



Australian Government

Australian Aged Care Quality Agency

Latvian Friendly Society Hostel

RACS ID 3126
60 Fraser Crescent
WANTIRNA SOUTH VIC 3152

Approved provider: Latvian Friendly Society 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 28 August 2019.

We made our decision on 05 July 2016.

The audit was conducted on 07 June 2016 to 08 June 2016. 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
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Audit Report

Latvian Friendly Society Hostel 3126

Approved provider: Latvian Friendly Society Ltd

Introduction

This is the report of a re-accreditation audit from 07 June 2016 to 08 June 2016 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 07 June 2016 to 08 June 2016.

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/s:	Deanne Maskiell

Approved provider details

Approved provider:	Latvian Friendly Society Ltd
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Details of home

Name of home:	Latvian Friendly Society Hostel
RACS ID:	3126

Total number of allocated places:	54
Number of care recipients during audit:	51
Number of care recipients receiving high care during audit:	29
Special needs catered for:	N/A

Street/PO Box:	60 Fraser Crescent
City/Town:	WANTIRNA SOUTH
State:	VIC
Postcode:	3152
Phone number:	03 9800 2977
Facsimile:	03 9800 2311
E-mail address:	administration@latvianfs.org.au

Audit trail

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

Interviews

Category	Number
Management	4
Nursing and care staff	7
Lifestyle staff	3
Ancillary staff and management	2
Care recipients	3
Representatives	3
Allied health staff	1

Sampled documents

Category	Number
Care recipients' files	7
Care recipient agreements	3
Supplier agreements	3
Medication charts	8
Personnel files	6

Other documents reviewed

The team also reviewed:

- Admissions packs
- Allied health specialist referrals and reports
- Asset register/capital stock lists
- Audit schedule and audits
- Cleaning documentation and schedules
- Clinical assessment schedules
- Clinical assessments, plans and progress notes
- Clinical charts and reportable parameters
- Comment and complaint register

- Communication diaries
- Continuous improvement documentation, plan and forms
- Contractor/supplier register
- Education records, competency assessments and schedule
- Employment pack
- Fire equipment service records, logbooks and manuals
- Food safety plan, menu, external audits, dietary forms and records
- Handbooks
- Incident reports, analysis and trending
- Infection control records and data analysis
- Laundry documentation
- Lifestyle documentation, calendars and reports
- Maintenance documentation and schedules
- Mandatory reporting registers
- Medication administration records and checks
- Meeting terms of reference, agendas and minutes
- Memoranda
- Newsletters
- Nursing qualification records
- Pest control records
- Police check documentation and register
- Policies and procedures
- Risk assessments
- Rosters
- Surveys
- Testing and tagging information.

Observations

The team observed the following:

- Activities in progress
- Administration and storage of medications
- Archive room
- Cleaning in progress and trolley
- Emergency evacuation diagrams, routes and assembly areas
- Equipment and supply storage areas
- Evacuation kit and updated care recipient evacuation list
- External complaint service brochures on display in Latvian and English
- Firefighting equipment
- Improvement forms on display in Latvian and English
- Information for care recipients in Latvian, English and other languages
- Interactions between staff and care recipients
- Internal and external living environment
- Kitchen, cool room, freezer and pantry
- Laundry service, labels and applicator machine and lost property
- Linen supplies
- Outbreak and spill kits
- Palliative care equipment and resources
- Personal protective equipment and material safety datasheets
- Philosophy and mission statements
- Short group observation in secure wing
- Staff room and noticeboards
- Staff work areas
- Visiting allied health professionals
- Waste disposal areas
- Wound trolley.

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 management, staffing and organisational development. The system for care recipients include improvement forms in English and Latvian, meetings, surveys 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. Management provides direct feedback on continuous improvements as feedback or at meetings. Care recipients, 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:

- Following observations and audit results management reviewed and upgraded the home's call bell system. Management report the new system is throughout the home including lounge rooms and reports on call bell response times can be accessed as required.
- Following staff feedback from an education session management reviewed their personnel files to ensure they had all relevant information and that this information could easily be accessed as required. Management also separated any Statutory declarations into a separate folder for easy access.

