



Australian Government

Australian Aged Care Quality Agency

Lionsbrae Hostel

RACS ID 3134
29 Everard Road
RINGWOOD EAST VIC 3135

Approved provider: Ringwood Area Lions Aged Care Inc

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 10 November 2018.

We made our decision on 24 September 2015.

The audit was conducted on 18 August 2015 to 19 August 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

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Audit Report

Lionsbrae Hostel 3134

Approved provider: Ringwood Area Lions Aged Care Inc

Introduction

This is the report of a re-accreditation audit from 18 August 2015 to 19 August 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 18 August 2015 to 19 August 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:	Gillian Walster
Team member:	Marg Foulsum

Approved provider details

Approved provider:	Ringwood Area Lions Aged Care Inc
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Details of home

Name of home:	Lionsbrae Hostel
RACS ID:	3134

Total number of allocated places:	55
Number of care recipients during audit:	51
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	Dementia, chronic mental illness, psychogeriatric care.

Street:	29 Everard Road
City:	Ringwood East
State:	Victoria
Postcode:	3135
Phone number:	03 9870 7523
Facsimile:	03 9870 9602
E-mail address:	rpryor@ralac.org.au

Audit trail

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

Interviews

Category	Number
Management/administration	4
Registered/enrolled nurses	5
Care staff	6
Allied health professionals	3
Care recipients	12
Lifestyle staff	1
Hospitality staff	5

Sampled documents

Category	Number
Care recipients' clinical files	6
Care recipients' lifestyle files	6
Residential agreements	6
Medication charts	12
Personnel files	6
External services contracts	5

Other documents reviewed

The team also reviewed:

- Audit schedule and reports
- Care recipient list
- Care recipients' information package and surveys
- Catering records, food safety program and external audits
- Cleaning schedules
- Clinical charts and forms
- Continuous improvement plan, continuous improvement requests and register
- Dangerous goods and hazardous substances register and safety data sheets

- Education calendar, training needs analysis, attendance records and evaluations
- Emergency procedures, plans and emergency evacuation list
- Fire and essential services inspection and testing records
- Handbooks – care recipients, staff, contractors, volunteers
- Human resource management records
- Incident reports and analysis
- Infection control documentation
- Inventory equipment register
- Lifestyle calendar, attendance records and evaluations
- Mandatory reporting register
- Menu and care recipients' dietary details lists
- Multicultural resources
- Pest control records
- Police certificate, statutory declaration and nursing registration documentation
- Policies, procedures and 'how to guides'
- Position descriptions and duty lists
- Preferred provider/supplier list
- Preventative and reactive maintenance documentation
- Roster
- Self-assessment documentation
- Work and equipment instructions.

Observations

The team observed the following:

- Activities in progress including visiting entertainers
- Administration and storage of medications
- Archive area
- Charter of Residents' Rights and Responsibilities' on display
- Cleaners' room, trolley and cleaning in progress

- Complaints and advocacy information on display, brochures stands and suggestions lodgement boxes
- Designated smoking area
- Detached retreat room and mental health practitioner's office
- Equipment and supply storage areas including medications and oxygen cylinders
- Evacuation kits
- Fire detection, isolation and fire-fighting equipment
- First aid kits
- Hand hygiene facilities, personal protective equipment, outbreak box and spills kits
- Kitchen, meal preparation, food storage, meal service and tea rounds
- Laundry, labeller and laundry delivery trolley
- Living environment
- Maintenance shed and pest baits
- Mobility and sensory aids and equipment in use
- Noticeboards and whiteboards
- Organisational philosophy statement displayed
- Re-accreditation assessment signage for stakeholders
- Short group observation in the secure unit dining room
- Staff interacting with and assisting care recipients
- Waste management system
- Wound trolleys.

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

Lionsbrae Hostel provides services to adults of all ages, many of whom come from a background of marginalization and disadvantage. The organisation actively pursues continuous improvement by identifying, actioning, monitoring and evaluating improvements across the Accreditation Standards. Management identify improvements through audits, meetings, improvement requests, observations, surveys and data analysis. Management and staff discuss improvement activities, actions, priorities and timeframes through the daily continuous improvement and management meeting. Management log improvements onto the continuous improvement plan and monitor progress through meetings and discussions.

