



Australian Government

Australian Aged Care Quality Agency

Resthaven Leabrook

RACS ID 6806
336 Kensington Road
LEABROOK SA 5068

Approved provider: Resthaven 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 five years until 15 April 2020.

We made our decision on 18 February 2015.

The audit was conducted on 19 January 2015 to 21 January 2015. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome	Quality Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

Expected outcome	Quality Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Resident lifestyle

Principle:

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

Expected outcome	Quality Agency decision
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 Resident security of tenure and responsibilities	Met

Standard 4: Physical environment and safe systems

Principle:

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Resthaven Leabrook 6806

Approved provider: Resthaven Inc

Introduction

This is the report of a re-accreditation audit from 19 January 2015 to 21 January 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 19 January 2015 to 21 January 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of three 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:	Diane Mogie
Team member:	Melanie Hulme Philomena Mitolo

Approved provider details

Approved provider:	Resthaven Inc
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Details of home

Name of home:	Resthaven Leabrook
RACS ID:	6806

Total number of allocated places:	108
Number of care recipients during audit:	104
Number of care recipients receiving high care during audit:	96
Special needs catered for:	People with dementia or related disorders.

Street:	336 Kensington Road
City:	LEABROOK
State:	SA
Postcode:	5068
Phone number:	08 8332 4333
Facsimile:	08 8431 1589
E-mail address:	leabrook@resthaven.asn.au

Audit trail

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

Interviews

Category	Number
Management	5
Clinical/care/lifestyle	11
Administration staff	1
Care recipients/representatives	11
Hospitality and environmental staff	6

Sampled documents

Category	Number
Clinical assessments/care plans/progress notes	6
Lifestyle assessments/care plans/progress notes	6
Medication charts	11

Other documents reviewed

The team also reviewed:

- Action plans
- Archiving register
- Asbestos inspection report/register
- Audits/surveys
- Business continuity plans
- Clinical monitoring tools
- Cleaning schedules
- Comments and complaints data
- Communication diaries
- Dietitian review
- Drugs of dependency records
- Education schedule and records

- Emergency procedures/fire drills/evacuation plans
- Feedback forms
- Food safety audit report/plan
- Handover records
- Hazard and incident data
- Infection control data
- Job descriptions/duty statements
- Lifestyle activity evaluations
- Memorandum
- Menu/modified dietary guide
- Obligatory register
- Orientation and induction processes
- Pest control
- Police certificates/ staff qualifications/appraisals
- Preventive and scheduled maintenance records
- Quality activity reports
- Quality improvement plan
- Resident newsletters/handbook
- Restraint assessments
- Risk assessments
- Safety data sheets
- Schedule 4 & 8 licence
- Self- administration of medications assessments
- Smoking assessment
- Staff rosters/staff handbook
- Temperature monitoring records
- The home's self- assessment
- Triennial fire certificate

- Various audits and reports
- Various meeting minutes
- Various policies, procedures and flow charts
- Welcome pack
- Workplace, health and safety reports
- Wound management and data

Observations

The team observed the following:

- Accreditation notice on display
- Activities in progress
- Archiving and storage of information
- Care recipients assisted with meals
- Charter of resident rights and responsibilities
- Chemical storage
- Cleaning in progress
- Emergency exits/evacuation plans/ assembly areas
- Equipment and supply storage areas
- Interactions between staff and care recipients
- Internal and external advocacy information
- Keypad security/wandering alarms
- Living environment/work areas
- Medication imprest system/storage/administration
- Notice boards and information displayed
- Outbreak trolleys/antibacterial gel
- Palliative care equipment
- Short observation during meal service
- Statement/purpose and values displayed.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home actively pursues continuous improvement which is guided by the corporate strategic plan and improvements are identified corporately and at the local site. The home has a planned approach in identifying improvement opportunities and monitors their performance against the Accreditation Standards. The home identifies improvements through gathering information from stakeholders, audits, surveys, and resident annual focus groups, feedback forms from staff, care recipients and representatives, comments and complaint processes, and hazard and incident reporting. This information is collated, reviewed and analysed to identify improvements. The results of the identified improvements are discussed at the Quality Work Health and Safety committees meetings. Continuous improvement is a standing agenda item at staff and care recipient meetings and updates are provided to both parties via newsletters. Monitoring of improvements occurs through action plans, continuous improvement reports, corporate and management meetings, audits, accident and hazard reporting and analysis of incidents. Results show care recipients and staff have input into the continuous improvement system and are satisfied improvements are initiated and they are able to provide feedback regarding identified improvements. Care recipients and staff said they are satisfied the home actively pursues continuous improvement.

