams and mats. The purchase of two pendants, worn by residents who mobilise using an electric scooter has improved their sense of confidence in accessing staff should the need arise when they are in any area of the home. Management and staff are satisfied the enhanced availability of sensors have improved staff awareness of the early movements of residents at risk. Evaluation is ongoing.

- To enhance the consistency of medication management, management facilitated the separation of multiple medication charts by utilising more medication folders. Larger photographs of each resident were affixed to the front of each section to make it easier for staff to identify the resident they were administering medication too. Staff are satisfied with the benefits to their identification of all details of medication requirements for residents. Management reported satisfaction in the trend of the daily medication chart audits which have demonstrated a reduction in medication incidents over the past two months. Evaluation is ongoing.

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 about health and personal care. 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 2 Health and personal care include the following:

- A documented system guides staff management in the event of an unexplained absence of a resident.

- Management has an established medication imprest system and maintains a current Drugs and poison's licence.

- 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 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

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

Examples of education provided in relation to Standard 2 Health and personal care include the following:

- catheterising with confidence

- continence and incontinence

- dysphagia and thickened fluids

- knowing your medication trolley and fridge

- pain management in the dementia patient

- repositioning and transfers.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

Care recipients receive clinical care appropriate to their needs and preferences through regular assessments, care planning and evaluation. Care staff document an interim care plan within 24 hours of the resident moving into the home to guide care whilst a comprehensive person centred care plan is developed. The staffing model supports continuity of care through allocation of regular staff to each resident. All care staff contribute to evaluating care plans, with registered nurses overseeing this process. The home has regularly visiting general practitioners, including processes to support out of hours care. Residents have the choice of continuing to see their own general practitioner. Care staff are kept aware of individual resident's care needs through handover, progress note entries and communication through the electronic care plan system. Residents and representatives were complimentary of the 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

Registered nurses identify care recipients' specialised care needs and develop care plans according to individual needs. Registered nurses oversee and monitor the process with assistance of specialised health professionals as required. General practitioners regularly review and monitor residents' condition. Care plans reflect monitoring requirements, specific needs, equipment, resources, instructions and strategies to optimise care delivery. Access to external specialists, including hospital-based services which offer a variety of specialised services, support the development and delivery of care. Regular education is provided to staff, including training in particular clinical needs for specific residents. Staff practices, including charting and recording clinical data, is consistent with the plans of care. Residents are satisfied with the care they receive and are confident staff have the skills to attend to their needs.

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

Staff refer care recipients to appropriate health specialists in consultation with care recipients, representatives and their general practitioners. There is a written communication system employed to ensure staff and residents are aware of future appointments, including pre-requisites and post appointment orders. Health professionals who regularly visit the home include, medical practitioners, allied health professionals and specialist medical and nursing teams. Residents and representatives say residents have access to care from health professionals, are asked about their preferred providers and assisted to attend appointments both within and outside the home. Residents and representatives are satisfied with mechanisms for referral of residents to health specialists according to their needs and preferences.

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

Management and staff demonstrate there are systems to ensure the safe, correct and timely management of care recipients' medication according to regulatory requirements and professional standards. General practitioners undertake assessment and review of residents' medication requirements regularly and promptly respond to requests and queries from nursing staff. Registered and enrolled nurses administer medication using a sachet system to and record details of what was given and when. Medication is stored correctly and securely, and procedures guide the verification and documentation of controlled medications. A medication

advisory committee oversees medication safety at the home. Staff document and communicate the effects of medication, particularly outcomes outside the normal response, or when using 'as necessary' medication. Management monitor medication incidents and undertake reviews when required. Residents and representatives are satisfied staff administer medication to residents in a safe and timely manner.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

Management and staff manage care recipients' pain appropriately to ensure they are as free as possible from pain. Staff assess each resident for pain, consider their current diagnosis, input from other health professionals and information from residents and representatives to identify pain management requirements. Assessment tools include verbal and non-verbal strategies to identify pain. Staff complete and evaluate care plans regularly in consultation with residents, representatives and other health professionals. A range of prescription medication and alternative strategies, such as heat packs, physiotherapy intervention and massages are utilised to support residents to be as pain free as possible. Residents and representatives are happy with the support residents receive to assist them treat and manage 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