Improvements are evaluated for effectiveness and notices, memoranda, discussions and meetings keep stakeholders informed. Care recipients and staff said they are aware of quality improvement processes and are satisfied ongoing improvements occur in the home.

Improvements related to Standard 1 Management systems, staffing and organisational development include:

- In response to feedback from stakeholders management reviewed the pharmacy service and engaged the services of a new provider. The service is set to commence on 30 August 2015 and stakeholders are satisfied with this outcome.
- Management identified staff were not regularly wearing their name badges. Education was conducted and a checklist developed to monitor compliance which is now at 100%.

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

Management has a system to identify and promote compliance with legislation, regulations, codes and guidelines. Mechanisms used to support the identification of regulatory changes are peak body memberships, subscription to legislative update services and government bulletins. Management prepare updates and make required changes to policies, procedures and work instructions as required and inform staff of regulatory changes using meetings and a memoranda system. Management monitor regulatory compliance using audits, documentation reviews, observations, stakeholder feedback and analysis of key performance indicators. Staff are satisfied management inform them of regulatory requirements. Care recipients said they are satisfied with the information provided to them about the re- accreditation visit.

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

- An established system for maintaining current police certificates and statutory declarations for staff, volunteers and external service providers as appropriate.
- Confidential documentation is stored securely.
- Management notified care recipients and representatives of the re-accreditation audit.
- Information is available to care recipients and representatives on external complaints and advocacy services.
- The continuous improvement plan shows improvements across the Accreditation Standards.

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 appropriate skills and knowledge to perform their roles effectively. The organisation develops an annual education calendar that is reviewed and updated mid-year in response to the annual training needs survey. Staff may complete training at in-service sessions or through self-directed learning. Staff are required to complete annual mandatory education that includes specific training relevant to individual roles. Key staff maintain attendance records and analyse evaluations to inform future programming. Staff said they are satisfied with the educational opportunities available to them.

Examples of education provided in relation to Standard 1 Management systems, staffing and organisational development include:

- understanding accreditation processes
- power of attorney/resident rights
- documentation/care planning.

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

Care recipients, representatives and other interested parties have access to internal and external complaints mechanisms. Management discuss complaints processes with care recipients and representatives on moving into the home and information is included in handbooks and residential agreements. The home adopts an 'open door' policy and stakeholders may raise concerns directly with management and staff, at meetings and through continuous improvement requests. Improvement forms, external complaints brochures and advocacy information is readily available and secure lodgement boxes are located throughout the home. Staff assist care recipients to access and complete forms as required or report concerns on their behalf. Complainants may remain anonymous if they wish and management ensure confidentiality is preserved. Improvement requests are recorded on a register and actioned in a timely manner. Management discuss issues with complainants and follow up to ensure their satisfaction with the outcome. Care recipients said they are confident to raise concerns and satisfied with complaints management.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's philosophy of "Live simply, love generously, care deeply, speak kindly" is on display and included in all key documents, along with the home's commitment to ongoing quality improvement. The organisation has actively transitioned to a human rights approach to care and service delivery and focuses on "dignity of risk" enabling care recipients to make informed decisions about their lifestyle at the home.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There are systems to ensure there are appropriately skilled and qualified staff to provide care and service delivery in accordance with the Accreditation Standards. Recruitment and selection processes for new staff are based on skill and qualification requirements outlined in position descriptions. Management provide new staff with orientation and performance is monitored during the probation period and thereafter through observations of practice, incident reports and feedback. Resources to support staff in their roles include policies, procedures, 'how to' guides, handbooks and ongoing education. Management adjust staffing levels to meet changing circumstances and care recipient needs, and there are processes to replace staff for planned and unplanned leave. Care recipients said they are satisfied with the care and services provided.

1.7 Inventory and equipment

This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".

