



Australian Government

Australian Aged Care Quality Agency

Estia Health Wodonga

RACS ID 3721
240 Felltimber Creek Road
WODONGA VIC 3690

Approved provider: Estia Investments Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 21 March 2019.

We made our decision on 18 January 2016.

The audit was conducted on 15 December 2015 to 16 December 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 care recipients, 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:

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.

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: Care recipient lifestyle

Principle:

Care recipients 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 Care recipient security of tenure and responsibilities	Met

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.

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Estia Health Wodonga 3721

Approved provider: Estia Investments Pty Ltd

Introduction

This is the report of a re-accreditation audit from 15 December 2015 to 16 December 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 15 December 2015 to 16 December 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:	Deanne Maskiell
Team member:	Gerard Barry

Approved provider details

Approved provider:	Estia Investments Pty Ltd
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Details of home

Name of home:	Estia Health Wodonga
RACS ID:	3721

Total number of allocated places:	80
Number of care recipients during audit:	67
Number of care recipients receiving high care during audit:	Not applicable
Special needs catered for:	Nil identified

Street:	240 Felltimber Creek Road
City:	Wodonga
State:	Victoria
Postcode:	3690
Phone number:	02 6043 5000
Facsimile:	02 6043 5097
E-mail address:	alexmkenna@estiahealth.com.au

Audit trail

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

Interviews

Category	Number
Management team	3
Care directors/registered nurses	2
Enrolled nurses	4
Care staff	7
Care recipients	10
Care recipient representatives	4
Hospitality and environmental services staff	10
Lifestyle staff	2

Sampled documents

Category	Number
Care recipients' files	9
Care recipient agreements	6
Medication charts	9
Personnel files	7

Other documents reviewed

The team also reviewed:

- Audits and reports
- Catering certification documentation
- Cleaning and laundry documentation
- Clinical care and lifestyle assessments, plans and reviews
- Clinical care charts and care directives
- Clinical data analysis and reports
- Comments and complaints records
- Education records
- Emergency procedure/bushfire manuals

- External services documentation and inspection reports
- Food safety plan and associated documentation
- Lifestyle calendars
- Maintenance records
- Meeting minutes and memoranda
- Pathology reports
- Policies and procedures (selected)
- Quality improvement plan and associated documentation
- Regulatory compliance documentation
- Risk assessments and restraint documentation
- Rosters
- Staff recruitment, orientation and retention records
- Stakeholder information handbooks
- Supplier contracts and external audits.

Observations

The team observed the following:

- Activities in progress
- Bus inspection and check prior to excursion
- Call bells in use
- Catering service and kitchen in operation
- Charter of care recipients' rights and responsibilities displayed
- Cleaning and maintenance in progress
- Clear egress and exit routes
- Emergency evacuation signage and equipment
- Equipment and supply storage areas
- Information flyers and notices on display
- Interactions between staff and care recipients
- Internal and external living environment

- Laundry in operation
- Mobility aids and equipment in use
- Notification of Reaccreditation visit on display
- Outbreak and spill kits
- Security systems
- Short group observation
- Storage and administration 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 home and its parent organisation, Estia Health, actively pursue continuous improvement in all aspects of care and service. Management identifies opportunities for improvement from sources including satisfaction surveys, comments and complaints, audits, risk assessments, visual observation and quality reports. Management registers improvement activities, monitors progress and evaluates actions to confirm completion. Key staff regularly analyse a range of data for trends that are reported and actioned. Stakeholders are aware of the operational issues and improvement activities within the home through postings on noticeboards and reports in meetings.

Improvement initiatives implemented by the home related to Standard 1 Management systems, staffing and organisational development include:

- As an organisational project, the home has introduced a computerised rostering system associated with electronic finger identification/log on. The new system operates in conjunction with the payroll system and is more efficient. Management can also send messages to all staff or individuals thereby improving communication with staff. Management and staff are satisfied with the new system.
- Another organisational project is the introduction of a computerised learning and development system. The system plans, inducts staff and maintains education and questionnaires to capture the level of compliance of staff completing the compulsory education topics each year. Records show a high level of completion and acceptance of the program by staff at all levels.

