



Australian Government

Australian Aged Care Quality Agency

Opal Gillin Park

RACS ID 3327
21-57 Mahoneys Road
WARRNAMBOOL VIC 3280

Approved provider: DPG Services Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 27 October 2018.

We made our decision on 08 September 2015.

The audit was conducted on 04 August 2015 to 05 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

Opal Gillin Park 3327

Approved provider: DPG Services Pty Ltd

Introduction

This is the report of a re-accreditation audit from 04 August 2015 to 05 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 04 August 2015 to 05 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:	Margaret Lett
Team member:	Margaret Edgar

Approved provider details

Approved provider:	DPG Services Pty Ltd
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Details of home

Name of home:	Opal Gillin Park
RACS ID:	3327

Total number of allocated places:	45
Number of care recipients during audit:	44
Number of care recipients receiving high care during audit:	Not applicable
Special needs catered for:	Memory care unit

Street:	21-57 Mahoneys Road
City:	Warrnambool
State:	Victoria
Postcode:	3280
Phone number:	03 5561 2977
Facsimile:	03 5561 2040
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
Facility manager (acting)	1
Nursing and care staff	8
Administration assistant	1
Allied health	1
Care recipients/representatives	14
Hairdresser	1
Environmental and hospitality services	4
Corporate management	4

Sampled documents

Category	Number
Care recipients' files	10
Care recipients' agreements	6
Medication charts	9
Personnel files	8

Other documents reviewed

The team also reviewed:

- Allied health records
- Care recipients' information package and handbook
- Care recipients' survey results
- Catering and dietary records and menu
- Clinical assessments, charts, forms and documentation
- Education records
- Fire and emergency documents and care recipient evacuation list
- Handover and communication documents
- Human resource management documentation

- Incident reports, analysis and trending data
- Maintenance and essential services records
- Material safety data sheets
- Medication management records
- Minutes of meetings and memoranda
- Policies and procedures
- Quality system documentation
- Risk assessments
- Self-assessment for re-accreditation
- Workplace health and safety records.

Observations

The team observed the following:

- Activities in progress
- Charter of care recipients' rights and responsibilities on display
- Emergency equipment, evacuation kit and egress routes
- Equipment, supplies, storage areas and signage
- Information noticeboards
- Interactions between staff and care recipients
- Internal and external living environment
- Medication administration and storage
- Security systems
- Sharps and waste management systems
- Short observation in care recipient dining room.

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 actively pursues continuous improvement across the Accreditation Standards and shows improvements in management, staffing and organisational development. Management, staff, care recipients and other stakeholders have opportunities to contribute to the system by completion of improvement opportunity forms, attendance at meetings, a comments and complaints system and analysis of performance data.

Improvements identified are registered and tracked. Management and staff monitor the performance of these systems through regularly scheduled audits, spot audits, observational checks, incident, hazard and maintenance reporting systems and the reporting and monitoring of key clinical indicators. Management reports results at the quality meeting.

Examples of recent improvement initiatives in relation to Standard 1 Management systems, staffing and organisational development include:

- National office conducted a review of the staffing models across the organisation and have introduced and implemented a standardised roster. The new roster has been accompanied by work flow guidelines. These guidelines specify staff roles and management states they have provided staff with clear instructions.
- Due to the increasing acuity levels of care recipients in the home, management have purchased more shower chairs and over bed tables to meet the needs of care recipients. Management state staff are pleased with the new equipment.
- National office introduced an organisation-wide electronic care system in May 2015. Management state staff have embraced the system and an audit of care recipient files indicates staff are using the care program appropriately.

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’s management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

Corporate managers receive information regarding regulatory compliance through subscriptions to industry bulletins, legislative update services and membership of peak bodies. Corporate managers inform the manager of the home of relevant changes at leadership meetings and by electronic communication. Staff receive information at meetings of changes implemented in organisation-wide processes, memorandum and policy. An audit system ensures continued monitoring of compliance. Management and staff said they are aware of their obligations in relation to regulatory compliance

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

- Care recipients and their representatives received information of the home’s re-accreditation visit.
- The organisation maintains information regarding staff and contractor police checks and statutory declaration documentation.
- Confidential information is stored in an appropriate manner.