Team's findings

The home meets this expected outcome

Management has effective systems to ensure appropriate stocks of goods and equipment. There are adequate supplies of goods and appropriate storage for clinical needs, cleaning, laundry and catering supplies. Designated staff organise the purchase and replacement of inventory and equipment through budget allocations, established ordering processes and the use of preferred suppliers and contractors. Food items are stored appropriately and staff follow stock rotation processes. An asset register is in place, new equipment is trialled by staff prior to purchase and there are effective systems to ensure the safety and working order of goods and equipment. Care recipients and staff said there is adequate and appropriate provision of supplies and equipment to deliver care and services.

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

There are processes to ensure effective information management systems. Management provide care recipients and representatives with information through meetings, discussions, newsletters, notice boards and care consultations. Staff have access to current policies, procedures, 'how to guides' and information specific to their roles and are kept informed through care documentation, meetings and shift handovers. Clinical notes, care recipient and staff files are securely stored. There are processes to routinely collect, analyse and trend data including incident and infection records. Archived material is catalogued and stored securely. Electronic systems have restricted access and data backup. Care recipients and staff said they are well informed and confident that sensitive information is secure.

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

All externally sourced services are provided in a way that meets the home's needs and service quality goals. Management engage external service providers and monitor their qualifications, certifications, registrations, insurance and police certificates. External services provided at the home include reflexology, mental health services, physiotherapy, music therapy, pharmacy, electrical and plumbing. External contractors are orientated to the site and services are evaluated through observation, auditing and stakeholder feedback.

Management, staff and care recipients said they are satisfied with the external services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Management actively pursue continuous improvement in care recipients' health and personal care. Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Improvements related to Standard 2 Health and personal care include:

- As a result of community connections, the home has commenced a visiting oral and dental care service that offers services at a reasonable rate. Care recipients may be seen in the van or in their room. This has resulted in all care recipients who wished to do so attending the dentist with many fitted with new dentures. Management said care recipients demonstrate improved self-confidence and are satisfied with this service.
- Following discussions and literature review, management engaged the services of a mental health practitioner who attends the home two days per week. The practitioner provides assessment, counselling and support services to care recipients as required and education, debriefing, counselling and support to staff. This allows timely response for specialist services and on-site support for both care recipients and staff and has been well received.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Management ensure compliance with regulations and guidelines regarding health and personal care through their policies and procedures, regular auditing, staff education and clinical competencies. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes.

Regulatory compliance relating to Standard 2 Health and personal care include:

- All nursing staff have current professional registrations.
- Appropriately qualified staff provide medication management and specialised nursing care.
- Medication is stored securely.
- The organisation has a current policy for missing care recipients with appropriate incident reporting and notification processes.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

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

- palliative approach toolkit
- post-traumatic stress disorder
- weight management in dementia.

2.4 Clinical care

This expected outcome requires that “care recipients receive appropriate clinical care”.

Team’s findings

The home meets this expected outcome

There are processes to ensure care recipients receive appropriate clinical care. Appropriately qualified and experienced staff assess, review and provide care. There is regular consultation with care recipients and representatives and a process to evaluate each care recipient’s needs and preferences and adjust care plans as required. Communication regarding care recipients occurs through handover, progress notes, charting of clinical observations and documentation of clinical incidents. Medical and allied health personnel review care recipients as required and increased monitoring occurs when needed. Staff said they have sufficient rostered time to provide planned care. Care recipients are complimentary of the care provided and said that any episodes of ill-health or accident are responded to quickly and properly and representatives are informed appropriately.

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

There are processes to ensure the identification and appropriate management of care recipients’ specialised nursing care needs. Registered nurses develop and review specialised care plans following assessments and consultation with care recipients, representatives and medical and allied health practitioners. Equipment for specialised nursing care is available and maintained and there is access to specialists and external health care services if required. Policies, procedures and ‘how to guides’ support staff and management provide staff education in areas of specialised and complex care. Care recipients said they are satisfied with the specialised care provided.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Staff refer care recipients to appropriate health care specialists for review, advice and management of their health care needs. Care recipients have access to a range of health professionals, who visit the home both regularly and when required, to manage individual needs. A physiotherapist and mental health practitioner are contracted to provide assessments and support to care recipients and staff. Staff perform assessments of care recipients’ needs and preferences and refer and follow up with specialist providers in an appropriate and timely manner and carry out care according to instructions. Care recipients said staff refer them to specialists on request and assist them in visiting outside specialists as required.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

There is a system to ensure the safe and correct management of care recipients’ medication. Registered and enrolled nurses administer medications and policies, ‘how to guides’, medication charts and care plans guide staff in the administration of each care recipient’s medications. Medications are stored according to regulatory and manufacturers’ requirements, checking mechanisms are in place and processes ensure consistent supply and disposal of medication. Management monitor the system using audits, documentation of incidents and independent medication reviews. Care recipients who manage their own medications have an assessment process to monitor their ability to safely manage those medications. Care recipients said they are satisfied with the home’s approach to managing their medication requirements.