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 systems for identifying and communicating legislative changes and ensuring legislative compliance. Corporate staff identify changes by receiving and reviewing information through a commercial updating service, peak body memberships and communications from government departments and agencies. Corporate management reviews policies and procedures in response to legislative changes and sends out notifications to each home in the group. The home’s manager shares this information with staff on an ‘a need to know basis’ through meetings, memoranda, email, education and revised policies and procedures. An established internal audit system monitors compliance with relevant legislation, regulations and guidelines. Management and staff are aware of their obligations in relation to regulatory compliance.

Relevant to Standard 1 Management systems, staffing and organisational development the home has systems so that:

- Information on the internal and external complaint systems is available to care recipients and representatives.
- Systems to ensure recruitment processes include the need for current police certificates and statutory declarations according to published guidelines.
- Management notified care recipients and representatives of the reaccreditation visit.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills required to perform their roles effectively. Organisational and onsite management identify educational needs of staff and management through staff surveys, staff requests, audits, review of incidents, review of care recipients' needs, organisational changes, legislation changes and feedback from care recipients and their representatives. Management informs staff of educational opportunities through the home's education calendar, meetings and memoranda. An attendance record is kept relating to the sessions held and sessions are evaluated. Management encourages staff to attend training to ensure they have opportunities to maintain existing skills or gain new skills. Staff confirmed they are satisfied with the education opportunities offered to them at the home. Care recipients and representatives said they are satisfied with the skills and knowledge of the staff.

Education conducted relating to Standard 1 Management systems, staffing and organisational development include:

- aged care funding requirements
- bullying and harassment
- computerised care planning
- rostering system.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Each care recipient or representative has access to effective internal and external complaints systems. The home has an internal system for identifying and responding to care recipients' comments and complaints. The home's system includes opportunity for improvement forms, care recipient meetings, a newsletter and annual satisfaction survey. Care recipients can contact the provider's nominated person to make a complaint and brochures advertising the external complaints system are on display. The home's management responds to written and verbal complaints. Stakeholders are satisfied they have access to the complaints process.

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 home has documented its vision, mission and philosophy statements that reflect a commitment to provide quality care and services. Management displays this information in the home and it is included in information packs provided to all stakeholders.

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 home has appropriately skilled and qualified staff sufficient to meet care recipients' needs. Formal recruitment, selection and induction processes are used. Management supports new staff through a formal orientation process, which includes 'buddy' shifts. Position descriptions, handbooks, policies and procedures and other relevant resources support staff in their roles. Key staff monitor the roster to ensure appropriate staffing levels and skill mix are in place to meet the needs of care recipients and to provide appropriate services. Audits, feedback from stakeholders, management observations, staff appraisals, incident analysis, education sessions and competency assessments assist management in monitoring staff skills and practices. Care recipients and representatives stated staff are skilled and knowledgeable. Staff said they are able to provide care and services in a timely manner.

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 are sufficient supplies of appropriate goods and equipment to provide quality service delivery. Key staff order clinical and non-clinical supplies through preferred suppliers and use effective stock assessment and rotation processes. Goods are stored safely in secure areas and there are cleaning programs and maintenance schedules to ensure equipment remains in good repair. There are processes to trial new products and equipment and ensure staff are educated in their safe and effective use. Staff, care recipients and representatives are satisfied with the quantity and quality of supplies and equipment available.

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

The home has an effective information management system. Position descriptions, policies, and procedures guide staff practice and management communicates changes through memoranda, meetings and toolbox training sessions. Care recipients' clinical information is current and staff confirm adequate communication processes in relation to care recipients' changing needs. Management collects, collates and analyses key information to identify potential risks and improvement opportunities. Confidential information is securely stored, older information is archived both on and off site. Management communicates with care recipients and representatives through meetings, newsletters, noticeboards, personal letters or email. Care recipients and representatives are satisfied the information and communication within the home assists them in determining care and lifestyle needs. Staff are satisfied they have timely information to deliver a high standard of care.