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

The organisation promotes a learning and education culture actively encouraging and supporting staff and management to upgrade qualifications and to participate in internal and external education. The staff selection criteria include the identification of staff with the required skills and knowledge to meet position descriptions requirements. There is a system to identify education and training needs using performance appraisals, training needs analysis, stakeholder feedback, quality outcomes, care recipients’ needs and requests from staff. The education calendar offers a range of education opportunities for management and staff including competency assessments, specialist trainers, regular toolbox sessions, self- directed learning packages and mandatory training days. Attendance records and evaluation of education sessions monitor effectiveness. Staff and management said they have opportunities to attend education and the organisation supports their learning and development needs.

Examples of recent education relating to Standard 1 - Management systems, staffing and organisational development include:

- managing comments and complaints
- customer service
- electronic documentation system
- funding tool.

1.4 Comments and complaints

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

Team’s findings

The home meets this expected outcome

Care recipients, their representatives and other stakeholders have access to internal and external complaints mechanisms through information provided in the care recipients’ handbook, an information pack, discussion during orientation to the home, brochures on display within the home and at care recipients’ meetings. Feedback forms and brochures about external complaint mechanisms are available in the foyer of the home. Comments and complaints form part of the continuous improvement system and document review shows issues raised are managed and addressed. Care recipients and representatives are able to raise concerns and identify opportunities for improvement through meetings, satisfaction surveys and informally. Care recipients and representatives state they are aware of how to make a comment or complaint.

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

Management has documented the home's vision, mission and values. These are on display in the home and are also found on documentation which is distributed to stakeholders.

Management has documented the home's commitment to quality within the values statement.

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

Management demonstrates there are sufficient and skilled staff to ensure delivery of services in accordance with the Accreditation Standards. Management interview new staff for their positions and requires them to provide evidence of their qualifications and ongoing suitability to work in aged care. Position descriptions document the skill requirements of the role. An orientation program ensures new and temporary staff are able to undertake their duties. An appraisal system assists management to monitor staff skills/training needs. Management monitor care recipients' needs and rosters to ensure adequacy of staff numbers. Staff state they are able to complete their duties in the time allocated. Care recipients state there are enough staff rostered to meet their needs.

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 demonstrates systems to ensure sufficient and appropriate goods and equipment are available for quality service delivery. Organisational and site personnel monitor stock levels and ordering processes ensure there is adequate stock available. Processes include the use of preferred suppliers, stock rotation, imprest, and inventory and asset systems. The preventative maintenance and electrical testing programs ensure all equipment, including care recipients' mobility aids, is routinely checked and maintained in good condition. Equipment, supplies and chemicals are stored securely and correctly with access restricted to authorised personnel. New equipment is trialled, evaluated on site or through the organisation and staff receive relevant education. Care recipients, representatives and staff are satisfied with the availability of appropriate goods and 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

The home has an effective information management system. The service has an information technology department which provides support to staff on site and backs up information.

Care recipients' clinical and lifestyle information is appropriately managed, primarily in an electronic format, and staff sign a confidentiality agreement when they commence work at the home. Staff receive information electronically, in hard copy through policy documents and through meeting attendance, memoranda, noticeboards and care recipient care documentation. Care recipients and their representatives receive a handbook on entry to the home and a quarterly newsletter sent by head office which keeps them informed. Signage within the home assists care recipients to orientate themselves and they are able to attend regular care recipient and representatives' meetings. Care recipients state management and staff keep them informed.

1.9 External services

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

Team's findings

The home meets this expected outcome

Management ensure the provision of externally sourced services occurs in a way that meets the residential care service's needs and service quality goals. The organisation maintains registration and insurance information of service providers. A service contract specifies terms and conditions, service requirements and protocols for contract review. Processes ensure contractors abide by legislative requirements pertinent to their role. Management monitor satisfaction with external service provision through a variety of mechanisms including observation, stakeholder feedback and audits. Care recipients, representatives and staff are satisfied with the quality of external services provided at the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation actively pursues continuous improvement in care recipients' health and personal care. Processes to monitor performance in this standard include file and chart audits, care recipients surveys and spot checks.

Examples of recent improvement initiatives in relation to Standard 2 Health and personal care include:

- The Facility Manager observed care recipients' tooth brushes were not being changed on a regular basis. Tooth brushes are now replaced on a seasonal basis. Management state better oral health will result from this initiative.
- As a result of the change in the staffing model management have introduced the option of care recipients being palliated within the home instead of being transferred to another facility. Staff training, the introduction of end of life care plans and the development of a palliative care box have now enabled the home to offer palliative care. Management state this has provided care recipients and their representatives with the option of care recipients being cared for within their home.
- Due to the increasing acuity level of care recipients and the employment of registered nurses management have recognised the management of medications including scheduled medications needed to be changed. Management states staff education, the introduction of six month medication charts, a program of auditing storage and a review in policy have resulted in a more rigorous and safer medication system.