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

There are processes to ensure care recipients are as free as possible from pain. Staff conduct pain assessments when care recipients move into the home using verbal, non- verbal and behavioural indications of pain. The physiotherapist contributes to pain management and interventions provided by staff and the physiotherapist include medication, massage, heat packs and repositioning. Staff monitor care recipients’ pain, record the use and effects of interventions and strategies used to relieve pain and refer to the medical officer for medical and medication review as required. Management provide education to staff regarding pain management. Care recipients said they are satisfied with staff assistance to manage their 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

Staff provide care recipients with end of life care that ensures their comfort and respects their dignity and cultural requirements. Care recipients and representatives have the opportunity to complete an advanced care plan and a ‘last wishes’ document which detail physical, emotional, cultural and spiritual preferences during the palliative stages. Staff access medical care for care recipients as necessary and make referrals to external services if required to provide additional support. Care includes nursing care and complementary care and care plans include symptom management, comfort measures and psychosocial needs for care recipients. Staff said their approach to care is to maintain comfort and respect for the choices of care recipients during palliative care.

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. When care recipients move into the home staff assess their nutrition and hydration status. Food preferences and special and cultural requirements and levels of assistance needed are recorded and catering staff are informed. Staff weigh care recipients regularly and monitor their weight and food and fluid intake if required. Modified food, fluids and meal supplements are available and staff consult with the medical practitioner and specialists as required to ensure optimal nutritional intake. Care recipients said they are satisfied with the home’s approach to meeting their 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

There are processes to promote care recipients’ skin integrity consistent with their general health. Staff identify risks of incontinence, nutrition and hydration deficits and personal hygiene issues which may impair care recipients’ skin integrity and care plans outline strategies to prevent skin breakdown. Resources and equipment are available including specialised chairs, air mattresses and cushions. Staff assist care recipients with ambulation and position changes when needed, monitor and manage skin tears and wounds, access consultants when required and maintain records of care. Management monitor skin tears, wounds and pressure injuries. Care recipients said they are satisfied with the staff’s approach to maintaining skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

There are processes to ensure care recipients’ continence needs are managed effectively. Staff assess care recipients’ continence needs when they move into the home and consult with care recipients, representatives and medical officers as required regarding any continence issues. Care plans document the level of assistance necessary and aids if required and are regularly reviewed and updated as care recipients’ needs change. There is a process to monitor, audit and manage infections effectively. Continence aids are stored discretely and sufficient supplies are maintained. Staff support and maintain care recipients’ dignity and independence when assisting with their continence management. Care recipients said their continence needs are met and aids are provided as necessary.

2.13 Behavioural management

This expected outcome requires that “the needs of care recipients with challenging behaviours are managed effectively”.

Team’s findings

The home meets this expected outcome

There are processes to ensure the needs of care recipients with challenging behaviours are managed effectively. Staff assess care recipients when they move into the home and identify medical, emotional and cognitive reasons for challenging behaviour and adopt a trauma informed practice model when appropriate. Staff consult with the mental health practitioner, care recipients, representatives and medical officers to understand, recognise and respond to the effects of trauma. Staff develop and regularly review care plans that include triggers for challenging behaviours and strategies to manage episodes. Staff access medical officers and advisory services for care recipients who require additional review and management when required. There are policies, procedures, ‘how to guides’ and resources on care and activities to manage challenging behaviours. Care recipients said they are satisfied with the management of behavioural issues within 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 promote and optimise care recipients’ mobility and dexterity. Care plans include strategies according to care recipients’ identified needs regarding assistance required, aids used, exercise programs, protective equipment and falls prevention and risk management strategies. Staff consult with specialists and allied health professionals where needed to assist with strategies and individual plans. When required, staff provide dexterity aids, such as adaptive cutlery and crockery, and assist care recipients during meal times as needed. Staff follow ‘how to’ guides and procedures when incidents occur where care recipients have fallen. Appropriate transfer equipment is available and staff have manual handling training. Care recipients said staff assist them to achieve optimal mobility and dexterity.

