



Australian Government

Australian Aged Care Quality Agency

Benetas Broughton Hall

RACS ID 3029
2 Berwick Street
CAMBERWELL VIC 3124

Approved provider: Anglican Aged Care Services Group

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 11 May 2018.

We made our decision on 24 March 2015.

The audit was conducted on 16 February 2015 to 17 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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Audit Report

Benetas Broughton Hall 3029

Approved provider: Anglican Aged Care Services Group

Introduction

This is the report of a re-accreditation audit from 16 February 2015 to 17 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 16 February 2015 to 17 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:	Stephen Koci
Team member:	Colette Marshall

Approved provider details

Approved provider:	Anglican Aged Care Services Group
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Details of home

Name of home:	Benetas Broughton Hall
RACS ID:	3029

Total number of allocated places:	80
Number of care recipients during audit:	68
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	N/A

Street:	2 Berwick Street
City:	Camberwell
State:	Victoria
Postcode:	3124
Phone number:	03 9882 3645
Facsimile:	03 9882 3235
E-mail address:	jo.laker@benetas.com.au

Audit trail

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

Interviews

Category	Number
Management	2
Clinical care coordinators	2
Nursing and care staff	9
Lifestyle and pastoral care staff	3
Catering management and staff	2
Care recipients/representatives	8
Physiotherapist	1
Cleaning and laundry management and staff	4
Maintenance management and staff	2

Sampled documents

Category	Number
Care recipients' files	9
Supplier agreements	3
Care recipient agreements	2
Medication charts	7
Personnel files	5

Other documents reviewed

The team also reviewed:

- Audits and schedule
- Care recipients' information handbook
- Cleaning documentation , cleaning inspections and schedules
- Clinical treatment folders
- Controlled medication register
- Education needs analysis
- Education planner and records of attendance

- Electronic incident/feedback system
- Essential education records
- Essential service routine inspection checklist and planner
- Feedback forms
- Fire equipment service logbooks
- Handover sheet
- Improvement log and continuous improvement plan
- Infection surveillance records
- Laundry documentation
- Lifestyle documentation and monthly calendar
- Mandatory reporting folder, guidelines and flowcharts
- Meeting minutes
- Memoranda
- Menu, food safety plan, internal and external audits, temperature recording charts, education records and dietary requirement forms
- Monthly incident and clinical data reports
- Newsletters
- Nurse registrations
- Police check register
- Policies, procedures and flowcharts
- Preventative and corrective maintenance records
- Resident handbook
- Rosters
- Team member handbook.

Observations

The team observed the following:

- Accreditation poster
- Activities in progress including a choir

- Archive room/training room and security destruction bin
- Chemical storage
- Cleaning in progress, cleaners trolley and room
- Equipment and supply storage areas
- External and internal living environment
- Firefighting equipment, fire panel, site plans and evacuation pack with resident fire evacuation list
- Infection control equipment
- Interactions between staff and care recipients
- Kitchen, dry stores, refrigerators, cool room and freezer
- Laundry service in operation
- Meal service and assistance to residents
- Our vision, mission and values on display
- Resident rights and responsibilities poster
- Staff and resident noticeboards
- Staff room and poster of photos and names of occupational health and safety representatives
- Storage of medications.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation has a continuous improvement system that demonstrates improvements in all the accreditation standards. The system for residents and representatives include feedback forms, meetings and informal feedback. The system for staff includes forms, direct feedback, audits and meetings. Continuous improvements are identified, documented on a continuous improvement plan and are monitored and evaluated via the home's quality control system. Feedback on continuous improvements is provided as direct feedback via the response requested on the feedback forms or at meetings. Residents, representatives and staff are satisfied continuous improvement occurs at the home.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Management reviewed and updated the home's education calendar to enable key staff to log into it electronically and to directly and easily book sessions to the calendar. Management report all training is located on one document and the new calendar enables management to directly invite staff to education sessions. Staff report they receive notification of upcoming education opportunities. Residents and representatives reported staff have the skills and knowledge to do their roles.
- Following a review of education record keeping, management updated the education register. Management report the new register has better search and report functions and overview of the sessions can be added to the register. Management provided education on the new system and management can easily review attendance at education sessions.

