



Australian Government

Australian Aged Care Quality Agency

Archie Gray Nursing Home Unit

RACS ID 4365
7 Farmers Street
KANIVA VIC 3419

Approved provider: West Wimmera Health Service

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 20 May 2018.

We made our decision on 27 March 2015.

The audit was conducted on 24 February 2015 to 25 February 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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Australian Aged Care Quality Agency

Audit Report

Archie Gray Nursing Home Unit 4365

Approved provider: West Wimmera Health Service

Introduction

This is the report of a re-accreditation audit from 24 February 2015 to 25 February 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 24 February 2015 to 25 February 2015.

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

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

Assessment team

Team leader:	Margaret Edgar
Team member:	Lorraine Davis

Approved provider details

Approved provider:	West Wimmera Health Service
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Details of home

Name of home:	Archie Gray Nursing Home Unit
RACS ID:	4365

Total number of allocated places:	11
Number of care recipients during audit:	11
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	No

Street:	7 Farmers Street
City:	Kaniva
State:	Victoria
Postcode:	3419
Phone number:	03 5392 7001
Facsimile:	03 5392 2203
E-mail address:	lesley.hawker@wwhs.net.au

Audit trail

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

Interviews

Category	Number
Management	5
Administration	3
Clinical and lifestyle staff	9
Medical and allied health	2
Care recipients/representatives	11
Catering/general service staff	6
Maintenance staff	1
Infection control/Health and safety staff	2

Sampled documents

Category	Number
Care recipients' files	7
Summary/quick reference care plans	9
Care recipients' agreements	3
Medication charts	6
Personnel files	5
Goods and service agreements	3

Other documents reviewed

The team also reviewed:

- Advanced care plans
- Allied health referrals and documentation
- Audits and audit schedule
- Cleaning schedules and procedures
- Clinical observation and management documents
- Comments and complaints
- Confidentiality and consent statements

- Continuous improvement documentation
- Education records and plans
- Electronic quality and clinical records
- Essential services records and report
- Fire security and other emergency documents
- Food safety records
- Gastroenteritis outbreak report
- Handover and communication documents
- Human resource records and documents
- Incident reports, analysis and trending data
- Lifestyle records
- Maintenance records
- Medication management documents
- Meeting minutes, memorandum and newsletter
- Menu and associated documents
- Police check register incorporating visa status
- Policies and procedures
- Professional registrations and qualifications
- Re-accreditation self-assessment
- Residents information package and handbook
- Specialised nursing care records
- Staff employment pack and handbook.
- Temperature check records
- Vaccination records
- Wound assessments and management plans.

Observations

The team observed the following:

- Activities in progress

- Catering, cleaning and laundry equipment and practices
- Confidential information storage and destruction processes
- Dining rooms and meal service
- Equipment and supply storage areas
- Fire, safety and emergency signage and equipment
- Infection outbreak kits and personal protective equipment
- Interactions between staff and care recipients
- Internal and external living environment
- Medication administration and storage
- Noticeboards and information displays
- Notification to stakeholders of reaccreditation audit
- Short observation during outdoor meal service
- Waste management systems.

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 and staff actively pursue continuous improvement. A corporate system for continuous improvement supports the home's management team. The quality system includes improvement forms, audits, benchmarking, risk assessments and feedback mechanisms. Management registers improvement activities on an electronic program confirming completion. Stakeholders receive improvement information and feedback through informal contacts, newsletters, meetings and notice board information. Staff, residents and representatives said they are encouraged to make suggestions and they receive information about any changes happening.

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

- Updates to payroll and human resource management systems have resulted in improved reporting and communication systems for management and staff. Management and staff can access details of their individual education and reporting requirements and staff also receive this information in a fortnightly email report. As a result, management has improved the process for monitoring completion of required education and other legislative responsibilities. Feedback from staff for this initiative is positive.
- Information from an audit enabled management to identify residents and representatives meetings did not always include the opportunity for participants to identify and discuss any complaints. Management consulted with staff and residents to ensure meetings followed the established agenda, which included scope for the discussion of any complaints or concerns.

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 has a system to identify relevant legislation, regulatory requirements, professional standards and guidelines across the four Accreditation Standards. Organisational and site management identify legislative information through membership of government and industry organisations, peer networking and use of an interactive legislative monitoring program.