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

Organisational processes ensure all externally sourced services meet residential, operational and service quality goals. Signed service agreements require external contractors to meet service prerequisites, legislative and other relevant requirements. Contractors register their arrival on site and receive induction and orientation where necessary. Staff have access to supplier lists and out of hours services are available where relevant. Local management retain the ability to access local contractors according to established processes.

Management and staff monitor service performance through observations of practice, stakeholder feedback and quality assurance activities. Management, staff and care recipients are satisfied with the services provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for more details on the home's overarching system.

The home maintains an audit and competency program to measure performance against the Accreditation Standards. Care recipient and medication incident reports assist in providing clinical and management indicators. Management encourages staff to complete improvement forms, attend meetings and to improve their skills by attending education sessions. Staff confirm they actively participate in the continuous improvement system.

Improvement initiatives home related to Standard 2 Health and personal care include:

- An organisational project saw the introduction of a computerised care planning system replacing the home's existing system to ensure all homes within the Estia Health group are using the same software. The new system delivers greater transparency of individual care requirements and evidence-based information to clinicians and care staff. Staff received education on the new system prior to its introduction, and are happy with the information the system provides stating it has been beneficial to the care recipients.
- An aspect of the introduction of the computerised care planning software is that the admission documentation now incorporates the possibility of same sex partnerships. The documentation also facilitates the inclusion of the lesbian, gay, bisexual, transgender and intersex (LGBTI) community.
- Following a review of clinical and special nursing care needs, management introduced a clinical responsibility checklist. Senior clinicians review clinical notes daily to ensure clinical staff complete special needs as per the general practitioners' instructions. The home's manager reviews the work log and checklist daily to ensure full compliance. Management is satisfied with the improved level of monitoring.

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

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Staff are satisfied management update them about regulatory requirements. Management monitor regulatory compliance through a variety of methods including observations, audits, incident reporting, staff educational competencies and one on one feedback sessions.

Relevant to Standard 2 Health and personal care the home has systems to ensure:

- Appropriately qualified persons perform specific care planning activities and care tasks.
- Registered nurses maintain registration currency and are aware of their responsibility regarding mandatory reporting for health professionals.
- Staff and management are aware of their responsibilities in the event of the unexplained absence of a care recipient.
- Staff safely store and administer medications in accordance with relevant guidelines and legislation.

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 relation to health and personal care. Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Education conducted relating to Standard 2 Health and personal care include:

- catheter management and care
- medication administration and competencies
- pain identification and management
- 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 moving into the home, staff conduct assessments in consultation with the care recipient, representatives and health professionals. Care plans reflect each care recipient’s needs, preferences and any required support or interventions. Nursing staff review care plans on a regular basis and in response to the changing needs of the care recipient. Management monitors staff practices and provision of care through audits, observations, data review, staff competencies and stakeholder feedback. Staff have access to policies and procedures to guide them in the provision of clinical care. Care recipients and representatives are satisfied with the level of consultation and clinical care at the home.

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

Nursing staff manage care recipients’ specialised nursing care needs, completing assessments, developing care plans, evaluating care and providing care as needed. Evaluations of specialised nursing care are performed as part of the routine care plan review process, with additional review and referral to health care professionals occurring should specialised care needs change. Staff have access to sufficient equipment to meet the needs of care recipients. Care recipients and representatives confirmed nursing staff are available to meet the specialised care needs of those living in the home.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Staff assess all care recipients for their health requirements and initiate referrals to relevant specialists to meet identified needs and preferences. Care recipients have access to a range of visiting and external health services including physiotherapy, podiatry, dietitians, aged persons mental health services, speech pathology, optometry, hearing and dental services. Care plans contain relevant information from these referrals and health specialists work in conjunction with care and nursing staff. Care recipients and representatives expressed satisfaction with care recipients’ access to visiting services and assistance provided to attend external specialists.