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 has a system for identifying relevant legislation and regulatory requirements and ensuring compliance with professional standards and guidelines. Corporate office receives regulatory information via a legal update service and provides regular information to the home. Any relevant regulatory compliance information is discussed at the home’s regular meetings. Residents and representatives are informed of changes to regulatory compliance through meetings or via direct contact. Staff are informed through email, meetings, memoranda, updates to policy and procedures and via noticeboards. Regulatory compliance regarding management systems, staffing and organisational development is monitored through audits, competencies and observation. Staff said they are informed about regulatory compliance.

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

- The organisation has processes to monitor police certificates and credential checks for staff, volunteers and service providers.
- Management ensured the notification, within the required time-frame, of all stakeholders about the re-accreditation audit.
- Personal information is managed and destroyed in accordance with regulatory requirements.

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 demonstrate they have relevant knowledge and skills to undertake their roles effectively. The education program includes topics across all the Accreditation Standards including management systems, staffing and organisational development.

Ongoing monitoring of skills and knowledge occurs through performance review, observation, feedback and other monitoring systems such as audits and incident reports. Preparation of a yearly education planner follows accordingly and displayed in relevant areas for staff information. The program includes competencies, orientation and compulsory training using several modalities such as on line, in house presentations, written competencies and observation of practice. There is a training register and monitoring of staff attendance at compulsory training. Staff said they are satisfied with education opportunities available and are encouraged to attend.

Examples of recent training and development opportunities relevant to Standard 1 Management systems, staffing and organisational development include:

- Aged Care Funding Instrument
- complaint handling
- using the aged care channel.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Management maintains a comments and complaints mechanism that is accessible to care recipients, representatives, staff and other stakeholders. Access is facilitated through feedback forms, meetings and 'open door' access to management. Information on the internal and external complaint mechanisms are communicated through resident handbooks. All complaints go directly to management, are recorded on an incident management/feedback system and actioned in a timely manner. Feedback is provided personally to the complainant as requested on the forms or raised at meetings. The organisation has processes for the handling of confidential complaints and residents and representatives can go directly to the organisation corporate office with any comments and complaints. Residents and representatives and staff are aware of the home's comment and complaints processes and said they are comfortable to raise any concerns.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has documented its vision, mission and values (respect, community, spirit and responsibility) and commitment to continuous improvement. We observed the home's vision, mission and values displayed throughout the home and documented in handbooks.

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 has processes to ensure the recruitment of appropriately skilled and qualified staff for the delivery of care and services to care recipients. A formal recruitment process is followed by management and includes the monitoring of qualifications and credential information. New staff complete an onsite and an organisational orientation program that includes 'buddy shifts' to assist them in adjusting to their new roles. All roles have position descriptions to guide staff and staff sign employment contracts. Rosters confirm that adequate staffing levels occur over all shifts with a registered nurse working on all shifts for assistance as required. Roster vacancies are advertised and filled from a casual bank of employees or from agency staff. Staff, residents and representatives stated they are satisfied with current staffing levels at the home.

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

There is an effective system to ensure stocks of appropriate goods and equipment are available for service delivery. Management ensure approved suppliers deliver consumables to a regular order cycle and there are processes to maintain adequate stock levels.

Management identifies equipment needs through feedback mechanisms, meetings, observations and the asset management system. Staff receive education in the safe and effective use of new products and equipment. There is a preventive maintenance program and a process to respond to unscheduled repairs. Storage areas are sufficient, organised and secure. Staff and residents are satisfied with the amount and quality of supplies and equipment available at the home.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Management has information management systems to provide information that includes meetings, minutes, resident handbooks, notice boards and activity calendars. The systems to inform staff include orientation, meetings and minutes, team member handbooks, noticeboards, policy and procedures, memoranda and clinical files. Clinical notes, resident and staff files are securely stored. Old files are stored on site in an archive room and staff have access to a security destruction bin. Residents and staff confirm their satisfaction with access to information and with the communication mechanisms 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