Examples of recent improvements relating to Standard One Management systems, staffing and organisational development include:

- Management identified the need to review staffing requirements in the hospitality area. A review of staffing hours identified the site was below the benchmark for staffing hours in the kitchen, resulting in an assistant cook and kitchen hand positions created. A review of duty statements and delegation of tasks was completed. Staff said this has improved work flow and staff are able to complete tasks in the allocated time frames. Management said this has resulted in the cook using less processed food and they have received positive feedback from care recipients regarding the improved menu.
- Redevelopment of the site was completed in October 2014, which consisted of construction of a three storey building, refurbishment of all areas, including extending capacity to accommodate care recipients with higher care needs in single rooms with ensuites, and a new chapel. New equipment was supplied, including the purchase of fourteen electric beds. Management said this has also assisted the home to support care recipients with cognitive impairment into moving into new areas of the home, providing

increased support in their environment and has resulted in a reduction in behaviours of concern. Care recipients are very complimentary regarding their new environment and said they were very well supported throughout the building process and the move into their new accommodation.

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 home has systems in place to ensure the organisation is compliant with all relevant legislation and regulatory requirements and all staff have access to professional standards and guidelines. Corporate services provide the home with regular updates in relation to their legislative requirements; these are received from advisory groups, government agencies, and industry peak bodies including government agencies. Staff are provided with these updates through meetings, newsletters and emails and requirements are implemented through new or revised work schedules, protocols and guidelines. All staff have legislative requirements identified in their job descriptions and legislative requirements are identified as a standing agenda items in all board, executive, corporate, staff and care recipient meetings. Corporate services ensure managers also provide staff and care recipients with updated legislation information through newsletters, memos and emails. Requirements are also implemented through new or revised work schedules, protocols and guidelines. Monitoring of staff awareness and compliance with relevant legislation occurs through performance appraisals, competency assessments, training modules and education provided. Results show staff are aware of their responsibilities in relation to the legislative requirements across the accreditation standards. Staff said they receive updates through regular meetings, staff newsletters, emails and memorandum.

The home was able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard 1.

- Police certificate checks are completed for all staff and volunteers.
- Care recipients and representatives are informed of the re-accreditation audit via letters, meetings and notices displayed.

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 home’s education and staff development program is based on the teaching and research in aged care model to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. A range of staff development dates are held throughout the year specifically tailored to employees. A program manager, middle manager and program coordinator development program is offered to all relevant employees. A leadership development initiative with selected supervisors is aligned to an evidence based leadership

capability framework. Mandatory and required education for all employee groups is monitored by both corporate and site management with reports generated to ensure compliance. An annual development needs analysis is undertaken by corporate office to formulate an education program in response to legislative and mandatory requirements as well as themed education in response to comments and complaints, care requirements, staff feedback and audit results. External and internal educators deliver education sessions with attendance records maintained and evaluated to monitor the effectiveness of topics covered. Results show staff attend a variety of training sessions provided by the home. Education programs are well attended. Staff said they have input into the education program and their needs are met. Care recipients and representatives said they are satisfied staff have the skills and knowledge to perform their role.