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

Registered and enrolled nursing staff administer medications safely and correctly. Medication care plans and medication charts include identification details, medication requirements, preferences, allergies and details of any special needs. Medications are stored securely and there are procedures to maintain supply and for the disposal of unwanted medications.

Management monitor staff practices, complete audits and review incidents to assist in maintaining effective and safe medication systems. Care recipients and representatives confirmed satisfaction with medication administration and management.

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

Care recipients are as free as possible from pain. Staff, allied health and general practitioners monitor and review care recipients to ensure they are as free as possible from pain. Staff complete assessments of care recipients to identify episodes or levels of discomfort or pain and initiate steps to minimise discomfort. Care plans detail the type of pain, where it is typically located and strategies that may be effective in providing relief. Staff utilise both pharmacological and non-pharmacological methods of pain relief to assist in managing episodes of pain or discomfort. Staff are aware of their role in pain management including the identification, reporting and monitoring of pain. Care recipients and representatives stated staff are responsive to episodes of pain or discomfort experienced by care recipients and provide interventions promptly.

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

Staff practices ensure the dignity and comfort of terminally ill care recipients is maintained. Palliative care preferences are included in assessment and care planning. Care recipients are encouraged to document their wishes and preferences for end of life care using advanced care directives. The home has access to health professionals for advice and management of palliative care. Document review confirmed consultation with the care recipient or their representative occurs. Staff confirmed they have access to appropriate equipment and stated they are able to provide support to care recipients and their families during palliation.

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 nutrition and hydration. Staff consider allergies, preferences, clinical and cultural needs when planning nutrition and hydration care. Nursing staff, with the support of allied health practitioners, review the care needs of care recipients who have difficulty with swallowing, weight maintenance or require specialised diets.

Catering staff provide texture modified, fortified or special diets as needed. Monitoring of nutrition and hydration occurs through audits, weight analysis and feedback. Care recipients said they are satisfied with the choices and types of meals offered. Staff provided assistance with meals in a respectful and gentle manner.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

Care recipients' skin integrity is consistent with their general health. Staff assess each care recipient's risk to their skin integrity and care plans detail interventions to assist in reducing any risk. Skin care strategies include regular repositioning, the use of pressure relieving devices, nutritional supplements and application of creams. Nursing staff complete wound care plans, attend to wound care and evaluate the effectiveness of treatment. Reporting and review of skin tears and wound incidents occurs. Staff stated sufficient and appropriate supplies of wound care products are available. The home has access to external wound care specialists if required. Staff indicated they have sufficient equipment to provide wound and skin care. Care recipients and representatives expressed satisfaction with how staff provide skin and wound 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

Staff assess each care recipient for their needs and preferences relating to continence management and develop care plans to assist in maintaining care recipients' dignity and independence with continence needs. Staff complete continence charting and assessments with the information used to formulate individual care plans. There is sufficient equipment available to assist care recipients in maintaining their independence including raised toilet chairs, handrails and continence aids. Care recipients and representatives confirmed staff are available to assist care recipients' when needed.

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 assess care recipients’ behaviour patterns on moving into the home to identify behavioural concerns and to formulate plans to manage any identified behaviours. Care plans include triggers and individualised management strategies. Nursing staff initiate referrals to aged persons’ mental health specialists and the care recipient’s general practitioner where required to ensure ongoing appropriate management. Staff have had education to assist them in managing and identifying behaviours of concern. Management review incidents relating to behaviours to identify trends and to ensure prompt and appropriate actions have been taken. Care recipients and representatives stated they are not affected by the behaviours of others living in the home.