There are processes in place to ensure all external services are provided in a way that meets the residential care service's needs and service quality goals. External services at the home include catering services, cleaning services, physiotherapy, speech pathology, dietitian, fire system testing, hairdressing and pest control. Contracts are handled at the organisations head office and specify the required standards and timeframes and regulatory requirements. Observations, audits and feedback direct from stakeholders about the quality of service are obtained by management. Residents and representatives confirmed that they are satisfied with the home's external services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a continuous improvement system that demonstrates improvements in resident health and personal care. The continuous improvement system is described in expected outcome 1.1 Continuous improvement. Residents advised they are satisfied they receive appropriate clinical care. Staff said improvements have occurred in the area of health and personal care.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 2 Health and personal care include:

- Following a change in resident care needs and observations, management organised in house education on dementia care. Management report the education is conducted by an external party and is run over three days. Staff report they are booked in to attend the next training session and are looking forward to it.
- Following a review of wound care management by an external consultant management updated the policies and procedures around wound care and the products used at the home. Management report they have consolidated the wound products used and have provided education to staff on wound care. Staff report they have attended education on wound care and have good guidelines to follow when they are attending to residents wounds.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in expected outcome 1.2 Regulatory compliance. Staff stated they are informed about regulatory requirements by management.

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

- There are systems and processes in the event of an unexplained resident absence.
- The organisation has processes to monitor the current registration of nursing staff.
- Medications are stored and administered according to legislated processes.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of health and personal care. For a description of the system refer to expected outcome 1.3 Education and staff development.

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

- continence care
- diabetic management
- medication management
- personal hygiene
- wound care.

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. On entry to the home an assessment and interim care plan outlines resident care requirements. This is followed by a period of scheduled assessments and completion of a long term care plan.

Assessments and care planning occur in consultation with the resident, their representative, medical practitioners and other health professionals. There is a comprehensive six weekly resident care review process and care consultations occur on a regular basis.

Communication of care occurs through verbal and written handover, care plans and task lists. Clinical incidents are monitored and evaluated and relevant health professionals’ review residents clinical care outcomes. Residents and representatives are satisfied with how residents’ clinical care is provided.

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

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Relevant specialised care plans are developed and outline interventions and monitoring for staff to follow. Registered nurses review and evaluate outcomes of care in consultation with medical practitioners and a range of other health professionals. Residents and representatives are satisfied with how residents’ specialised care is undertaken.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Care recipients are referred to appropriate health specialists in accordance with their assessed needs and preferences. There are effective referral procedures in place and health specialists visit residents on site including physiotherapy, podiatry, nutrition and speech pathology. Dental, hearing, and eye care services are provided on site or residents attend outside appointments according to their choice and preference. Referral to medical specialists outside the home occurs as needed and information regarding changes to treatment and care are followed. Residents and representatives are satisfied with the home’s process for referral of residents to health specialists according to 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

Care recipients’ medication is managed safely and correctly. Nurses and care staff undertake medication administration and competency training is completed. Medical practitioners assess and monitor resident medication requirements and an independent pharmacist completes medication reviews. Staff have access to medication policies and procedures and monitoring of the system occurs. Medications administered on an as needs basis are recorded and there is evaluation of medication effectiveness. Monitoring of medication incidents occurs and review is undertaken accordingly. Residents and representatives are satisfied with how staff undertake medication administration.

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

Pain management practice used at the home ensures all care recipients are as free as possible from pain. Care processes for pain management includes assessment of pain history, the presence of pain and effectiveness of current or previous therapies. Assessment tools include verbal and non-verbal signs of pain. A range of pain management strategies includes heat packs, massage and analgesia. A physiotherapist undertakes individualised pain management programs for residents with chronic pain. Medical practitioners monitor pain and the effectiveness of analgesia and other treatments on a regular basis. Residents and representatives are satisfied with pain management practices used at the home.

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

There are care systems to ensure the comfort and dignity of terminally ill care recipients is maintained. Palliative care plans outline care needs and preferences for treatment options which are completed in consultation with the resident, representative, medical practitioner and other health professionals. There is an organisation-wide palliative care specialist with an onsite nurse responsible for coordination of care. Staff described care measures they undertake when caring for terminally ill residents including comfort and dignity measures.