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. Management receives regulatory information from a number of relevant sources and through professional memberships. Any relevant regulatory compliance information is discussed at regular staff meetings where regulatory compliance is a standing agenda item, through memoranda and/or updates to policy and procedures. Care recipients and representatives are informed of changes to regulatory compliance through meetings, newsletters, notices on display and/or direct correspondence. Management monitor regulatory compliance through audits, competencies and observations. Staff said they are informed about regulatory compliance.

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

- Management ensured the notification of the re-accreditation audit, within the required time-frame to all stakeholders.
- The organisation has processes to monitor police certificates and credential checks for staff.
- The organisation has processes to monitor the current registration of nursing staff.
- 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 have the appropriate knowledge and skills required to perform their roles effectively. Key staff at the home identify the educational needs of staff and management through a variety of means including; staff surveys, staff appraisals, staff requests, audits, review of incidents, review of care recipients' needs, organisational changes, legislation changes and feedback from care recipients and representatives.

Management at the home inform staff of educational opportunities through the home's displayed education calendar, meetings and electronic reminders. The home monitors attendance at sessions provided and ensures all staff complete mandatory education each year. Staff are satisfied with the education opportunities offered to them. Care recipients and representatives are satisfied with the skills and knowledge of the staff.

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

- bullying and harassment
- customer service
- staff appraisal
- understanding accreditation.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Management maintains a comments and complaints mechanism that is accessible to care recipients, representatives, staff and other stakeholders. Access is facilitated through improvement forms in English and Latvian, meetings and 'open door' access to management. Information on the internal and external complaint mechanisms are communicated through care recipient information. All complaints go directly to management, are recorded on a register and actioned in a timely manner. Feedback is provided personally to the complainant and a summary of feedback received is discussed at meetings where comments and complaints is a standing agenda item. The organisation has processes for the handling of confidential complaints. Care recipients, 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 philosophy and mission statements, which reflects the home's commitment to provide quality care and services and the values it embraces. The statements are available in both Latvian and English and are prominently displayed throughout the home. Information packages and newsletters also include these statements.

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 and management monitors qualifications and credential information. New staff complete an orientation program and complete an 'new staff induction record' and complete 'buddy shifts' to assist them in adjusting to their new roles. New staff receive a 'pocket guide to Latvia's history' and a digital video disc about Latvia. All roles have position descriptions and staff sign a 'letter of appointment'. Rosters confirm that adequate staffing levels occur over all shifts and a nurse is rostered on all shifts. Roster vacancies are filled from permanent, casual bank or agency staff. Care recipients, representatives and staff 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 are sufficient supplies of appropriate goods and equipment to provide quality service delivery. Management have preferred supplier agreements in place. Management identifies equipment needs through clinical reviews, hazard reports, audits, and feedback from stakeholders. There is a process to trial and evaluate new equipment when appropriate prior to purchase. Capital equipment and stock lists assist key staff and management in monitoring availability and maintenance of equipment and stocks. Corrective and preventative maintenance programs and electrical testing ensure equipment used is in good working order. Stock and equipment storage areas are clean, sufficiently stocked and secured. Staff and care recipients are satisfied they have access to sufficient supplies and appropriate equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Effective information management systems are in place. Confidential information, including care recipient and staff files are stored securely. Electronic care documentation programs are password protected. Regular back up of electronic information occurs and there is an archiving and destruction of confidential documents procedure. Management communicate with staff and care recipients through a variety of formal and informal communication strategies. These include a range of scheduled stakeholder meetings, care consultations with the care recipient or their nominated representative, newsletters, memoranda and information noticeboards. Care recipient and representatives are provided with written information in their preferred language. Notices displayed throughout the home are in Latvian and English. Staff, care recipients and their representatives are satisfied with communication processes within the home.

1.9 External services

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

Team's findings

The home meets this expected outcome

There are processes 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 linen services, fire system testing, hairdressing, physiotherapist and pest control. Contracts are handled by senior management and specify the required standards, timeframes and regulatory requirements. Observations and feedback direct from stakeholders about the quality of service are sought by management. Care recipients and representatives said 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 care recipient health and personal care. The continuous improvement system is described in expected outcome 1.1 Continuous improvement. Care recipients 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 review of communication practices surrounding clinical information and 'resident of the day' communication with representatives. Management introduced a letter that is sent to representatives that explains any changes in clinical care of the care recipient. Representatives report the information is 'quite useful' and we viewed one of the letters that was recently mailed to a representative.
- Following a review of the home's evacuation bag and the care recipients clinical care information that was included in the bag. Management introduced lanyards for each care recipient. The lanyards include relevant information including a photo of the care recipient, mobility status and allergies. Lanyards and other care information in the evacuation pack was updated as required.