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

Staff and visiting allied health professionals assess care recipients on moving into the home, for their individual needs relating to mobility and dexterity to assist care recipients in maintaining their mobility and dexterity. Staff complete a review of an individual’s needs if incidents occur or when their care needs alter. Management analyses falls data to evaluate the effectiveness of independent mobility and monitoring strategies. Mobility and transfer equipment is available and maintained and adaptive cutlery and crockery supports care recipients to be as independent as possible. Staff provide equipment to minimise risks including hip protectors, mobility aids or motion sensor equipment. Staff have training in equipment use and safe transfer practices. Staff encourage care recipients to be involved in group exercises, movement activities and walks to aid mobility. Care recipients and representatives said they are satisfied with assistance provided by staff and confirm access to the visiting physiotherapist.

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

Staff complete dental care assessments to identify the state of the care recipients’ teeth, mouth and lips and the level of assistance required for oral hygiene activities. Staff formulate oral and dental care plans, which include input from the care recipient’s preferred dentist or dental technician. Referrals to visiting medical or dental health professionals occur and the home provides assistance to attend external appointments when necessary. Staff confirmed there are adequate stocks of oral care products. Care recipients and representatives expressed satisfaction with oral and dental care.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

There are systems in place to assess and manage care recipients’ sensory losses. Initial assessments outline care recipients’ sensory deficits with care plans including strategies to assist with managing identified sensory losses. Allied health referrals occur according to individual care recipient preferences. Care recipients confirmed staff assist them to fit or clean their sensory aids and indicated they have had reviews from audiology or ophthalmology health professionals as needed.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients are able to achieve natural sleep patterns. There are systems in place to promote care recipients’ natural sleep patterns. Staff complete assessments to identify sleep and rest routines and care plans outline the strategies to assist care recipients to settle and rest. Staff have access to non-pharmacological strategies to assist care recipients to sleep and ensure other clinical needs including pain or continence are considered. Care recipients said staff assist them as needed to settle at night, rest during the day and offer supper each evening.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for more details on the home’s overarching system.

Management conduct continuous improvement activities in relation to care recipients’ lifestyle guided by internal audits, care plan reviews and care recipient satisfaction surveys. The home’s improvement plan also takes note of comments, complaints and feedback from ‘resident/representative’ meetings. Care recipients and representatives said the home’s management informs them of improvement activities through meetings, newsletters and informal discussions.

Improvement initiatives implemented by the home related to Standard 3 Care recipient lifestyle include:

- To improve the lifestyle program for care recipients, staff approached a local hardware store which donated a raised garden bed and promised to provide workshops. Care recipients voted on completing a garden as their first new activity, after raising some money they purchased seedlings and planted the raised bed. Care recipients tend the garden, which is doing particularly well. We observed care recipients tending the garden on both days of the visit. Care recipients now want to improve the front garden.
- Care recipient feedback to start a coffee shop has resulted in the introduction of an automatic pod coffee machine. Following care recipients deciding what snacks they wanted with the coffee they now have pancakes, crumpets and cakes with their lattes, cappuccinos and espressos. Care recipients make good use of the coffee shop.

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

Refer to expected outcome 1.2 Regulatory compliance for details of the home’s compliance system.

Staff said they are well informed and satisfied about regulatory requirements communicated by management. Documentation including current policies and procedures reflect regulatory compliance requirements and guide staff practice.

Relevant to Standard 3 Care recipient lifestyle the home has systems which ensure:

- Care recipients are provided with an agreement detailing services provided upon entering the home.
- There are policies and procedures and a register to manage reportable incidents.
- Care recipients’ personal information is maintained in a confidential and secure manner.
- Management are aware of bond retention amounts and the correct application of fees and charges.

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 relation to care recipient lifestyle. Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Education conducted relating to Standard 3 Care recipient lifestyle includes:

- elder abuse and reporting requirements
- cultural needs and care
- emotional support
- 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

Management and staff support each care recipient's adjustment to life in the home and provide ongoing emotional support. Designated staff meet with prospective care recipients and representatives and provide information before moving into the home. Staff assess care recipients' emotional support needs and invite them to participate in activities and events of interest to them. Staff monitor care recipients' emotional needs through everyday interactions and formally reassess needs as part of the care review process. Additional support occurs through volunteer and community visitor initiatives. Care recipients and representatives are satisfied with the emotional support provided.