Guidelines and processes to ensure staff have the skills and resources to support the comfort and dignity of terminally ill care recipients are in place. On entry to the home residents and representatives have an opportunity to document the resident's advanced care directives. Based on this information staff develop a detailed care plan to guide care practices as the resident enters the palliative phase of their life. Care plans reflect the cultural, spiritual and other individual preference of each resident. Management and staff regularly access external specialists from the local hospital to assist with planning and implementing palliative care. Residents and representatives expressed satisfaction with care, consultation, privacy and dignity.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration, with the provision of fresh cooked meals and a wide variety of drinks. The home has an ongoing review and evaluation system for identifying and managing residents nutrition and hydration needs. Nursing staff notify relevant staff of residents' meal and drink preferences, culturally specific needs and

allergies. Recording of the residents' weight occurs during the initial assessment period, monthly thereafter and more frequently if required. Nursing staff note variations and determine appropriate interventions for residents identified at risk. Nutritional supplements and texture modified food and fluids are provided as required. Staff and residents consult with dietitians to assist them plan and implement strategies to enable independent and enjoyable eating. Dining areas are spacious and relaxed and residents are able to make choices about the size of their meal and content at point of service. Residents and representatives are satisfied with the nutrition and hydration provided and the assistance staff provide to residents during meal and refreshment times.

2.11 Skin care

This expected outcome requires that "care recipients' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

Care recipients' skin integrity is consistent with their general health. Staff complete skin integrity risk assessments on entry to the home and regularly thereafter in consultation with residents and other health professionals. These assessments determine each resident's level of risk for developing pressure injuries or other skin integrity issues and subsequent preventative strategies are documented and implemented by staff. Staff monitor the condition of residents' skin and maintain skin integrity through daily hygiene routines, the application of moisturisers and the use of pressure relieving devices. Registered nurses undertake wound care and wound care specialists visit as required to provide expert advice and support to staff. There are sufficient supplies such as wound dressings and moisturisers to protect skin and to promote healing and skin integrity. Residents and representatives are satisfied with the care given to residents to promote healthy skin.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Continence management practices are effective in meeting care recipients' needs. Nursing and care staff assess each resident for their continence needs and preferences on entry to the home and on a regular basis thereafter. Detailed assessment of continence is collected over specified times to identify when residents may need support in maintaining continence. Continence plans inform care staff of residents' needs, level of assistance and the type of continence aids if required. The home has systems to ensure adequate and appropriate continence aids are available and nursing staff provide discrete support to those residents requiring assistance with continence management. Residents and representatives are satisfied staff manage residents' continence effectively and maintain their privacy and dignity when providing assistance.

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

There are care processes to assess and effectively manage the needs of care recipients' with challenging behaviours. The home has a separate secure unit providing specialised and targeted care for residents living with dementia. Behaviour assessments identify concerns and care plans outline individual triggers and management strategies. Staff identify and record new challenging behaviours on incident forms and in progress notes. If a behaviour is ongoing charting is completed which allows staff to understand frequency and effective strategies to manage the behaviour. Staff regularly consult with other health professionals to assist with planning interventions for residents with challenging behaviour. Residents and representatives are satisfied the needs of residents with challenging behaviours are managed effectively.

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, staff and other health providers assist residents to achieve optimal levels of mobility and dexterity. Staff consult with residents to develop mobility plans with strategies to minimise risk of falls and promote movement. Strategies include a review of any fall and regular evaluation of each resident's falls risk status. Staff record strategies in care plans, which include the use of assistive devices, mobility and transfer aids and other dexterity equipment as required. Management have contracted hours with a visiting physiotherapist who works with residents in an equipped gymnasium. We observed residents using dexterity and mobility aids. Residents are pleased with the assistance they receive to support their movement and independence.

2.15 Oral and dental care

This expected outcome requires that "care recipients' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

Management and staff demonstrate there are systems to routinely assess and maintain care recipients' oral and dental needs and preferences. Staff implement individualised strategies to prompt residents to maintain regular oral health activities. The home has an ongoing review and evaluation system that identifies and supports residents manage their oral health. Dental and other health professionals provide specialised assistance to residents to promote and maintain dental and oral health. Staff identify potential eating and swallowing difficulties and seek assistance from dietitians and speech pathologists to ensure that care is contemporary and appropriate to the individual's needs. There is a regular program in place to ensure oral and dental equipment used by residents is maintained and appropriate for use. Residents and representatives said they are satisfied with 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

Management and staff demonstrate there are systems for identifying and managing care recipients' sensory losses. Care staff collect information regarding sensory loss as a component of their discussions with residents on entry to the home and regularly thereafter. Care staff use this information to formulate care strategies that risk manage and promote quality of life for residents. Referral to other health professionals such as a speech pathologist, audiologist and optician occur as required. Care plans include any resource requirements and the level of assistance required to minimise any identified sensory loss.