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 has a system to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to health and personal care. Monitoring systems to ensure compliance with regulatory requirements include audits, incident, near miss and hazard reporting and observation of the environment by staff and management.

For details regarding the organisation’s system, refer to expected outcome 1.2 Regulatory compliance.

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

- Management maintain evidence of the professional registrations of staff.
- Staff have access to organisational policy for the management of unexplained absences of care recipients and incident reporting.
- Medications are stored appropriately.

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 has systems to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to care recipients’ health and personal care. Staff are satisfied with the education available in relation to health and personal care. Refer to expected outcome 1.3 Education and staff development for further information regarding the home’s education systems.

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

- skin and wound care
- falls prevention
- the palliative approach
- colostomy care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients receive clinical care appropriate to their needs and preferences. Entry and initial assessment information provides the basis for an interim care plan until assessments and care plans are completed. Care plans reflect assessments and care recipients’ preferences and include input from other health professionals. Registered nurses comprehensively review care plans three monthly and complete weekly summaries outlining the care recipients’ health status and any medical review or changes in care. Audits, clinical data review, incident report analysis and stakeholder feedback monitor clinical care. Staff described care recipients’ needs and preferences and satisfaction with the clinical education offered. Care recipients and representatives are satisfied with the clinical care and consultation provided for care recipients.

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

Information obtained on entry, assessment and care planning systems ensure the identification of care recipients’ specialised nursing care requirements. Care plans detail specialised nursing needs and interventions to manage care and show regular evaluation by qualified staff. Visiting preferred specialists and other health professionals provide timely care and support. Specialist equipment is available and the education program provides staff with opportunities to develop specialised skills and knowledge. Care reviews, audits, clinical data analysis and stakeholder feedback monitor the effectiveness of care. Care recipients and representatives are satisfied with the specialist care provided for care recipients.

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 can access health specialists according to their needs and preferences. Care recipients and staff receive information about available health professionals and complementary services, assisting care recipients and representatives to make informed choices. Medical review and clinical assessments ensure nursing staff continue to identify care recipients’ specialist needs and generate referrals as required. Progress notes and care plans include prescribed treatment and outcomes of referrals. Audits and care reviews monitor outcomes of referrals. Care recipients are satisfied with the assistance they receive to access other health specialists.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Policies and procedures provide guidance to staff for the safe and correct management of medication. Registered nurses manage medication systems and staff administering medications complete medication based competencies. Medication records document relevant information including identification details, medication requirements, preferences, allergies and details of any special needs. Medication policies and procedures include processes for care recipients who wish to self-manage all or part of their medications.

Medications are stored securely within legislative guidelines and there are procedures to maintain supply and for the disposal of unused medications. Management monitor medication administration by audits, incident data analysis and staff competency completion. Care recipients and representatives are satisfied with care recipients’ medication management.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Care strategies and comfort measures assist care recipients to be as free as possible from pain. Nursing staff complete initial pain assessments, identifying care recipients past and current pain experiences, and commence appropriate treatments. Assessment tools include consideration for care recipients who are unable to verbalise their pain. Pain relieving measures include a pain management program implemented by the physiotherapist, massage, heat treatment and medication. Management monitor effectiveness using care reviews, medication reviews, audits and feedback. Staff described their role in pain management, including the identification, reporting and monitoring of pain. Care recipients and representatives said they are satisfied with the management of care recipients’ 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

Care management systems and staff practices ensure the dignity and comfort for care recipients nearing the end of their life. Palliative care preferences are included in assessment and care planning and care recipients can complete advanced care plan detailing wishes and preferences for end of life. Palliative specialists provide advice and support as required.

When indicated, staff review care plans to ensure care aligns with care recipients’ wishes and includes consideration of comfort, pain and symptom management, spiritual and emotional care. Staff said supporting care recipients and representatives at this time is an important part

of their palliative care role. Care recipients and representatives expressed satisfaction with the consultation regarding care recipients end of life wishes.

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. Processes ensure staff identify care recipients' nutrition and hydration needs and communicate dietary information to the kitchen. Assessments and care plans identify food allergies, clinical requirements, personal and cultural preferences and the level of assistance required. Nutritional strategies include provision of specialised diets and fluids, texture modified meals, dietary supplements, adaptive cutlery and crockery and, when necessary, referral to dietary and speech specialists. Mealtime protocols enhance care recipients dining environment and the enjoyment of their meals. Monitoring of nutrition and hydration occurs through audits, weight analysis and stakeholder feedback. Care recipients and representatives said they appreciate the variety and choices at meal times available to care recipients.