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

Management and staff assist care recipients to maximise their independence, maintain friendships and participate in community life. The care planning process identifies care recipients' needs to maximise their quality of life in the home. Strategies include regular exercise programs, the use of individual mobility aids and the provision of activities and outings to promote social interaction. Visitors and volunteers attend the home and there is a number of indoor and outdoor areas for care recipients to receive guests. Hairdressing services are available onsite. Care recipients have the opportunity to participate in regular meetings and receive assistance to fulfil civic responsibilities such as voting if they wish.

Care recipients and representatives are satisfied with the support received to maximise independence and maintain community connections.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff ensure each care recipient's right to privacy, dignity and confidentiality is recognised and respected. A range of documentation communicates how the home respects and protects privacy, confidentiality and dignity, supplemented by specific information obtained through consent processes, handover and care plans. Furnished areas within the home and gardens provide opportunities for care recipients to spend quiet time and to receive visitors. Care recipients have single rooms with ensuite bathrooms and bedroom doors are lockable, care recipients can have a key to their rooms upon request.

Staff knock before entering rooms and interact respectfully with care recipients. Feedback mechanisms, audits, care plan review and observation monitor the effectiveness of privacy, dignity and confidentiality strategies. Care recipients and representatives said staff practices were consistent with upholding their rights to privacy and dignity and the home's care philosophy.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Management and staff encourage and support care recipients to participate in a wide range of activities of interest to them. Staff identify and document preferences and interests through discussion with care recipients and representatives on entry to the home and on an ongoing basis. Lifestyle staff provide activities in small and large groups or on a one to one basis appropriate to each care recipient's cognitive and physical needs. Staff and volunteers facilitate outings for individuals as required. Surveys, care recipient meetings and attendance records assist staff to monitor the effectiveness of the lifestyle program. Care recipients and representatives are satisfied with the activity program and the support provided to participate.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Management and staff value and foster care recipients' cultural and spiritual lives. Staff identify spiritual and cultural interests and affiliations in consultation with care recipients and representatives to develop care plans. Staff support and encourage care recipients and representatives to discuss and document their advanced care wishes. Staff observe special events such as Anzac day, sporting occasions and birthdays with sensitivity to care recipients' personal preferences. Recognition of culturally relevant occasions incorporates food,

decorations and activities. The home provides regular religious services for those who wish to participate and recognises commemorative and special events. Care recipients and representatives are satisfied with how management and staff 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

Management and staff support care recipients and representatives to participate in decisions about the care and services they receive. Management provides information detailing the care and services available to care recipients when they move into the home and this information is included in care recipient agreements. Staff document choices and consult with care recipients and representatives about their needs and preferences across all aspects of care, including diet, activities and specialised nursing care. Care recipients and representatives participate in regular meetings and there are opportunities for feedback through informal staff interactions and the 'opportunity to comment' system. Care recipients and representatives are satisfied with the opportunities for choice and decision-making 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

There is a system ensuring care recipients understand their rights and responsibilities and have secure tenure. Prior to and upon entry to the home, care recipients and representatives receive an information pack. Management offer an agreement to each care recipient or representative and ensure any room change occurs only after consultation. Management provide ongoing assistance to care recipients and representatives in relation to security of tenure and responsibilities through meetings and one-to-one contact. Management acknowledges that while care recipients and their representatives are encouraged to sign agreements, it is their right to refuse to sign. Management displays the 'Charter of care recipients' rights and responsibilities' prominently throughout the home and in the 'residential agreement'. Care recipients and representatives are aware of their rights and responsibilities and are satisfied care recipients have security of tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for more details of the home’s overarching system.

Management monitors the physical environment and safety systems through environmental inspections, analysis of incident and infection reports, care recipient and staff surveys, comments and complaints. Care recipients can make suggestions or express concerns through the regular ‘resident and relative’ meetings or improvement forms. Actions identified for attention are included on the continuous improvement plan for further development.