Staff demonstrated the care provided for residents with use of hearing, visual and other aids inclusive of fitting and cleaning of glasses and hearing aids is consistent with the care plan. Management organise training for care staff in the correct use and care of sensory aids.

Residents and representatives are satisfied with the care and attention given to residents' sensory needs.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Nursing and care staff support care recipients to achieve natural sleep patterns. Assessment of residents' preferred sleep pattern occurs upon admission and regularly thereafter. Staff and doctors consult residents and representatives to enable informative care planning to assist residents achieve natural sleep patterns. Staff utilise care plans to guide them in providing sleep assistance according to each resident's assessed needs and preferences.

Staff assist and support residents who are experiencing sleep disturbance. Residents said the home is quiet at night and they decide when they go to bed in the evenings.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation actively pursues 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 enhance control of their lives. 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:

- As the entry of residents progressed following the opening of the home in July 2014, the lifestyle program evolved to reflect the expanding variety of residents' needs and preferences. As the format developed the variety of activities has expanded to include beer and wine tastings, attendance at the races, outings for coffee and regular lunches at the local hotel and with the Salvation Army. Residents from the sensitive support unit are included. Management, staff and residents are pleased the flexibility of the lifestyle program enhances the community feel of the home and supports the socialisation of all; even those who have a tendency to enjoy their own company.

- Having recognised the prior interest of some residents in having poker evenings, a large round poker table was purchased. Residents are welcome to invite friends to enjoy an evening of poker playing as per their previous routine and the table has been modified to ensure those requiring wheelchair transport can take part. Management stated residents' response has been positive.

- In December 2014, as a result of the initiative of a resident who took an active role in orientating new residents, the process was formalised through the development of the Resident mentoring program. Residents with like interests buddy with new residents and facilitate their orientation and attendance at activities and the dining room. Management stated the success of this program reflects positively on the comfort residents have in the home.

- With the support of the lifestyle staff, the activities program has expanded to include activities designed to support residents' mobility and social interactions. Regular 'aqua-aerobics', held at the local pool, has proved effective in easing the strain on residents with joint problems and chair based workout and yoga has proved popular. Where these activities are held in the afternoon, a positive effect on those who become more restless later in the day has been observed. Management is satisfied with the positive benefits of these exercise activities on the wellbeing, independence and mobility of residents.

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, about care recipients' 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:

- All staff receive education in recognising and responding appropriately to situations that may require mandatory reporting during orientation and as part of the annual mandatory education program.

- Management has an established a process to manage mandatory reporting requirements.

- Management offer a residential agreement to each resident or their representative on entry to the home.

- Residents receive information on their rights and responsibilities, security of tenure and privacy and consent issues in their information handbook and residential agreement.

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

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

Refer to expected outcome 1.3 Education and staff development for details of the home's education and staff development program. Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to care recipients' lifestyle.

Examples of education provided in relation to Standard 3 Care recipient lifestyle include the following:

- compulsory reporting

- dementia understanding, approaching and communicating

- elder rights advocacy

- resident rights and responsibilities.

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

Each care recipient receives support in adjusting to life in the new environment and on an ongoing basis. Relevant staff meet with prospective residents and representatives, arrange tours and provide information. New residents receive a resident handbook, orientation and introductions to staff and other residents. Resident committee members provide reassurance, support and additional orientation to new residents. Residents and representatives inform the development of individualised profiles that reflect residents' emotional needs and support strategies. Staff identify residents who may have specific social and emotional needs and with volunteers, provide additional support as required. Residents are encouraged to personalise their rooms and visitors are welcomed to the home. Staff interact with residents in a warm, caring and respectful manner. Residents and representatives expressed satisfaction with the assistance given to adjust to life at the home and the ongoing support they receive.

3.5 Independence

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

Team's findings

The home meets this expected outcome

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.