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 by management about regulatory requirements.

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

- A registered nurse plans, supervises and undertakes specialised nursing care and oversees care recipients with high care needs.
- Medications are stored and administered according to legislated processes.
- There are systems and processes in the event of an unexplained care recipient absence.

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:

- behaviours and interventions
- dental care
- falls management
- natural sleep
- palliative 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 appropriate clinical care. When care recipients move into the home, staff conduct scheduled assessments and develop individualised care plans. Nursing staff review care recipients’ care plans on a regular basis and update them as required. Nursing staff offer care consultations to each care recipients and/or their representatives on a regular basis and when there are significant changes in care needs. Nursing staff refer care recipients to visiting general practitioners or other health professionals as appropriate.

Management monitors the effectiveness of clinical care systems through audits, clinical data, incident report analysis and stakeholder feedback. Care recipients and representatives are satisfied with care recipients’ clinical care and related communication with nursing staff.

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

Appropriately qualified nursing staff identify and meet care recipients’ specialised nursing care needs. Nurses assess, plan and evaluate care recipients’ specialised nursing needs in consultation with general practitioners and appropriate health specialists. Registered nurses review specialised nursing care plans regularly and in response to changes in health needs. Management conducts audits, analyses clinical data and reviews stakeholder feedback to ensure specialised nursing care systems are effective. Staff have appropriate knowledge and skills to provide specialised nursing care. Care recipients and representatives said registered and enrolled nurses provide specialised nursing care when required.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Care recipients are referred to a wide range of health specialists in accordance with their individual needs and preferences. Nursing staff in consultation with the individual’s general practitioner assess care recipients’ need for allied health services and arrange referrals as appropriate. In accordance with each care recipient’s abilities and wishes, staff assist with access to visiting health specialists or health specialists of their choice within the broader community. Nursing staff update care recipients’ care plans to include recommendations and ensure care is delivered accordingly. Management monitor the

system's effectiveness through care plan review processes, audits and stakeholder feedback. Care recipients and representatives said they are satisfied with care recipients' access to and the range of health specialists available.

2.7 Medication management

This expected outcome requires that "care recipients' medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

Management ensures care recipients' medications are managed safely and correctly. Staff responsible for medication administration undergo annual medication competency assessments. When a care recipient moves into the home, nursing staff review their medication support needs in consultation with the care recipient, their representative and the general practitioner. Care recipients wishing to manage their own medications are supported to do so within their capabilities. Policies, procedures, care plans and medication charts support staff in medication management. Medications are stored safely and according to legislative requirements and staff ensure appropriate and consistent medication supply.

Management monitor the system through audits, competency assessments and incident analysis. Care recipients and representatives are satisfied with the processes used to supply and administer medications.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

Care recipients are as free as possible from pain. Nursing staff and the home's physiotherapist assess care recipients' current and previous experiences of pain and identify pain management strategies used in the past. Pain management care plans include triggers for pain as well as strategies and equipment required to maintain optimal comfort levels.

Nursing staff consult with care recipients, their representatives and other members of the health care team as needed. Strategies used include medication, active and passive exercise, heat packs and gentle massage. Management monitor the effectiveness of pain management systems through care plan review, audits and stakeholder feedback. Staff are aware of appropriate pain management interventions. Care recipients and representatives said that staff respond quickly to any episodes of discomfort and implement pain management strategies promptly to ensure care recipients are as free as possible from pain.

2.9 Palliative care

This expected outcome requires that “the comfort and dignity of terminally ill care recipients is maintained”.

Team’s findings

The home meets this expected outcome

The home maintains the comfort and dignity of terminally ill care recipients. Care recipients and their representatives are encouraged to complete advanced care planning and end of life wishes. Care plans reflect palliative care needs and preferences when required and registered nurses review these needs frequently. Staff access general practitioners and the advice of palliative care specialists when needed. The home has sufficient and appropriate stocks and equipment to provide palliative care and staff are provided with relevant education. Management monitor palliative care through audits, observation and stakeholder feedback.