Improvement initiatives implemented by the home related to Standard 4 Physical environment and safe systems include:

- A review of the home’s catering system identified gaps in the ability to provide menu planning, reviews, drinks and meal lists. Management introduced a commercial dietary software system. The software is working efficiently, staff have improved knowledge of care recipient’s requirements/needs. Care recipients are very satisfied with the meals.
- A review of the outdoor area resulted in improvements for care recipients and representatives:
- In the front of the home, the garden has new cement paths for walking/wheelchair access.
- Four disabled parking spots created near the front entrance.
- A pedestrian crossing and line marking of car parks has been painted.
- New speed restriction signs have been erected.
- Wire fencing around the entire perimeter has been installed improving security.

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

Refer to expected outcome 1.2 Regulatory compliance for details of the home’s compliance processes. Staff said they are well informed and satisfied with regulatory information provided by management.

Relevant to Standard 4 Physical environment and safe systems the home has systems to ensure:

- Management actively promotes and manages occupational health and safety.
- Qualified contractors regularly check and maintain fire systems and equipment.
- There are emergency plans and protocols including bushfire preparedness.
- There is independent third party auditing of the catering processes.

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 relation to physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Recent education relating to Standard 4 Physical environment and safe systems include:

- fire and emergency management
- food safety
- infection control and outbreak management
- 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 the organisation are actively working to provide care recipients with a safe and comfortable environment, consistent care recipients' needs. Care recipients enjoy private single rooms with an ensuite bathroom and are encouraged to personalise their personal space with their own belongings. A private dining area for family functions, accessible and secure landscaped gardens with native plant varieties and shade areas add to the home's ambience. Scheduled audits, maintenance requests, incident and hazard reporting assist to ensure a safe and comfortable living environment. Corrective and preventive maintenance systems and a cleaning program ensure equipment, fittings and fixtures are safe and functional. Care recipients and representatives are satisfied with the safety and comfort of the living 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 is actively working to provide a safe working environment to meet regulatory requirements. On commencement staff complete orientation that includes occupational health and safety. Policies and procedures guide staff to understand their rights and responsibilities relating to occupational health and safety and notices identify relevant site representatives. Management monitors the effectiveness of its occupational health and safety procedures through audits. Management and relevant stakeholders discuss and address any occupational health and safety issues at regular workplace health and safety meetings. The home ensures all equipment is subject to routine and preventive 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 evacuation diagrams and there is clear signage of emergency exits that are free from obstructions. Fire and safety training occurs regularly at the home. Service of fire fighting equipment is by external contractors and chemicals are securely stored in locked rooms. The home is secured in the evenings and there is a generator in case of a blackout. There are emergency procedures and bushfire preparedness manuals and an evacuation pack with an updated care

recipient evacuation list 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

Management and staff demonstrated systems to ensure an effective infection control program. Designated personnel review and analyse infection data and oversee infection care practices. Staff receive education as part of their orientation and the ongoing mandatory education program. Protocols guide staff actions in the event of gastroenteritis or influenza outbreak. Actions to minimise risk of infection include the use of protective equipment, hand hygiene, waste and sharps disposal. Food safety, pest control programs and environmental service practices are consistent with current infection control guidelines. Care recipients and staff participate in an influenza vaccination program. Staff described appropriate procedures to follow to prevent and manage infections and outbreaks. Staff, care recipients and representatives are satisfied with infection control practices at the home.

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 in a way that enhances care recipients' quality of life and staff's working environment. Food is prepared and cooked fresh on site and staff provide catering services in line with the home's food safety plan. Staff follow processes for maintaining the cleanliness of the environment, follow cleaning schedules and infection control guidelines. Designated staff provide onsite laundry service in line with the home's policies. Staff label care recipients' personal clothing according to individual requests.

Adequate cleaning and laundry supplies and equipment are available. Care recipients, representatives and staff expressed satisfaction with the catering, cleaning and laundry services at the home.