Examples of education and training provided over the last 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Understanding accreditation
- Customer service
- Leadership for middle management

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

The home has systems for managing formal and informal complaints guided by policies and procedures. Information is accessible to care recipients/representatives and other interested parties on internal and external complaints processes through the resident agreement, and information booklet, newsletter and discussed at various meetings on-site. The home has a system for care recipients' to lodge concerns or suggestions in a confidential manner. Care recipients have access to external complaints brochures accessible in different languages. Other avenues are through annual resident focus groups, corporate and local surveys and site lifestyle programs. Staff are informed about care recipients' rights and responsibilities on induction and through staff meetings and are directed to respond to comments and complaints as guided by policies and procedures. Compliments and complaints are recorded in a centrally managed database where reports identify trends. Formal reporting on compliments and complaints is undertaken at a corporate level. This report is tabled at the Corporate Quality, Work Health and Safety review committee and the Executive Manager Residential services tables the report at the Residential Managers meeting. Monitoring occurs at individual sites and centrally and Residential Managers submit a monthly management report to senior management. Results show management are aware of concerns raised and concerns are followed up and managed effectively. Staff said they are aware of feedback processes and they receive feedback from management regarding any concerns they raise. Care recipients and representatives are satisfied any concerns they raise are managed effectively.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has a documented purpose and values statement to reflect Resthaven's vision, values, philosophy, objectives and commitment to quality. The organisation strategic plan sets out parameters for a five year period up to 2015 and is currently undergoing a review. Care recipients have access to this information which is documented in the resident handbook, displayed at the home and on Resthaven's website. Resthaven's purpose and values are presented to staff at induction and documented in staff handbooks, newsletter and in the volunteer's handbook. Resthaven's purpose and values are regularly discussed at senior and middle manager's meeting and within the leadership development program.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has systems in place to recruit and manage development of staff to ensure there are appropriately skilled and qualified staff to ensure delivery of residential care services.

Corporate policies and procedures direct recruitment, performance management and staff development. A centrally managed electronic 'recruit online' program is used to manage and track all employment applications. The corporate human resource team organise a fitness for work assessment and police clearance for all new staff and volunteers with renewal of police certificate and monitoring of visa restrictions managed centrally and on-site. Registration of qualified staff is monitored centrally and on-site with processes in place to identify when renewals are due. Job descriptions are maintained via a centrally controlled register and accessible to all staff via the intranet. Orientation and induction for new site staff is supported by the strategic plan funded hours under the 'buddy shift' orientation program and nurse shortage strategy. Staffing hours are responsive to care recipients' needs and adjusted to meet service delivery and there are established links with various labour hire agencies. A corporate annual learning and development needs analysis identifies training need requirements. Additional organisational development funds can be applied for external education opportunities. Staff competencies are completed by relevant staff. Corporate audits for each site are undertaken by human resource staff to monitor compliance with corporate requirements. Other monitoring process includes staff and care recipient feedback, comments and complaints and observation of staff practice as well as an annual or biennial appraisal monitored on-site and centrally. Results show staff have access to job descriptions and duty statements to guide them in their role. Staff said they have enough time to complete their duties and this assists them in delivering care to meet care recipients' needs and preferences. Care recipients and representatives are satisfied staff are appropriately skilled and qualified to ensure care and services are delivered.

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

The home has access to corporate policies and procedures to direct staff in managing equipment, supplies, contractors and maintenance to provide stocks of appropriate goods and equipment for quality service delivery. Formal tender and contract management processes are in place and managed corporately. The corporate procurement committee is responsible for reviewing contract management, purchasing processes and standardisation of procurement. New equipment is trialled, risk assessed and evaluated by users prior to use to check fit for purpose. Supply of clinical equipment is managed corporately as well as locally. Preferred supplier lists and purchasing contracts are used for major suppliers.