Management processes ensure regular review of policies and procedures and monitoring of compliance through management reporting, internal and external reviews and audits. Organisational management disseminates relevant information to site managers, staff and residents using email, meetings, memoranda, newsletters and education sessions. Staff and management demonstrated knowledge of their obligations regarding regulatory compliance. Residents and representatives are satisfied with the information provided to them.

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

- processes to monitor the currency of professional registrations, police certificate records and statutory declarations for staff, volunteers and external service providers
- notification of the re-accreditation audit to all stakeholders and displaying notices of the visit throughout the home
- policies and procedures reference regulatory compliance and continuous improvement systems.

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 knowledge and skills required for effective performance relating to the Accreditation Standards. Recruitment and orientation processes include identification of necessary skills and education to ensure appropriate skills and knowledge upon commencement of employment. Management identifies educational needs through performance reviews, quality activities, feedback mechanisms and residents' care requirements. The education calendar includes online learning, allocated mandatory training days and provides additional education for management and staff. Management maintain attendance records, evaluates sessions and notifies staff of upcoming education they are required to attend. Staff and management said they have opportunities to attend education and the organisation supports their learning and development needs.

Recent education provided relating to Standard 1 - Management systems, staffing and organisational development include:

- aged care legislation
- bullying and harassment
- aged care funding tool.

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

Residents, representatives and other interested parties have access to internal and external complaint mechanisms. Information on the complaints process is included with the information pack and handbook given to residents and representatives prior to entry and documented in the residential agreements. Feedback forms, privacy envelopes and a suggestion box are located in the front entrance foyer. Management documents comments and complaints incorporating the data into the continuous improvement register for action and follow up. Management has an open door policy with regular meetings between staff, residents and representatives providing opportunities to raise issues or concerns. Resident and representatives said they know how to raise any concerns and are comfortable approaching staff and management.

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's vision, mission, values and commitment to quality is consistently documented and on display throughout the home. An organisational chart describes the group and site management structures and the home has a current business plan.

Management and staff practices reflect a commitment to the vision and values.

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

The organisation's system ensures appropriately skilled and qualified staff deliver care and services in accordance with the current needs of residents, regulatory requirements, professional guidelines and the home's policies and procedures. The recruitment process includes interviews, reference checks and an orientation period. Position descriptions for staff in all areas of work define the qualifications, roles and responsibilities required to undertake duties. The roster reflects adequate levels of staff and skill mix to meet the care needs of residents. Staff are satisfied with the numbers rostered to provide care and the way management supports them to maintain their knowledge and skills. Residents and representatives are satisfied with the number, skill and responsiveness of 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 demonstrated availability of stock, appropriate goods and equipment to ensure quality delivery of services across all areas. Formal ordering systems ensure appropriate and sufficient availability of stock on an ongoing basis. Management ensures inspection and checking of goods and equipment upon delivery and the trial and evaluation of new equipment. Allocated storage areas for stock, goods and equipment provide a clean, safe and secure environment. External companies provide education and instructions to staff on correct use of new equipment and products. Staff reported goods and equipment are routinely available and maintained. Residents and representatives are satisfied the quality of goods and equipment provided.

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

Information management systems provide management and staff with appropriate information to help them perform their roles. Scheduled policy and procedure reviews and quality activities ensure information remains relevant, current and completed. Policies, procedures, position descriptions, noticeboards, handover, diaries, meeting minutes and memoranda inform staff. Confidential information is stored and archived securely. Clinical information is reviewed regularly and staff confirm communication systems for residents' changing needs. Management collects, and analyses key information to identify potential risks and improvement opportunities. Residents and their representatives confirmed they receive information about residents' care, lifestyle activities and other relevant information within 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

Management with support of organisational processes ensure all externally sourced services meet residential, operational and service quality goals. External service providers include allied health, pharmacy, chemical and fire protection services. Contractors have signed service agreements which set out the scope, standard, regulatory, safety and other requirements. Staff have access to an approved suppliers list including after hour emergency contacts. Management and staff monitor services considering stakeholder feedback and quality activities. Management, staff, residents and representatives stated they are satisfied with the services provided by the external contractors who service the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Management systems support the pursuit of continuous improvement in relation to health and personal care. Residents and staff are satisfied the home actively promotes and improves residents' physical and emotional health. Refer to expected outcome 1.1 Continuous improvement for details of the home's continuous improvement system and processes.