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

There are processes to assist and maintain care recipients’ optimal oral and dental health. Oral and dental care assessments are completed which include individual needs and preferences. Staff monitor care recipients’ oral and dental status and ability to self-manage their oral care, and amend the care plan if changes occur. Staff arrange and facilitate dental and speech pathology appointments as required. Specific strategies are formulated for care recipients with swallowing difficulties, which include texture modified diets, aids and assistance with meals. Care recipients said they are satisfied with the home’s approach to managing 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

There are processes to identify and manage care recipients’ sensory losses. When care recipients move into the home, staff assess their sensory needs to identify a decline or loss. Care plans inform staff on strategies to use when communicating and the approach for the care, application, cleaning and storage of vision and hearing aids. External providers attend the home and review care recipients, and staff arrange and facilitate appointments to relevant specialists outside the home as required. Care recipients said staff assist with their sensory needs.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Management and staff assist care recipients to achieve natural sleep patterns where able. Sleep and retiring assessments contribute to care plan information identifying the care recipients’ natural sleep patterns, bedding and environmental preferences for both day and night rest. To help care recipients sleep, staff ensure they are comfortable, free from pain where possible, noise and light is at a minimum and provide warm drinks, snacks, heat packs and toileting when required. Both medication and non-medication methods are used to promote sleep. Care recipients said the home is quiet at night and they sleep well.

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 actively pursue continuous improvement related to care recipients’ lifestyle. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Recent improvements related to Standard 3 Care recipient lifestyle include:

- With the appointment of a mental health practitioner, management identified the need for a private space for care recipients away from the residential area. Rooms in a detached house on the property were refurbished to include a ‘Retreat Room’ for quiet reflection and private meetings. This has been well utilised by individuals and small groups.
- In response to requests by younger care recipients, management recruited a volunteer from a local spiritual group to conduct ‘mindfulness meditation’ sessions. These were conducted weekly and were initially successful, however, evaluation indicated declining interest over time. The sessions are now on hold but will be reintroduced in the future as required.

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

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

Regulatory compliance relating to Standard 3 Care recipient lifestyle includes:

- Information for care recipients on their rights and responsibilities, security of tenure and privacy and consent issues are contained in handbooks and service agreements.
- The home has appropriate documentation to record incidents of elder abuse and maintains a consolidated register for mandatory reporting matters.
- Policies, procedures and work instructions that comply with privacy legislation and ensure the security and privacy of confidential information.

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 demonstrate staff have the appropriate knowledge and skills to perform their roles in relation to care recipient lifestyle. Refer to expected outcome 1.3 Education and staff development for more information about the home’s systems and processes.

Examples of education related to Standard 3 Care recipient lifestyle include:

- elder abuse
- privacy and dignity
- wellness program.

3.4 Emotional support

This expected outcome requires that "each care recipient receives support in adjusting to life in the new environment and on an ongoing basis".

Team's findings

The home meets this expected outcome

Each care recipient receives support in adjusting to life in the home and on an ongoing basis. Staff assess care recipients' emotional support needs on moving into the home and monitor care recipients' emotional status particularly during the settling in period. As many care recipients transfer from the organisation's community housing program, verbal handover provides additional information about individual emotional support needs. Care recipients and their representatives have opportunity to tour the home and meet with managers prior to moving in and many have established friendships with others living at the home. Family and friends are encouraged to visit and invited to join in recreational activities and meals with care recipients. Care recipients are introduced to others with similar interests and may bring items with them to create a personal space. Pastoral care workers, religious representatives and volunteers provide additional emotional support and care recipients are referred to the mental health practitioner as required. Care recipients said they are satisfied with the support available to promote their emotional well-being.