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. Initial and ongoing skin assessments identify care recipients' skin care needs and staff use this information to develop care plans. Management ensure staff have access to appropriate pressure relieving equipment, wound care products and skin care aids, based on care recipients' assessed needs. Qualified staff manage wound care, detailing care and evaluation on a wound chart and referring care recipients to wound care specialists if required. Audits, incident and care plan reviews and care recipient feedback monitor the effectiveness of care. Representatives and care recipients are satisfied with the care provided in relation to care recipients' skin care management.

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 receive appropriate continence care to effectively manage their continence experience. Assessments identify continence history, mobility, nutritional and hydration issues and the need for aids. Processes include continence assessments, management plans, the supply of appropriate aids and regular continence care review. Staff monitor infections and implement appropriate management strategies. Nutrition plans include dietary measures for effective bowel management. Care plan review and program evaluation includes monitoring of

infection data, suitability of aids and stakeholder feedback. Care recipients and representatives are satisfied staff manage care recipients' continence issues discreetly and respectfully.

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 management of care recipients with challenging behaviours is effective. Staff assess care recipients' behaviour patterns on entry to the home, completing additional monitoring and review as required. Care plans detail identified behaviours, triggers to the behaviours and effective management strategies. Referrals to behavioural management specialists occur when necessary. Care recipients have access to a variety of living spaces including a designated memory support unit. Monitoring methods include surveys, audits of incidents associated with behaviours, care reviews and stakeholder feedback. Care recipients and representatives are satisfied with the management of care recipients' 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

Assessment and care plan processes support care recipients to maintain their mobility and dexterity skills and participate in activities of daily life according to their capabilities. Nursing staff complete assessments for mobility, transfer, dexterity and falls risk and refer care recipients to the physiotherapist when required. Care plans include strategies to promote independence and minimise fall risks. Appropriate transfer equipment, assistive devices and mobile chairs are available. Education programs provide training for incident management, manual handling and safe transfer techniques. Management monitor care using audits of incidents, care plan reviews, observation and stakeholder feedback. Care recipients and representatives are satisfied with the care provided to maintain care recipients' 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

Assessment and care planning processes assist care recipients to maintain their oral and dental health. Care plans include details of care recipients' preferred routines, products to use and the level of assistance required. Staff assist care recipients to access dental professionals and the referral process ensures the effective management of urgent care. Staff review dental care plans and replace dental care equipment regularly. Management monitors care recipients'

dental care using care plan reviews, audits and staff feedback. Care recipients and representatives said they were satisfied with the dental care opportunities available.

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

Assessment and care planning processes enable staff to assess each care recipient for sensory losses. Sensory assessments include vision, hearing, smell, taste, touch, communication, and cognitive abilities. Nursing staff develop a sensory management care plan detailing degree of assistance required, care of aids and strategies to optimise sensory function. Staff assist with referrals to specialists such as audiologists, optometrists or other services. The environment is light with clear signage, wide corridors and accessible garden areas. Evaluation occurs through care plan reviews, audits and stakeholder consultation.

Care recipients and representatives are satisfied with the management of care recipients’ 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

Staff support care recipients to rest and sleep according to their preferred sleep patterns. Observation, assessments and feedback processes contribute to the identification of care recipients’ individual preferences and sleep requirements. Care plans strategies include comfort measures to promote sleep, individual rituals, and preferences for day rest, retiring and waking. Staff encourage natural sleep patterns by meeting care recipients’ environmental needs, pain management requirements and continence care. Management monitor the night time environment and care recipient satisfaction using handover, audits, care plan review and stakeholder consultation. Care recipients are satisfied with the care they receive in relation to their sleep and rest requirements.

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 organisation actively pursues continuous improvement in care recipients’ lifestyle. Processes to monitor performance in this standard include audits, care recipient meetings and surveys and spot checks.

Examples of recent improvement initiatives in relation to Standard 3 Care recipient lifestyle include:

- Management introduced sympathy cards to enable care recipients to express their sympathy to family members of deceased friends. Care recipients now have an opportunity to express condolences.
- Care recipients are no longer able to walk to a local coffee shop. As a result the lifestyle program has introduced a ‘coffee at Gillin Park’ morning twice a week. This is a popular event which enables more care recipients to attend.
- Lifestyle staff assist a group of care recipients who make craft goods and use the proceeds to donate to nominated local charities. Local organisations benefit and care recipients enjoy being able to continue to contribute to the community.