Recent improvements in relation to related to Standard 2 Health and personal care include:

- Following a review of resident care and discussion with external health care professionals, management introduced a natural skin care lotion to address a resident's chronic skin condition. The change in treatment contributed to the resolution of the condition providing comfort and relief for the resident. Management stated they will continue to consider the use natural therapies for residents' care when indicated.
- To improve the range of pain management interventions available for residents, staff completed education for the use of a non-invasive electronic nerve and skin stimulation device. Management stated this has provided staff with the skills and knowledge to provide addition comfort to alleviate residents' pain.

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

Policies, procedures and staff practice demonstrate compliance with legislation and regulatory requirements professional standards and guidelines in relation to health and personal care. For details on the home’s regulatory compliance system refer to expected outcome 1.2 Regulatory compliance.

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

- Medication administration and storage is in accordance with legislative requirements and staff scope of practice
- Policies and incident notification processes inform staff for the management of residents’ unexplained absences
- Registered nurses manage medications and specialised nursing care.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff demonstrate appropriate knowledge and skills to perform their roles effectively in relation to the provision of health and personal care. Refer to expected outcome 1.3 Education and staff development for more information about the home’s systems and processes.

Examples of recent education relating to Standard 2 Health and personal care include:

- skin and wound care
- medication management
- incident 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

Clinical staff take an individual approach when identifying and managing residents’ clinical care needs. Staff assess residents’ care needs and preferences on entry and their identified needs and preferences underpin the development of a personalised care plan. Registered nurses oversee the assessment, care planning and review processes. Allied health specialists and medical practitioners provide input into the care planning process. A system exists for the reporting of clinical incidents and records show appropriate management occurs. Consultative processes are effective in ensuring consultation with residents and/or their nominated representatives. Management monitor the effectiveness of the system through clinical indicators, external audit and benchmarking mechanisms. Staff described residents’ current care needs and the strategies used to meet these needs and preferences. Residents and representatives are complimentary of the clinical care provided to residents.

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, assess and evaluate residents’ specialised nursing care needs in consultation with allied health professionals and the residents’ medical practitioner. Nursing staff capture specific care interventions to manage residents’ specialised needs completing documentation to guide care delivery. Staff stated the education program allows for continuous development of their skills and knowledge in relation to managing residents’ specialised care needs. Residents and representatives said they are satisfied with the management of residents’ specialised nursing care 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

Care recipients are referred to a wide range of health specialists in accordance with their individual needs and preferences. Processes ensure staff identify residents needing referrals to health specialists on entry or during ongoing assessment. Processes exist to capture, record, communicate and incorporate health specialists’ recommendations in the daily care of residents. Residents can access visiting health specialists and have access to health specialists within the broader organisation and community. Residents and representatives are satisfied with the assistance residents receive to access other health professionals

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

There are systems to support safe and correct medication management. Appropriately skilled and qualified staff administer medications and quality processes monitor whether they are doing so safely and correctly. Clinical processes assist staff to identify, assess and review residents’ medication needs. Processes exist for the ordering, delivery and disposal of medications. Medications are stored safely and securely and in accordance with regulatory guidelines. Policies, procedures and current medication resources are readily accessible and guide staff practice. Residents and representatives are satisfied with the management of residents’ medications.

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

Clinical systems prompt staff to identify, assess and monitor residents’ pain needs initially and on an ongoing basis to ensure the achievement of optimum comfort levels. Care plans document the relevant goals and interventions required to meet residents’ needs. Referrals to medical practitioner and allied health specialists take place with recommendations documented and followed. Clinical reviews and feedback mechanisms monitor the effectiveness of residents’ pain management. Staff are aware of residents’ pain needs and how to assist with pain prevention and management. Residents said they are free as possible from 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

Systems and processes ensure the comfort and dignity of residents who are terminally ill. Discussion occurs with residents or their nominated representative about the resident’s end of life wishes and staff state this underpins the care provided in the terminal stages. Staff arrange access to a palliative care service if required and spiritual support is available for the resident and their family as per their preferences. Staff said they take an individual approach when caring for a resident who requires palliative care and they have access to equipment to provide palliative care. Records show representatives are satisfied staff respect and support individual beliefs and comfort levels during the palliative care process.