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

Staff support care recipients to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Staff assess care recipients' individual needs for support on moving into the home and care plans document strategies to maximise independence such as equipment and practical support required. Hand rails, smooth floor surfaces, ramps and adequate lighting support care recipients to move around the home safely and independently. A range of modified equipment is available to enable care recipients to undertake recreational tasks and activities of daily living independently. The activity program includes sessions to assist care recipients' physical, cognitive, sensory and psychosocial function. Outings and visitors to the home support community connection and staff support care recipients to attend community based appointments and activities as preferred. Care recipients have the opportunity to exercise their right to vote if they wish. Care recipients said they are satisfied their independence is encouraged, supported and respected.

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. Care recipients and representatives receive information about the home's privacy policy on moving into the home. The 'Charter of Care Recipients' Rights and Responsibilities' is included in residential agreements and information is on display. Care recipients have their own room with most having their own bathroom.

Staff conduct confidential discussions in private and management facilitate care recipients to meet with their visitors in private as required. Staff refer to care recipients by their preferred name, knock and request permission before entering care recipients' rooms and conduct personal tasks in private. Care recipients or their representatives sign consent for the use, disclosure and display of care recipients' personal information. Care recipients said they are satisfied their privacy and dignity is respected at all times.

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 according to their preferences. In consultation with care recipients and their representatives, the wellness facilitator completes an assessment that provides information about the care recipient's emotional need, relationships, intimacy, stress management and cultural, spiritual, social and community needs. Outcomes inform the development of care plans and an activity plan that links with individual interests and preferences. The wellness facilitator reviews care plans in line with scheduled care review. The activity calendar provides a seven day program that includes group and individual sessions. Sessions include reflexology, music therapy, craft, quizzes, cooking, meditation and weekly outings.

Attendance and evaluation records are maintained and care recipients have opportunity for input through meetings, discussions and improvement requests. Where possible, care recipients are able to bring their pets with them to live in the home and pet care plans are put in place. Care recipients said they are satisfied with the recreational activities available to them and feel they are supported to attend and participate in activities of interest.

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 recognise, respect and value care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds. The wellness facilitator assesses care recipients' cultural and spiritual needs and preferences on moving into the home and these are incorporated into care plans. Religious representatives visit the home and regular services are conducted that are open to all care recipients. Staff support care recipients to connect with their preferred religious representatives and attend community based services if they wish. The home acknowledges and celebrates cultural diversity through cultural days that include costume, music, dance, and culturally specific food. Catering services provide individual meals according to care recipients' cultural and religious requirements.

Multicultural resources are available and interpreters are accessed as required. Care recipients said they are satisfied the home meets their cultural and spiritual needs and respects and values their customs and beliefs.

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

Each care recipient or their representative participates in decisions about the services the care recipient receives and is enabled to exercise choice and control over their lifestyle while not infringing on the rights of others. Care plans document care recipients' choices and preferences in relation to sleep rituals, personal care, health practitioners, food and activities of interest. The home fosters "dignity of risk" supporting care recipients to exercise choice regarding all aspects of their lifestyle at the home. The menu provides broad opportunity for personal selections and staff consult care recipients as a regular aspect of daily care and support. Care recipients said they are satisfied they have opportunity and are encouraged to participate in decision making and express their preferences regarding their care and lifestyle.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients have secure tenure within the home and understand their rights and responsibilities. Management provide information on moving into the home and this is included in the handbook and residential agreement. The Charter of Care Recipients' Rights and

Responsibilities is on display and there is a process of consultation and agreement prior to any change in a care recipient's room. Support is provided if a care recipient chooses alternative accommodation. Care recipients said they understand their rights and responsibilities and are satisfied with the security of their tenure within the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Management actively pursues continuous improvement activities related to the physical environment and safe systems. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

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

- As a result of the chef’s commitment to diverse community groups, the importance of food as a component of wellness and to provide a mainstream activity, the home has introduced a grazing menu in the secure unit and an à la carte menu in the main dining room. Feedback from care recipients and their representatives has been very positive and staff report improvements in care recipients’ weights and nutritional status and further opportunity for choice.
- With increasing numbers of cigarette smokers in the care recipient population and to respect their “dignity of risk”, the designated smoking area was relocated and improved to provide a more comfortable area for smoking and socialising. Management and staff have seen friendships develop and some care recipients are now participating more actively in the activities at the home.