Imprest systems for medical and clinical supplies are monitored locally and an asset register is maintained corporately. A preventative maintenance system ensures repairs are conducted to plant and equipment that is fit and appropriate for use. Quarterly meetings are held at sites with individual managers and coordinator housekeeping services, site maintenance person, manager corporate services and manager of maintenance to ensure systems are in place for the overall maintenance of the site, identification of any issues, and including monitoring compliance with the preventative maintenance schedule. Regular site inspections, audits, preventative and scheduled maintenance records and feedback from staff and care recipients monitor compliance. Results show there are effective systems to ensure staff and care recipients have access to regular supplies of stock and equipment to meet care recipients' needs and preferences. Staff said they provide feedback when new equipment is trialled. Care recipients and representatives are satisfied care recipients have access to appropriate equipment and goods.

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's information technology needs are managed corporately and guided by a corporate strategic information technology plan. Information is available to care recipients and representatives via Resthaven's website, brochures, newsletters, meetings, notice boards, resident agreements and handbooks. Staff are guided by policies and procedures which are available on both a computerised and hard copy system. An electronic clinical and lifestyle management system is in place. Computerised systems are password protected with privilege restriction and permission access restricted to users with systems in place to monitor compliance of users. Changes to policies and procedures are managed corporately and notification of changes advised via the email system, via Restnet (intranet) and also reported at site Quality Work Health and Safety meetings. Scheduled audit programs and meetings are managed corporately and on-site. A user group reviews the efficiency of the computerised systems to ensure accurate information is collected and recorded to support care delivery. A corporate obligatory report register is maintained as well as a site specific register. An archiving management system supports legislative requirement for the retention, archiving and destruction of documents. Effective information system monitoring occurs through focus group

feedback, comments and complaints, audits, staff and care recipients/representative feedback. Results show there is effective communication and information management systems to ensure all parties are informed of any changes relating to care recipients' care and well-being. Staff said they have access to current information in all aspects of their role. Care recipients and representatives said they are kept well informed by the home through verbal and written communication and have access to information when needed.

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

External contractors are managed and organised corporately to meet the residential care service's needs and service quality goals. Contracts are signed with external contractors detailing the expectations relating to service provision and performance and reviewed periodically. All contractors registered undertake an induction program via 'Rapid Induct' which includes the requirements for provision of job safety analysis for the services or work being provided. Performance is monitored through feedback from staff, care recipients/representatives, annual focus group meetings, surveys, and comments and complaints and audits. A contractors log is used to monitor when contractors are on-site.

Results show external contractors are monitored to ensure their service meets the homes needs and quality goals. Staff are aware of processes to ensure contractors are inducted and monitored as per the homes process. Care recipients and representatives are satisfied external services are managed effectively to meet care recipients' needs and preferences.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

In relation to Standard 2 Health and personal care, staff record care recipient falls, skin tears, medication incidents, behavioural incidents and infections and this information is collated and analysed for trends. Care recipients, representatives and staff said they are satisfied that the home actively promotes and improves care recipients' physical and mental health.

Examples of improvements related to Standard 2 Health and personal care implemented by the home over the last 12 months include:

- The care coordinator identified an improvement in the administration of insulin management to ensure staff rotated the injection site for care recipients to assist in effective medication administration and the comfort needs of care recipients. Medication stickers were developed to indicate to staff the area of the abdomen required to be injected. A body chart was developed with a clock face identified on the sticker for staff to follow and this was placed in the medication chart as guide for staff. Staff record the site of injection following each administration of the insulin medication. Staff said this has improved practice and the injection site is rotated and care recipients said they have experienced less discomfort and bruising following the administration of the medication.
- Senior clinical staff identified directions relating to care recipients care were not always effectively relayed or adhered to during handover. A carer's shower/ room check list was developed and this includes monitoring of standard of grooming, hearing aids and monitoring of oral care and if the care recipients' room is clean and tidy. A care recipient from each area is monitored on a daily basis by the registered nurse on duty. Management said these audits have identified a marked improvement in care recipients' appearance and room cleanliness.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care and regulatory compliance examples the home was able to demonstrate are:

- Schedule 4 and schedule 8 medication licences are maintained.
- Management of unexplained absences for care recipients and mandatory reporting procedures.
- A record is kept of the current registration of qualified staff.