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

Clinical systems prompt staff to identify, assess residents’ nutritional needs, preferences and the level of assistance required. Staff monitor residents’ weights monthly or more frequently if required and refer residents to allied health specialists when necessary. Catering services take note of those who require a specialised diet, provide texture modified diets and fluids and assistive devices are available if required. Communication processes between clinical staff and the catering department exist to ensure any dietary changes are actioned promptly. Monitoring of residents’ nutrition and hydration occurs through clinical and medical review, auditing, observation and feedback mechanisms. Residents stated staff support and assist them to maintain an adequate level of nutrition and hydration in accordance with their individual likes, wishes and needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Staff identify, assess and plan strategies to ensure care recipients’ skin integrity is consistent with their general health. A comprehensive assessment identifies actual and potential risks to residents’ skin integrity and staff implement strategies to minimise risks. Additional charting and monitoring occurs for altered skin integrity including wounds. Staff consult with wound specialist for advice about complex skin conditions or wounds. Staff described residents’ individual skin needs and said they have access to specialised equipment to optimise residents’ skin integrity. Monitoring of the effectiveness of strategies used is through quality processes including clinical indicator data and clinical review. Residents are satisfied with the management of their skin care needs.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents and representatives are satisfied with the approach taken to manage their individual continence needs. Staff identify and assess each resident’s continence needs initially and if required, a continence management plan is developed and reviewed on regular basis thereafter. Strategies to optimise the needs of residents include continence aids, equipment and toileting programs. Management monitor the effectiveness of the system through quality and feedback mechanisms. Staff are aware of residents’ individual continence 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

Staff are guided by the clinical system to identify, assess and manage the needs of residents with challenging behaviours. Behavioural assessments are conducted initially and on as needed basis thereafter. The information is used to formulate individual care plans which outline any identified triggers and prevention and management strategies. Staff said management provide education and training to enable them to support residents with challenging behaviours as required. Medical practitioners regularly review relevant residents and behavioural management teams visit if necessary. Monitoring processes include observation, incident data and clinical review. Residents and representatives are satisfied with the management of any behavioural issues saying other residents do not infringe on residents’ rights.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Residents’ levels of mobility and dexterity are assessed initially and as required by a physiotherapist and realistic goals are set, which underpin residents’ individual physiotherapy program. If required the physiotherapist will make recommendations for specialised equipment and safety management strategies to ensure optimal outcomes for each resident. Staff optimise mobility and dexterity where possible through passive and active exercises and the use of mobility and dexterity aids. Monitoring of the system’s effectiveness is through feedback processes and clinical review. Residents and representatives are satisfied with the management of residents’ mobility and dexterity needs.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The clinical system ensures care recipients maintain oral and dental health. Assessments for oral and dental needs and preferences are conducted initially and on as need basis. Care plan information assists staff to provide individualised support and assistance to residents.

Residents can access the organisation’s dental services and staff include recommended dental treatments into residents’ care plans. Monitoring processes includes feedback mechanisms and clinical review. Residents and representatives are satisfied with the management of residents’ oral and dental needs

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

Entry processes guide staff to identify, assess and evaluate residents’ sensory needs and identify measures to optimise sensory functions. Staff are aware of residents’ individual needs and those who require assistance to fit and clean their aids. Records show visiting specialist services attend the home on a regular basis with recommendations documented in care plans. The living environment supports residents with sensory losses through design features and the provision of a clutter free and quiet environment. Residents are satisfied with the management of their sensory needs.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Residents said staff support and enable them to achieve natural sleep patterns through the identification of their individual needs and preferences. Assessment, care planning and review processes support residents to settle and enjoy restful sleep. Staff assist residents with their personal settling routines and use strategies such as reorientation, reassurance, hot drinks. Staff are aware of residents’ individual settling routines and were observed to assist residents with rest period throughout the day in accordance with residents’ wishes. Monitoring occurs through clinical review, feedback and observation.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Management systems support the pursuit of continuous improvement in relation to care recipients’ lifestyle. Residents have input into the activity program and lifestyle choices available to them. Audits, activity evaluations and resident surveys monitor performance and identify improvement opportunities. Refer to expected outcome 1.1 Continuous improvement for details of the home’s continuous improvement system and processes.

Recent improvements in relation to Standard 3 Care recipient lifestyle include:

- Management and staff continue with Montessori education and the implementation of Montessori model of care. Observation and feedback demonstrated staff are providing an environment enabling residents to be as independent as possible, encouraging residents to make their own lifestyle choices and to live and be treated with respect and dignity.
- Following a suggestion from staff and representatives, management sourced cube bookshelves for storing activity supplies and other items of interest to residents. The placement of open shelving in the communal areas has enabled staff and visitors to easily access residents’ leisure and activity items when activity staff are not present.