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. Upon entry to the home, nursing staff identify care recipients’ likes, dislikes, special dietary needs, religious dietary needs and ensure staff provide appropriate diets. Staff monitor care recipients’ weights and refer care recipients to allied health professionals and general practitioners as appropriate to address issues related to weight variances. Staff monitor care recipients’ hydration levels and offer additional fluids in warmer weather. Latvian foods are a focus of the menu to ensure familiar foods are available to the care recipients. Assistive devices are available as required and modifications to food texture and alternative dietary items are available for care recipients with special needs and preferences. Management monitor the effectiveness of the nutrition and hydration system through weight audits, care plan reviews and stakeholder feedback. Care recipients and representatives are satisfied the home meets care recipients’ nutrition and hydration needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. Staff assess care recipients’ skin integrity and potential for skin breakdown and develop care plans documenting needs and preferences including the levels of assistance and equipment required. Care staff monitor care recipients’ skin condition during hygiene care and report any issues to the nursing staff. Nursing staff develop wound care charts and provide wound care, where appropriate care recipients are referred to a visiting wound consultant. Staff apply appropriate emollient creams, protective devices and pressure relieving equipment

including air mattresses according to care recipients' assessed needs. Management monitor the effectiveness of care recipients' skin care through the audit program, incident analysis and stakeholder feedback. Care recipients and representatives are satisfied with care recipients' 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 needs are managed effectively. Staff identify and assess the individual needs of care recipients on entry to the home and in response to changes in health status. Staff consider care recipients' independence, maintenance of comfort and dignity needs in the development of continence management programs. Management monitor the effectiveness of care recipients' continence programs through audits, care reviews and stakeholder feedback. Care recipients and representatives said they are satisfied with the continence care provided to those living in the home.

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. Staff assess care recipients' behaviours upon entry to the home. Reassessments occur if care recipients' behavioural patterns change. Care plans identify behaviours, potential triggers and reflect individualise management strategies, which include cultural, social and emotional support. Nursing staff refer care recipients to their general practitioners and behavioural management specialists as required. Management monitor the effectiveness of behaviour management strategies through care plan review, incident data analysis, audits and stakeholder feedback. Care recipients and representatives said that staff prompt interventions to minimise the occurrence of 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

Care recipients achieve their optimum levels of mobility and dexterity. Nursing staff and the home's physiotherapist assesses care recipients' mobility, dexterity and rehabilitation support needs upon entry to the home. A visiting occupational therapist is also available when needed. Staff refer care recipients to the home's allied health staff when changes in mobility or dexterity occur or in the event of a fall. Documented strategies include active and passive exercises, supply of mobility aids and hip protectors. Staff assist individuals to maintain their dexterity, mobility and independence. Management monitor the

effectiveness of programs through analysing falls data, care plan reviews, observations and audits. Care recipients and representatives said they are satisfied with the support care recipients receive to achieve optimal mobility and dexterity levels.

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. Staff conduct oral and dental assessments and formulate care plans to identify aids, equipment and the level of oral and dental care assistance required. Staff assist care recipients with maintaining their oral and dental hygiene regimes. Staff arrange for dental care practitioners to visit care recipients in the home or assist care recipients to attend dental practitioners in the community as needed. Management monitor oral and dental care through care plan reviews, audits and stakeholder feedback. Care recipients and representatives said care recipients receive assistance as required to maintain their 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

Care recipients’ sensory losses are identified and managed effectively. Staff assess and identify care recipients’ sensory deficits and develop care plans to ensure these are managed successfully. Care recipients are referred to the visiting or external services according to the individuals’ needs and preferences. Staff are aware of the needs of the individual care recipients and assist those who require help with the care, maintenance and fitting of aids and devices. Management monitor provision of care related to sensory loss through care plan reviews and stakeholder feedback. Care recipients are satisfied with the support provided by staff in managing their sensory losses.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Staff assist care recipients to maintain natural sleep patterns. On entry to the home, staff assess normal sleep and waking. Care plans reflect preferences for retiring and waking and a variety of individualised strategies used to promote optimal sleep patterns. These include individualised settling routines, the use of general comfort measures, evening drinks, snacks and medication as prescribed. Management monitor sleep management requirements through the care plan review process, audits and stakeholder feedback. Care

recipients said the home is quiet at night, staff respect their individual sleeping and resting routines and provide assistance as necessary.