Residents' independence is fostered and encouraged. Residents' needs and preferences are assessed initially, on an ongoing basis and are reviewed regularly. Staff assess residents' physical, cognitive, emotional and social needs and interests and residents and representatives inform the development of individualised goals, preferences and needs. An active exercise and physical therapy program assists residents to maintain their physical independence and mobility and sensory aids and assistive devices are used as required. The social calendar includes activities to assist residents to maintain their independence both within and outside the home. Residents maintain links with the local community including regular bus outings, shopping trips, school visits and lunches. Residents also attend activities and events held within the home including entertainment and family dinners. Residents said they are encouraged and supported to maintain their 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 ensure that each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Staff orientation processes include privacy, dignity and confidentiality and policy information is included in both resident and staff information guides. Residents consent to outings and for the organisation's use of photographs and video footage. Storage of resident information is secure and confidential conversations, including handovers are private. Staff described ways to promote residents' privacy and dignity such as knocking before entering rooms, addressing residents by their preferred names and ensuring privacy when delivering personal care. We observed staff liaising with residents in a kind and respectful manner and attending to care needs privately and discreetly. Residents and representatives expressed satisfaction with the way staff support each resident's privacy and dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Management and staff encourage and support care recipients to participate in a wide range of interests and activities of interest to them. Individualised profiles, life history and leisure assessments identify resident's interests, preferences, family relationships and lifestyle goals. Lifestyle staff develop leisure care plans that reflect the resident's individual and group activities and interests. All residents receive a monthly social calendar which is also displayed throughout the home. Activities include physical, sensory, tactile, cognitive and musical programs, visiting pets, indoor and outdoor activities, and social and cultural events. Staff collect and evaluate data on residents' attendance, participation and level of interest in all activities. Staff and volunteers provide individual time with residents. Residents are satisfied with the support they receive to participate in interests and activities to enhance their lifestyle.

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

Management has systems to ensure residents' individual cultural beliefs and spiritual customs are valued and fostered. Lifestyle staff assess and document residents' cultural preferences, spiritual beliefs and customs and staff action residents' specific cultural and religious dietary needs. Special occasions, cultural events and practices that are important to residents are noted and birthdays celebrated according to residents' preferences.

Denominational ministers and pastoral carers provide ecumenical and communion services and support for residents to discuss and maintain their wellbeing and spiritual beliefs.

Volunteers and community visitors help support culturally specific resident needs. Staff have access to culturally specific information to assist in meeting individual cultural needs where required. Residents are satisfied with the support provided to them to maintain their cultural and spiritual beliefs and customs.

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

Care recipients or their representative participate in decisions about the services they receive and are enabled to exercise choice and control over their lifestyle while not infringing on the

rights of other people. Staff consult with residents and complete individual assessments to identify residents' preferences for assisted daily living, meal choices, the leisure program, clinical and palliative care. Personalised care plans guide staff about residents' choices.

Residents are encouraged to provide feedback about the care and services provided during care consultations, using feedback processes or by attending resident and relative meetings. Staff encourage authorised representatives of residents, who are unable to actively make decisions, to advocate on their behalf. Residents are encouraged to consider the medical care they would like to have if they are unable to make their own decisions. Residents and representatives expressed satisfaction with the choices and decisions they are able to make about their lifestyle and care.

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 residential care service and there are processes to ensure they understand their rights and responsibilities. Management and staff provide an introductory tour and explanation of services to residents and their representatives prior to the entry process. On entry to the home, management provides residents and their representatives with a residential agreement and information handbook that include information about security of tenure, fees and charges and residents' rights and responsibilities. The 'Charter of residents' rights and responsibilities' is on display in the home, newsletters convey ongoing information to residents and meetings facilitate information exchange between residents and staff. Management consults with residents or their representatives prior to any change in a resident's accommodation. Residents and representatives stated staff assisted them to understand security of tenure on entry and keep them informed of their rights and responsibilities on an ongoing basis.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation actively pursues continuous improvement activities related to all aspects of the physical environment and safe systems. Residents and representatives are satisfied with the comfort of the living environment and the quality of the catering, laundry and environmental services provided. Refer to expected outcome 1.1 Continuous improvement for details of the service'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 residents' feedback about the heat being experienced in rooms facing west, management facilitated formal monitoring of room temperatures. As a result of this monitoring process the builder added window tinting to all west facing rooms. Residents are very happy with the positive effect to the maintenance of comfortable room temperatures during warmer weather.

- In response to residents' requests, management arranged for the installation of a commercial ice cream refrigerator in the café. The variety of ice creams complements the availability of water based icy poles from the kitchen and enhances residents' choice and supports the provision of treats for visiting children. Residents, staff and management are pleased with the resultant enhancements to residents' independence and choice.