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 and there are effective processes to support residents’ choice and preference. Assessment of nutritional status includes dietary requirements, medical conditions, personal preferences and allergies. There is a system for monitoring of residents’ nutrition and hydration status. A dietitian visits the home regularly and there are effective referral and review mechanisms in place. Speech pathology referrals occur as required and medical practitioners monitor resident nutrition and hydration requirements. There are communication processes to advise catering staff of dietary plans including variations. Nutritional supplements are used for residents with poor nutritional intake. Residents and representatives are satisfied with the provision of nutrition and hydration and assistance given to residents with meal and refreshment services.

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. Skin care plans outline residents’ individual care needs and include assessment of nutrition, continence and mobility status. Staff monitor the condition of residents’ skin and maintain skin integrity through the application of moisturisers, routine repositioning and use of pressure relieving devices.

Wound care treatment is evaluated and the incidence of skin tears is documented through the incident reporting system. Residents and representatives are satisfied with how staff attend to residents’ skin care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care recipients’ continence is managed effectively. Individualised care plans outline toileting schedules and continence aid requirements. A designated staff member is responsible for the continence program and monitors supplies, resident needs and staff education requirements. Optimal bowel health is promoted through appropriate dietary intake, use of medication therapies and monitoring is undertaken. Residents and representatives are satisfied with how staff manage residents’ continence and maintain 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

The needs of care recipients with challenging behaviours are managed effectively. Behaviour care plans outline individual triggers and intervention strategies. This includes evaluation of treatment plans in coordination with medical practitioners, external specialists and the lifestyle team. The lifestyle program includes activities for residents with behavioural problems and dementia related illness which are personalised according to needs. Residents and representatives are satisfied with the approach used at the home to manage residents’ challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Optimum levels of mobility and dexterity are achieved for all care recipients. Physiotherapy plans outline measures to maintain and promote mobility and dexterity according to resident capabilities and includes falls prevention strategies and exercise regimes. The environment of the home promotes independent mobility for residents using assistive equipment.

Residents are reviewed by the physiotherapist after a fall and there is a range of falls prevention equipment in use. Residents and representatives are satisfied residents’ mobility and dexterity is actively encouraged and staff provide suitable assistance.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Care recipients’ oral and dental health is maintained according to needs and preferences. Care plans include details about daily care of teeth, mouth and dentures and level of assistance required by the resident. Dental appointments are arranged as required and dental products are replaced according to a schedule or as required. Residents and representatives are satisfied with the level of oral and dental care provided to residents by staff.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Care recipients’ sensory losses are identified and managed effectively. Sensory care plans outline individual resident care requirements. Referral to other health professionals such as speech pathologist, audiologist and optometrists occurs as required. Staff assist residents with use of hearing, visual and other aids and routine checks of the working condition of aids occurs on a regular basis. Residents and representatives are satisfied with the 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

Care recipients are assisted to achieve natural sleep patterns. Staff assist residents to adopt their preferred sleep pattern when they move into the home and provide suitable assistance as required. Residents select their individual preferences for settling and rising time and sleep promotion comforts they may wish to use. Residents said the home is quiet at night and staff provide assistance as needed and according to their preferences.

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 home has a continuous improvement system that demonstrates improvements in care recipient lifestyle. The continuous improvement system is described in expected outcome 1.1 Continuous improvement. Residents, representatives and staff are satisfied with the home’s improvements in the area of resident lifestyle.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 3 Care recipient lifestyle include:

- Following resident feedback management identified residents who would enjoy joining a resident art group. Staff report the group meets every week and do different forms of art. Lifestyle staff report some of the art work has been printed on greeting cards and we observed the art work on display in one of the home’s hallways.
- Following receipt of a grant and the employment of a music therapist management introduced a resident choir. The residents chose a name for the choir called ‘The twilighters’ and meet regularly to practice and perform on key dates at the home. Residents report they have attended performances put on by the choir.