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. Care recipients, representatives and staff are satisfied with the home’s improvements in the area of care recipient lifestyle.

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

- Management reviewed and updated the home’s newsletter. Care recipients are actively encouraged to write for the newsletter. Staff discuss stories with them and then write those stories in the newsletter. The newsletter is produced monthly in Latvian and is distributed to care recipients and representatives and staff read the newsletters to any care recipients that are unable to read it themselves.
- Following a change in care recipient care needs management reviewed the home’s activities program and increased activity staffing hours. In the north wing that caters for care recipients living with dementia activities staff expanded the one to one program with care recipients instead of group activities. Representative’s report there is always some activity running in the north wing when they visit.

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. Care recipients and representatives stated they are informed of care recipients’ rights and responsibilities.

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

- Policies and procedures regarding reportable incidents such as elder abuse are accessible and guide staff. Management maintain a mandatory reporting register and mandatory reporting is discussed in the staff handbook.
- The organisation has policies and procedures in regards to privacy of care recipient information.
- The home has systems to demonstrate compliance related to care recipient agreements.

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 include:

- cultural diversity
- elder abuse and reporting requirements
- Latvian history and culture
- meaningful engagement – living with dementia
- 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 organisation supports care recipients in adjusting to life in the home and on an ongoing basis. Assessment of care recipients' emotional support needs and preferences occurs upon entry to the home and care plans are developed to meet their needs. Review of care recipients' emotional support needs occurs on a regular basis by nursing and activities staff and care plans are updated as required. Care recipients and representatives are provided with a 'resident handbook' in English and Latvian to assist their orientation to the home.

Activities staff run a one to one visiting program for care recipients. Care recipients and representatives are satisfied with the initial and ongoing emotional support they 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 home. Initial and ongoing assessment and care planning processes identify, assess and plan for care recipients' physical, social, cognitive and emotional needs. Strategies to maximise independence include ease of movement within the home and the use of individual mobility aids. The home has buses that they use to take care recipients shopping and on bus trips.

The home welcomes visitors and maintains contact with Latvian schools and community groups/clubs. Care recipients and representatives are satisfied their independence is actively promoted.

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. Staff practices are governed by organisational policies and procedures which detail care recipients' rights to privacy and dignity. Staff describe appropriate practices to protect care recipients' privacy and dignity including knocking on doors, not discussing private information in public areas and calling care recipients by their preferred name. Monitoring processes include

stakeholder feedback, audits and observation. Care recipients and representatives said staff respect care recipients' 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. Activities staff complete a range of assessments on entry to the home and develop a care plan in consultation with care recipients and representatives. Staff regularly review lifestyle care plans to ensure currency. The program includes a wide range of activities that are advertised through a weekly calendar that is distributed to all care recipients that require one. Staff run an individualised program in the North wing of home that caters for care recipients living with dementia. Management obtain feedback on the lifestyle program via surveys, direct feedback, meetings, feedback forms, observation and through reviewing attendance records. Activities staff produce a monthly report for management and the board. Care recipients and representatives are satisfied with the lifestyle program and said care recipients are able 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. Activities staff identify care recipients' cultural and spiritual needs through the assessment process on entry to the home. There is provision for church services for care recipients at the home including regular Lutheran services, bible study and gospel singing. A religious representative visits care recipients at the home regularly and care recipients can access a in house chapel. There are special days held throughout including a number of Latvian celebrations. Care recipients and representatives are satisfied with the home's response to care recipients' 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 to promote care recipients' right to exercise choice and control over their lifestyle. Care recipients and representatives are encouraged to participate in the assessment process. The home holds regular meetings for care recipients and representatives and feedback forms are readily available. Management have an open door policy to ensure they are easily accessible if needed. Staff support care recipients to manage their own financial affairs and the organisation has a petty cash system. There is a wide range of activities on offer and care recipients can choose their participation levels. Care recipients and representatives said 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

The organisation has a system to ensure care recipients have secure tenure within the residential care service and understand their rights and responsibilities. Care recipient information covers security of tenure and care recipients' rights and responsibilities. The organisations management discusses entry requirements and agreements with care recipients and representatives. Any change of room will only occur after consultation with the care recipient and their representative. Management can clarify on an ongoing basis any care recipients' rights and responsibilities, security of tenure information or financial questions. Care recipients and representatives said care recipients have secure tenure within the home and are aware of their rights and responsibilities.