- To enhance the visualisation of time for residents living with visual impairment, management installed large faced clocks throughout the home. This strategy was also applied to the display of the rotating menu. The menu was printed in larger font and posted next to a white board in each dining area; the white board being used to highlight the day of the week. Residents are positive about the benefits these strategies have had on their independence.

- To support the ongoing development of an active occupational health and safety system in this new home, management continues to monitor and develop the associated processes. Representatives from each unit complement the occupational health and safety representatives on the occupational health and safety committee, which now meets separately to the staff meeting. Meeting regularly, the committee actively identifies related safety issues and develops related mandatory and responsive training. Management and staff are satisfied with the ongoing support of the committee for the development of safe work practices.

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, about physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for information for details of the service's regulatory compliance system.

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

- Catering contractors comply with a food safety program and management ensures current certification of this process is maintained.

- Chemicals are stored in secure areas and current material safety data sheets are available.

- Regular monitoring and maintenance of fire and safety systems occurs.

- Staff are required to attend annual mandatory training in fire and emergency procedures.

- The organisation supports an active occupational health and safety system.

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

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

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

- chemical training

- falls prevention

- fire and emergency

- infection control

- manual handling

- occupational health 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 is actively working to provide care recipients with a safe and comfortable environment consistent with the care needs of those living at the home. The home provides all residents with single rooms and ensuite facilities. Rooms and communal areas are light- filled, appropriately furnished, well maintained and kept at a comfortable temperature and noise level. Residents have access to spacious lounges, dining rooms and courtyards with landscaped gardens and were observed enjoying community areas with family and friends. Management ensures maintenance of the building; grounds and equipment through regular servicing and maintenance programs by staff and external contractors. Environmental inspections, feedback mechanisms, regular audits, meetings and incident and hazard reports monitor the living environment for safety and comfort. Keypad and key security and closed circuit television contribute to maintaining a secure environment. Residents said they feel comfortable and safe in their 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

Management is actively working to provide a safe working environment that meets regulatory requirements. There are policies and procedures relating to safe work practice. Staff are made aware of their health and safety responsibilities through documented procedures, information and the orientation process. Staff attend mandatory training and education in manual handling, fire and emergency, food and chemical safety and infection control. Health and safety representatives monitor practices and environmental inspections ensure sufficient and well maintained equipment is available to promote a safe working environment. The occupational health and safety committee meets monthly to monitor incidents, hazards, workplace inspections and audit results. A hazard and fire alarm register is available and chemicals are stored safely with current material safety data sheets. Routine and preventative maintenance processes ensure equipment safety. Staff stated they provide feedback about workplace health and safety issues and are satisfied that management actively promotes 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 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 evacuation lists. All staff are required to complete mandatory fire and emergency training. The residual current device system is tested. There are measures in place to maintain secure access to the home and to prevent unauthorised absences. Residents and representatives are satisfied the home provides a safe and secure environment.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

Management has established an effective infection control program. The clinical managers oversee the infection control program and are responsible for the analysis of infection surveillance data and overseeing infection control care and practices. Staff receive infection

control education during orientation, as part of the annual mandatory training program and on an as-needs basis, for example, as a reminder of good practice during an outbreak.

Infectious outbreak management procedure flowcharts are established. There are effective processes for hand hygiene, the use of personal protective equipment and the safe disposal of contaminated waste and sharps. Food safety and pest control programs and environmental services comply with legislation and infection control guidelines. Residents and representatives are satisfied residents are encouraged to have annual vaccinations.

Staff demonstrated an awareness and knowledge of appropriate infection control practices related to their duties.

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 provided in a way that enhances care recipients' quality of life and the staff's working environment. Using a food safety program, an external catering service freshly prepares food onsite to meet identified residents' needs and preferences. Residents and the dietitian are involved in the development and review of the rotating menu. Cleaning schedules ensure residents' rooms and communal areas remain clean and fresh and additional services to meet residents' needs occur as required. In-house staff launder residents' personal clothing and there are provisions for labelling of clothing to minimise lost property. All flat linen is laundered off site and an established process ensures linen remains in good repair and ample supply levels are maintained. The home monitors the hospitality services through resident feedback, external audits and the continuous improvement system. Residents and representatives are satisfied with the standard of cleanliness of the home and with the catering and laundry services.