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 system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in expected outcome 1.2 Regulatory compliance. Residents and representatives stated are informed of residents’ rights and responsibilities.

Examples of responsiveness to regulatory compliance related to Standard 3 Care recipient lifestyle include:

- The home has systems to demonstrate compliance related to residential agreements.
- The organisation has policies and procedures in regards to privacy of resident information.
- Policies, procedures and flowcharts are in place regarding reportable incidents such as elder abuse.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of care recipient lifestyle. For a description of the system refer to expected outcome 1.3 Education and staff development.

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

- Behaviour management
- dementia care
- elder abuse and mandatory reporting
- 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

The home supports care recipients in adjusting to life in the home and on an ongoing basis. Assessment of residents' emotional support needs and preferences occur upon entry to the home and care plans are developed to meet their needs. Review of residents' emotional support needs occurs on a regular basis by nursing and lifestyle staff and care plans are updated as required. Residents and representatives are provided with a resident handbook to assist their orientation to the home and residents. Lifestyle and volunteers run a one to one visiting program and the home is part of the community visitors' scheme. Residents and representatives confirmed their satisfaction with the initial and ongoing emotional support residents receive at the home.

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. Initial and ongoing assessment and care planning processes identify, assess and plan for residents' physical, social, cognitive and emotional needs. Strategies to maximise independence include freedom of movement within the home, taking residents on bus trips and the use of individual mobility aids. The home welcomes visitors and maintains contact with local schools. Residents and representatives are satisfied residents' independence is supported by the home.

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 respect care recipients' right to privacy, dignity and confidentiality. There is a privacy procedure in place. The home has single rooms and double rooms and has dining rooms and sitting areas for residents to meet with friends and family. Staff describe appropriate practices to protect residents' privacy and dignity including knocking on doors not discussing private information in public areas, using curtains in double rooms and calling residents by their preferred name. Residents and representatives confirmed and we observed that staff respect residents' rights to 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

Care recipients are encouraged and supported to participate in a wide range of interests and activities. Staff complete assessments on entry to the home and develop a care plan in consultation with residents and representatives. Staff regularly review lifestyle care plans.

The program includes a wide range of activities that are advertised through a monthly calendar that is printed and distributed to all residents and displayed on the main noticeboard and is available in the home's foyer. Management obtain feedback on the program via surveys, meetings, direct feedback, forms, observations and through lifestyle attendance records. Residents and representatives are satisfied with the lifestyle program and the support of residents to participate in a range of activities at the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The organisation values and fosters individual interests, customs, beliefs and cultural and ethnic backgrounds. Staff identify residents' cultural and spiritual needs through the assessment process on entry to the home. The home has a pastoral care service and has provision for church services for residents at the home including regular non-denominational services. There are special days held throughout the year and staff have access to culturally specific services via the internet to assist in meeting individual cultural needs as required.

Residents and representatives are satisfied with the home's response to residents' 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

There are processes in place that promote care recipients' right to exercise choice and control over their lifestyle. Residents and representatives are encouraged to participate in the assessment process. The home provides residents and representatives with regular meetings and forms to provide feedback on the home. Management have an open door policy to ensure they are easily accessible if needed. Staff will support residents to manage their own financial affairs with all major banks close to the home and management have a petty cash system in

place. There is a wide range of activities on offer and residents can choose their participation levels. Residents and representatives stated their individual choices and decisions are encouraged, respected and supported by management and staff at the home.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients have secure tenure within the home and there are processes to ensure they understand their rights and responsibilities. The home communicates information about residents' rights and responsibilities, security of tenure, advocacy services and specified care and services. This is achieved at the time of entry and through the residential agreement and handbook. Staff are made aware of their responsibilities regarding residents' rights during induction and through handbooks and work procedures. The Charter of residents' rights and responsibilities is displayed within the home. Residents and representatives said they are aware of residents' rights and secure tenure arrangements 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

The home has a continuous improvement system that demonstrates improvements in the physical environment and in the area of safe systems. The continuous improvement system is described in expected outcome 1.1 Continuous improvement. Staff said ongoing improvements occur at the home. Residents and representatives are satisfied with the safety and comfort of the home’s environment.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 4 Physical environment and safe systems include:

- Management reviewed and produced an emergency management list of what kits including evacuation kits and outbreak kits that the home has and where these are located within the home. Management report they reviewed what was in the kits and replaced any items that should be in the kits and plan to do regular reviews of all kits at the home.
- The organisation introduced a program to have manual handling champions at each site to be able to assist staff with any questions and support staff on the floor with manual handling. Management report six staff have completed training and the champions work in conjunction with physiotherapy staff on manual handling. Staff report the manual handling champions share their knowledge and assist as required.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in expected outcome 1.2 Regulatory Compliance. Staff confirm compliance with safe working practices within the home.

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

- Chemicals are securely stored with current material safety data sheets.
- The home has an audited food safety programme and has appropriate auditing of kitchen systems
- Ongoing monitoring of the safety of fire safety systems.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of physical environment and safe systems. For a description of the system refer to expected outcome 1.3 Education and staff development.

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

- fire and emergency
- infection control
- 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 is actively working to provide a safe and comfortable environment consistent with the needs of care recipients. Residents are accommodated in single ensuite rooms or double rooms which they are encouraged to personalise. Rooms and communal areas are light-filled, appropriately furnished, well maintained and kept at a comfortable temperature and noise level. Residents have access to a number of outside areas and established gardens. There is a planned and unscheduled maintenance program coordinated by maintenance staff. Regular inspections and audits, incident reporting, feedback mechanisms and meetings are used to monitor a safe and comfortable living environment. Residents and representatives are satisfied the home provides residents with a comfortable, safe and secure environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management demonstrate it is working to provide a safe working environment to meet regulatory requirements. On commencement of employment, all staff complete orientation that includes occupational health and safety. Policies and processes guide staff to understand their rights and responsibilities relating to occupational health and safety and notices with photographs identify relevant representatives. Management monitor the effectiveness of its occupational health and safety procedures through regular occupational, health and safety hazard audits and review of incidents. Management and relevant stakeholders discuss and address any occupational health and safety issues at monthly occupational, health and safety meetings and at staff meetings. The home ensures all equipment is subject to routine and preventative maintenance. Staff said they are able to recognise and report hazards or incidents and are satisfied they work in a safe environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Management display site and block evacuation plans, there is clear signage of emergency exits that are free from obstructions. Fire and emergency training occurs regularly at the home. The home has an annual essential safety measures report relating to fire systems. Service of firefighting equipment is by external contractors and chemicals are stored safely and securely in locked rooms. Staff secure the

home in the evenings and there is backup lighting in case of a blackout. There is an emergency procedures manual that is accessible to all staff. Staff confirmed that emergency training regularly occurs at 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

There is an effective infection control program in place. Infection surveillance is undertaken and results are evaluated by key clinical staff and discussed at relevant staff meetings.

Policies and procedures including outbreak procedures are available for staff to follow. Hand hygiene, personal protective equipment and appropriate waste disposal systems are in place throughout the facility. Residents are assessed and monitored for the risk of infection and medical practitioners and nursing staff monitor response to treatment. Catering, cleaning and laundry procedures follow infection control guidelines. Vaccinations are offered to residents and staff.

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

Management has effective systems to enable the provision of catering, cleaning and laundry services that enhance care recipients' quality of life and the staff working environment. All food is prepared in a central kitchen onsite by a contractor and meals are then delivered to resident dining rooms to be served directly to residents. Monitoring mechanisms in the kitchen include external and internal audits and reports and temperature recording charts.

The home has a six week menu that changes seasonally and is reviewed by a nutritionist. Schedules are in place to ensure that cleaning tasks are completed by a cleaning contractor and the team observed the living environment and resident rooms to be clean during the visit. All personal laundry is completed onsite with all linen laundered through an offsite contractor and there are adequate linen services. All residents' clothing is labelled and staff have access to a labelling machine. The home has a system to manage lost property and to get lost property from the linen contractor. Staff and residents are satisfied with the home's catering, cleaning and laundry services.