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 organisation’s policies and procedures, staff education and monitoring systems ensure staff are aware of and comply with relevant regulations relating to residents’ lifestyle. Refer to expected outcome 1.2 Regulatory compliance for more information about the home’s systems and processes.

Regulatory compliance at the home relating to Standard 3 Care recipient lifestyle include:

- Policies and procedures for elder abuse inform and guide staff regarding mandatory reporting.
- Guardianship and powers of attorney information is documented.
- Information displays include the Charter of residents’ rights and responsibilities.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management support staff with an education program to ensure they have the required knowledge and skills in relation to residents’ lifestyle. For details regarding the home’s systems, refer to expected outcome 1.3 Education and staff development.

Examples of recent education relating to Standard 3 Care recipient lifestyle include:

- Montessori principles
- elder abuse
- privacy and dignity.

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

Care recipients receive support in adjusting to life in the new environment of the home. Staff identify residents’ emotional needs initially and on an ongoing basis through assessment of

residents' emotional profile, current situation and needs. Lifestyle activities are individualised for resident enjoyment and to support emotional needs. Residents are encouraged to decorate their rooms with personal items and staff demonstrated they have a comprehensive knowledge of individual needs and preferences. Family members and friends are welcomed and encouraged to participate in the home's routines. A number of community groups visit residents to give them comfort and support. Residents are satisfied with the emotional support provided by staff to promote their wellbeing.

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

Residents' independence is fostered and encouraged. Assessment of independence includes the resident's physical, cognitive, emotional, social and financial status and any subsequent impact. Staff assist residents with communication, mobility and cognitive difficulties to maintain independence according to their preferences. Representatives, friends and the wider community are welcome to assist residents in maintaining their individual interest, in participating in outings, controlling their financial matters where appropriate, and maintaining their civic responsibilities. Continued links with local organisations and community is encouraged and staff assist residents to attend events outside the home.

Residents say they receive assistance to maintain their independence and the opportunity to continue friendships and links with the local community.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Staff recognise and respect each care recipients' right to privacy, dignity and confidentiality. Residents' files include signed privacy consent forms for care and lifestyle activities. Large individual resident rooms provide opportunity for resident to meet privately with friends or visitors. Staff assist residents gently and respectfully when attending to activities of daily living and assisting with meal service. Staff demonstrated awareness of resident privacy and dignity issues including knocking on doors when entering resident rooms and calling residents by their titles or preferred names. Resident information is securely and appropriately stored. Resident and representatives confirm staff provide privacy as required and treat residents with dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a range of activities and events both individually and in groups. Lifestyle profiles capture past and current interest, preferences for social interaction and community links. Lifestyle plans document these choices and interventions that support interactions. Staff undertake regular reviews and update plans to reflect changes in the individual needs of residents. Staff assist resident to go on outings and maintain individual hobbies. The lifestyle program is responsive to resident input through monitoring of attendance records, meetings, informal discussions and program evaluations. Lifestyle staff indicated they have a high awareness of individual residents' lifestyle needs and preferences. Residents confirmed staff invited them to the daily activities, they remain informed of monthly programs through the monthly newsletter and they are satisfied with the variety of the lifestyle program.

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

Practices in the home foster residents' individual customs, beliefs and cultural backgrounds. Initial assessments and care plans document cultural and spiritual preferences. The home celebrates culturally significant days and staff support and value residents' individual spiritual and denominational needs. Residents have access to pastoral workers and spiritual advisors if requested and various denominations conduct services within the home. Management state they can access culturally and linguistically diverse information if required. Residents and representatives reported satisfaction with the support provided to meet their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home promotes and supports residents to exercise choice and decision making regarding clinical, lifestyle and social needs. Residents have input into the services they receive including rising and retiring times, food choices, dining preferences and the level of participation in activities. Residents and representatives are encouraged to provide feedback about the care and services provided through meetings and consultation with management. Staff encourage residents to make choices and assist where possible to achieve them.

Residents and representatives confirm regular consultation occurs about all aspects of care and service. Residents said they are satisfied with the opportunities to exercise choice and control over their individual lifestyle within the home and staff respect their decisions.

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. Residents and/or their representative receive an information pack prior to and on entry to the home. The residents' agreement information and enquiry pack provides details of conditions of tenure, financial obligations, specified care and services and complaint mechanisms. Management informs residents and representatives of any changes to fees or care status through resident meetings, newsletters and letters.