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

There are systems to identify and ensure compliance with relevant regulations to provide a safe and comfortable environment for care recipients and staff. Refer to expected outcome 1.2 Regulatory compliance for more information about the home’s systems and processes.

Regulatory compliance relating to Standard 4 Physical environment and safe systems includes:

- Chemicals are stored appropriately with accompanying safety data sheets.
- Effective monitoring and maintenance of fire and safety regulations occurs.
- Management adheres to occupational health and safety policies.
- The kitchen has a current food safety program and certifications by external authorities.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management demonstrate staff have the appropriate knowledge and skills to perform their roles in relation to the physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for more information about the home’s systems and processes.

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

- manual handling
- fire and emergency warden training
- maintenance of a safe environment – behaviour management

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 actively work to provide a safe and comfortable environment consistent with care recipients' needs. Care recipients are accommodated in single rooms with single or shared bathrooms. The home provides adequate space for dining, relaxation and recreation. Management maintain the environment at a comfortable temperature and security systems support safety. Maintenance staff attend the home five days per week and there is a process for 'after hours' attention if required. Cleaning schedules and maintenance programs ensure the home is kept clean and well maintained. Management monitor the environment through observation, audits, maintenance requests and feedback systems. Care recipients said they 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 actively work to provide a safe working environment that meets regulatory requirements. Management ensure staff are trained in safe practice at orientation and through annual mandatory training. This includes manual handling, infection control, fire and emergency management and chemical handling. Staff have access to appropriate equipment to assist in manual tasks and there are adequate hand washing facilities and supplies of personal protective equipment available. Maintenance systems ensure equipment is regularly inspected, tested and maintained as required. Occupational health and safety is discussed at staff meetings, there is a representative on staff and staff report maintenance issues, hazards and workplace incidents. Staff said they are satisfied they have access to appropriate training, equipment and support and that the environment is managed to minimise workplace risk.

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 that minimise fire, security and emergency risks. Management display evacuation plans, and evacuation kits and emergency procedures are available. External contractors inspect, test and maintain fire detection, isolation and fire-fighting equipment. Fire-fighting equipment is readily accessible and exits are clearly signed. Staff complete fire and emergency response training during orientation and as part of annual mandatory training. There are processes for

updating the care recipients' evacuation list. There are systems to ensure electrical safety, chemicals are safely stored and safety data sheets are current. Security systems and lock down procedures minimise the risk of unauthorised moving into the home. Staff are aware of their responsibilities in an emergency and care recipients said they are satisfied with the safety and security of the environment.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

Management and staff maintain an effective infection control program. The program includes policies, procedures and work instructions, audits, orientation and staff education. There are adequate supplies of personal protective equipment and hand hygiene facilities. Staff collect and trend data on care recipients' infections and implement strategies to resolve and minimise infections. Cleaning, catering, laundry and pest control processes include mechanisms to meet infection control standards and prevent outbreaks. There are appropriate waste and sharps disposal processes, including contaminated waste, and policies, procedures and equipment related to outbreak management. Staff complete education in relation to infection control practices, handwashing assessments and demonstrate awareness and knowledge of contemporary infection control practices relevant to their roles.

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 the staff's working environment. Food is prepared and cooked on site and catering services are provided in line with the home's food safety plan. Care recipients' are offered home-cooked morning and afternoon tea and a hot meal for lunch and dinner. The menu includes a 'dish of the day' plus a selection of seven other main meals that are cooked to order. Care recipients living in the secure unit are also offered a grazing menu across the day that includes finger food. Catering staff ensure individual dietary requirements are accommodated. Staff follow processes for maintaining the cleanliness of the environment, follow cleaning schedules and infection control guidelines. All laundry is managed on site and attended to overnight. There is a labelling service available and care recipient's personal clothing is returned the next day with minimal lost laundry. Hospitality services staff are trained in all areas relevant to their roles and there are adequate supplies of relevant stock and equipment available. Care recipients said they are satisfied with catering, cleaning and laundry services.