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

Management has a system to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to care recipient lifestyle. Monitoring systems to ensure compliance with regulatory requirements include audits, an annual care recipient survey and management observation of the environment. For details regarding the organisation’s system, refer to expected outcome 1.2 Regulatory compliance.

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

- Management offers a residential agreement to care recipients.
- The ‘Charter of care recipients’ rights and responsibilities’ is displayed and information regarding advocacy services is available in the home.
- The organisation has processes to manage compulsory reporting obligations in relation to elder abuse. Management have a consolidated reporting register.

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 provides staff with education opportunities to enhance their skills and knowledge in relation to care recipients’ lifestyle, choices and rights. Refer to expected outcome 1.3 Education and staff development for information regarding the home’s education systems.

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

- security of tenure
- privacy and dignity
- choice and decision making
- compulsory reporting.

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 new environment and on an ongoing basis. Care recipients receive an information pack to assist them in preparing for their change in lifestyle prior to their entry into the home. Staff orientate new care recipients to the home and they are gradually introduced to the ongoing routines of the home and to other care recipients. The assessment of care recipients' ongoing emotional support need is undertaken and referral to other health practitioners occurs if there is an assessed need.

Care recipients and their representatives' state they received assistance to adjust to life in the home and staff are supportive of them.

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 their maximum independence and to maintain friendships and participate in the life of the home and community. An assessment of care recipients occurs on entry to the home and care plans are written. Staff review these at regular intervals. The lifestyle and physiotherapy programs assist care recipients to maintain their physical and emotional independence. Environmental audits and environmental modification ensure the home environment assists care recipients to maintain their independence. Care recipients have access to small lounge areas where they can converse with both visitors and other care recipients. Care recipients state staff assist them to maintain their independence and friendships and are provided with support to access the community.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff maintain the dignity, privacy and confidentiality of each care recipient. Care recipients and their representatives receive information of their rights to privacy and confidentiality on entry to the home in the written agreement and in the charter of rights on display. Management stores care recipient Information in a secure manner and controls computer access. An archiving system and policy support appropriate systems management. Staff are required to agree to maintain care recipients confidentiality when they commence employment at the home. Staff practices include knocking on care recipients' doors prior to

entering and calling care recipients by their preferred name. Care recipients confirm management and staff maintain their privacy, dignity and individual needs and preferences.

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 confirm they are encouraged and supported to participate in a range of interests and activities of interest to them. Staff assess care recipients' interests and activity needs and document these when they enter the home. A program developed by the lifestyle staff and offering individual and group activities is on display within the home. Each care recipient receives a copy of the calendar. Regular audits monitor the lifestyle program and carer input occurs at the regularly held care recipient and representatives meetings. Care recipients state they are able to participate in activities when they chose.

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

Care recipients confirm they are satisfied their individual interests, customs, beliefs and cultural and ethnic background are valued by staff of the home. The lifestyle program assists care recipients to maintain their cultural and spiritual needs. Cultural care information is available for staff to access. The spiritual life of care recipients receives support by access to weekly denominational services and the celebration of religious events including Christmas and Easter. Cultural activities included the commemoration of important events, including Anzac day, attendance at concerts and the preparation of special foods.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Management and staff demonstrate respect for the rights of care recipients to make decisions and exercise choice. Information on care recipients' rights is on display in the home, provided in brochures and written in the care recipient handbook. Care recipient decision-making is encouraged through care recipients maintaining their right to vote in elections and through making individual choices regarding participating in activities, clothing and personal care. During entry to the home the name of the care recipient's contact person or, where the care recipient is not able to make decisions for themselves, their representative is documented. Staff invite care recipients to attend and participate in the care recipient and representatives'

meetings. Care recipients confirmed they are able to make these choices and are aware of their rights.

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 provides a handbook and information prior to entry into the home and offers a residential agreement which contains a statement about their rights and responsibilities to new care recipient when they enter the home. The handbook provides information on fees, the complaints process and security of tenure. Care recipients or their representative acknowledge the handbook when they sign the agreement. In addition, brochures and posters within the home display information about care recipients' rights, privacy and advocacy services. Management consult care recipients and their representatives if a change in a care recipient's room is under consideration. Care recipients and representatives expressed satisfaction with the security of care recipient tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The organisation actively pursues continuous improvement in the physical environment and safe systems. Processes to monitor performance in this standard include audits, third party audits, care recipients surveys and spot checks.