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 safe systems. The continuous improvement system is described in expected outcome 1.1 Continuous improvement. Staff said ongoing improvements occur at the home. Care recipients 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 opened a new wing within the home to cater for care recipients living with dementia, the area is called the ‘north wing’. Management report activities staff run a separate program in the wing and management have a number of improvements planned for the wing. Management advised this wing is an ongoing improvement that has not yet been evaluated.
- Management recently completed a restructure of the catering service at the home. A fulltime cook has recently been appointed who oversees the all process and systems in the kitchen. Management introduced an informal process for care recipients to easily provide feedback on specific meals and the new cook plans to increase interactions with care recipients to obtain feedback on the meals.

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

- Specialist contractors undertake regular monitoring of compliance with essential services requirements.
- Appropriate and secure storage of chemicals with current material safety data sheets accessible.
- The home has appropriate infection control and outbreak policies to guide management and staff response and reporting procedures.
- The kitchen has a food safety program and annual third party audit shows compliance
- The organisation actively promotes and monitors workplace health and safety.

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
- 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

The organisation has processes to assist in providing care recipients with a safe and comfortable environment consistent with care recipients' care needs. The home has care recipient accommodation of single rooms with private ensuites. Care recipients are encouraged to personalise their rooms. Internal and external areas are available for the use of care recipients and their representatives. Maintenance of buildings, grounds and equipment is through regular servicing and maintenance programs by internal staff or external contractors. There are appropriate preventative and corrective maintenance programs. Care recipients and representatives said management provide a safe, secure, clean and comfortable 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 of employment, staff complete orientation that includes occupational health and safety. Policies and processes guide staff to understand their responsibilities relating to occupational health and safety. Management monitor the effectiveness of its occupational health and safety procedures through regular occupational, health and safety audits and review of incident forms. Management and relevant stakeholders discuss and address any occupational health and safety issues at regular occupational health and safety/infection control 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 displays emergency evacuation diagrams, there is clear signage of emergency exits that are free from obstructions. Fire and emergency management training occurs regularly at the home.

Service of firefighting equipment occurs using external contractors and chemicals are stored safely and securely in locked rooms. Staff secure the home in the evenings and the home has a generator in case of a power outage. There are emergency evacuation procedures which are accessible to all staff. The home has an evacuation pack with detailed care recipient information and a updated 'resident evacuation list'. Staff said emergency training occurs regularly at the home. Care recipients said they feel safe and secure in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

Designated personnel oversee the infection control program. Responsibilities include collection and analysis of infection surveillance data and overseeing infection control care and practices. Infection control education is included in staff orientation and annual education programs. Policies and procedures include guidelines for managing gastroenteritis and influenza outbreaks. There are effective processes for hand hygiene, the use of personal protective equipment and the safe disposal of sharps and contaminated waste. Food safety, pest control programs and environmental services comply with legislation and infection control guidelines. Staff explained appropriate procedures to follow in relation to managing and preventing infections and their roles in the event of an infectious outbreak. Care recipients and representatives said that if a care recipient is unwell staff are prompt in initiating appropriate care and influenza vaccinations are encouraged.

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 and meals are served directly

to care recipients. Monitoring mechanisms in the kitchen include audits, reports and monitoring records. The home has a four week menu that changes every season and is informally reviewed by a dietitian and includes culturally specific meals. Schedules are in place to ensure that cleaning tasks are completed. All personal laundry is completed onsite with linen laundered externally by a contractor and there are adequate linen supplies. All care recipients clothing is labelled and staff have access to a labelling applicator machine. The home has a system to manage lost property. Staff and care recipients are satisfied with the home's catering, cleaning and laundry services.