Consultation ensuring agreement occurs before any change in accommodation. The home displays the Charter of residents' rights and responsibilities. Residents and representatives said they feel safe and secure at the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Management systems support the pursuit of continuous improvement to ensure residents live in a safe and comfortable environment. Audits and occupational health and safety data monitor performance and identify improvement opportunities. Refer to expected outcome 1.1 Continuous improvement for details of the home’s continuous improvement system and processes.

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

- As part of improvements to residents’ environment management and staff consulted with residents and representatives before placing resident focused photos on the dining tables under a glass top. Health and safety staff identified risks for staff when cleaning and moving the glass table tops. As a result of a risk assessment process, staff identified a safer positioning configuration for the tables and participated in education for safe cleaning processes. The tables and photos continue to provide positive interactive conversations with residents, staff and representatives without any safety risks for staff.
- Staff expressed their dissatisfaction with a staff room environment requesting heating and cooling facilities. Management arranged for the timely installation of a ceiling fan and wall heating resulting in a positive response from staff.

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 systems to provide a safe and comfortable environment for residents and staff. Refer to expected outcome 1.2 Regulatory compliance for more information about the home’s regulatory systems and processes.

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

- Staff participate in education for fire and emergency procedures, safe food handling, infection control and manual handling.
- Effective monitoring and maintenance of fire and essential services occurs.
- The kitchen has a current food safety program and certification by external authorities.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management has systems to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for details information about the home’s education systems and processes.

Examples of recent education relating to Standard 4 Physical environment and safe systems include:

- hand hygiene
- fire and emergencies
- food safety
- manual handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide a safe and comfortable environment consistent with care recipients' care needs. The home provides single bedrooms with residents encouraged to personalise their rooms with items of furniture and personal belongings. Residents have access to comfortable communal and garden areas or smaller secluded areas. Security systems on external doors provide a safe environment for residents and staff. The home's signage is clear and residents have access to call bells and equipment to assist with activities of daily living. Monitoring of safety and satisfaction with the environment occurs through surveys, audits and the preventative and corrective maintenance program. Residents and representatives are satisfied with the comfort and safety of the 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

Policies and procedures, staff education, hazard identification, audits and incident reporting systems support a safe environment for staff and residents. The home's elected and trained representatives manage workplace health and safety through environmental audits, safety assessments, incident management, data analysis and proactive site and organisational committees. Staff participate in education including site-specific manual handling and hand hygiene competencies. Hazardous substances and chemicals are stored safely with current material safety data sheets. Staff confirmed consultation and participation in occupational health and safety processes.

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 processes provide an environment and safe systems of work to minimise fire, security and emergency risks. There is fire detection and alarm systems and service records confirm qualified maintenance staff and external contractors complete regular maintenance and inspection. Evacuation maps are on display, exits are clearly signed and free of obstruction and external assembly areas have clear signage. Emergency manuals and evacuation kits are available with a listing for residents and their mobility needs. Security and lock up procedures promote safety and visitors are required to sign a register. Staff attend education for emergency and security procedures during orientation and annual mandatory training. Staff, residents and representatives reported feeling safe and secure in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home can demonstrate they have an effective infection control program supported by the organisational structure. There is a system in place to collate, monitor, analyse and identify any trends of infections on a monthly basis. Actions are recommenced and implemented in response to analysis of infection data and include provision of additional education, equipment and review of individual residents to ensure appropriate interventions occur. There is adequate stock of personal protective equipment available and staff demonstrated knowledge of actions to take in the event of a suspected outbreak. Pest control services visit regularly and general and hazardous waste is disposed of appropriately. Residents and representatives stated they are satisfied with how staff monitor and manage infections.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home provides hospitality services which supports care recipients' quality of life and enhances the working environment for staff. All meals are freshly prepared daily in line with the food safety program, menu rotation, dietitian review and residents' needs. Staff identify residents' menu options and choices and residents can access alternate foods, snacks and drinks as preferred. An effective system ensures residents' dietary needs and changes are communicated to the kitchen. Cleaning staff follow established schedules and procedures to ensure residents' rooms and communal areas are clean. External companies provide laundry services for all linen and personal laundry implementing practices to ensure appropriate care and return of residents' items. A clothing labelling process minimises the incidence of misplaced items. Management monitor satisfaction through observation, feedback and audits. Residents and representatives are satisfied with the hospitality services provided by the home.