Examples of recent improvement initiatives in relation to Standard 4 Physical environment and safe systems include:

- Following a national office project to improve care recipients’ dining experience and care recipient feedback a chef has commenced at the home and all meals are now prepared and cooked fresh on site. This has provided more choice for care recipients. Care recipient feedback indicates they are very happy with the change.
- A national office project to improve care recipients’ dining experience has included the use of table cloths and napkins. Staff education regarding the new service expectations and a new menu has assisted to improve the experience. Care recipient feedback indicates they are very happy with the change.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Management has a system to identify and meet regulatory compliance obligations in relation to the physical environment and safe systems. Monitoring systems to ensure compliance with regulatory requirements include audits conducted internally and by third party providers, and incident, near miss and hazard reporting. For a description of the system, refer to expected outcome 1.2 Regulatory compliance.

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

- Management ensure fire equipment is maintained and staff have fire and evacuation training.
- Staff have access to an occupational health and safety system.
- Chemical storage is secure and current material safety data sheets are available.
- The home has a food safety plan and a third party audit of catering services occur.

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 participate in education regarding safe physical environment and safe systems. Staff confirmed completion of mandatory emergency response education and demonstrated knowledge of their role and responsibilities. Refer to expected outcome 1.3 Education and staff development for information regarding the home’s education systems.

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

- infection control and hand hygiene
- outbreak management
- chemical use
- food safety
- manual handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide a safe and comfortable environment. Care recipients live in spacious single rooms with private ensuites and can individualise their rooms with personal and favourite items. There are comfortable, well-maintained dining and lounge and communal areas with sufficient and appropriate furniture. The maintenance program and security systems ensure the building is well maintained and safe. Staff follow security processes in the evening, checking doors, windows and care recipients' environment. Management monitor the environmental safety and comfort using audits, call bell response monitoring, care recipient and representative feedback and observation. Care recipients and their representatives are satisfied with the comfort and safety of the environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management and staff demonstrate they actively work to provide a safe working environment consistent with the organisation's policy, regulatory requirements and industry guidelines.

Staff orientation includes employee health and safety responsibilities, manual handling and infection control. There is an elected workplace safety representative who has attended the relevant education. Regular maintenance and inspections ensure equipment remains appropriate and safe for use. Hazardous substances and chemicals are stored safely with current material safety data sheets. Risk assessments audits and incident and hazard reporting monitor the safety of the work environment. Staff are aware of their workplace health and safety responsibilities and are satisfied management are providing them with a safe workplace.

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 minimise fire, security and other emergency risks. Maintenance systems and qualified external contractors provide the service and ensure proper function of emergency and firefighting equipment and fire detection systems. Site evacuation plans, including emergency assembly areas, are on display. Emergency exits are clearly marked and sufficient to facilitate the transfer of care recipients to an evacuation area if necessary. Keypad locks on entry doors automatically release in the event of an emergency.

Staff participate in annual fire safety and emergency training and management monitor staff attendance. Staff and care recipients demonstrated appropriate knowledge of their role during an emergency.

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 demonstrates it has an effective infection control program. Staff have access to infection control policy and receive infection control education. A food safety program and cleaning schedules guide staff practices. Resources, including an outbreak kit, blood spills kit and hand washing facilities assist staff in maintaining safe practices. Monitoring practices, including environmental audits, also occur on a regular basis within the home. Management collates statistics of infection types and reviews and uses analysed results to assist in the maintenance of an effective infection control program. Infection waste bins are available and pest control takes place within the home. Care recipients receive immunization by their general practitioner where applicable. Staff said they are encouraged to have annual influenza immunizations and management monitors their adherence to infection control guidelines.

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

Care recipients verify the home's hospitality services are provided in a way which enhances their quality of life. Catering services are provided by in-house staff who receive training relevant to their position. A dietitian reviews the menu and care recipients have choice within the menu. The catering staff provide food services in accordance with the food safety plan. The kitchen is registered and is audited by an independent authority. The laundry has a clean and a dirty area, personal protective equipment is available and there is a cleaning program. Care staff wash care recipients' personal laundry and return care recipients' clothing to their room. An external service provider launders flat linen. Staff undertake a facility-wide cleaning program and attend appropriate training. The home was observed to be clean.