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

Refer to expected outcome 1.3 Education and staff development for information related to the home’s processes for education and staff development.

Examples of education and training provided over the last 12 months in relation to Standard 2 Health and personal care include:

- Medication management competencies
- Managing behaviours of concern
- Dementia problem solving workshop

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients receive clinical care that is appropriate to their individual needs and preferences. Assessment processes, risk assessments and regular care evaluations are completed on an ongoing basis to identify and assist care planning needs for care recipients’ individual health, personal care needs and preferences. These

requirements are documented in electronic care plans, medication charts, and observations charts as required. Registered staff conduct the clinical assessments and staff have access to hard copy of care plans to direct care while they are working in the different areas. Monitoring occurs through regular care reviews, the 24 hour clinical reporting system, reviewing the clinical risk register, clinical meetings and audits, analysing of clinical surveillance data, and consultation with specialists and medical staff. Results show there are systems to ensure care recipients' clinical care is effectively managed and monitored regularly. Staff are aware of clinical processes and attend handover, regular clinical meetings and have access to care plans with current up-to-date information. Care recipients and representatives are satisfied with the level of consultation and care recipients' needs are met.

2.5 Specialised nursing care needs

This expected outcome requires that "care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings

The home meets this expected outcome

Care recipients receive specialised nursing care from appropriately qualified nursing staff according to their identified needs and preferences. Care recipients' specialised nursing care is assessed, planned and evaluated by registered nursing staff and specialised care needs are documented in care plans, medications charts and observations charts. Staff have access to a wide range of health specialists, including specialists from corporate services and specialised equipment is supplied to care recipients to support their care needs.

Monitoring occurs through regular care reviews, the 24 hour clinical reporting system, reviewing the clinical risk register, clinical meetings and audits, analysing of clinical surveillance data, and consultation with specialists and medical staff. Results show care recipient specialised care is effectively managed as per the home's processes. Staff said they have access to specialised staff to support them in delivering specialised care to care recipients. Care recipients and representatives are satisfied with the level of consultation and with the specialised nursing care provided to 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

The home has systems to ensure care recipients' are referred to appropriate health specialists when required. Assessment processes conducted by registered nursing staff identify care recipients' who require referral to other health related services. These include an extensive range of services of which some are supplied on site; these include allied health specialists, a dementia services advisor from corporate services, visiting dentist, hygienist, speech pathologist and dietitian. Recommendations from health specialists are documented in care recipients' care plans and staff have access to this information to assist in delivering care needs. Monitoring occurs through regular care reviews, the 24 hour clinical reporting system, reviewing the clinical risk register, clinical meetings and audits, analysing of clinical surveillance data, and consultation with specialists and medical staff. Results show care recipients have a wide range of access to health specialists at the home and in the community. Staff have access to an electronic referral system at the home and refer care recipients as the

need arises. Care recipients and representatives are satisfied care recipients are appropriately referred to other health and related services 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

The home has systems to ensure care recipients’ medications are delivered by qualified staff and managed safely and correctly. Registered nursing staff assess care recipients’ medication needs and requirements in consultation with medical staff on entry, including assessments for care recipients who wish to self-medicate. There are comprehensive systems in place, for nurse initiated medications, drug of dependency medications and these medications are stored as per legislative requirements. Medication imprest systems are regularly monitored to ensure regular supplies of medications. Monitoring of medication management occurs through medication audits, pharmacy and medical reviews, monitoring of the imprest system, feedback processes through medication advisory committee, clinical meetings, incident data, education processes and observation. Results show care recipients’ medication needs are regularly reviewed and there are effective monitoring systems in place. Staff said they are regular supplies of medications and deliver care recipients’ medication as prescribed. Care recipients and representatives said they are satisfied that care recipients’ medication is managed safely and correctly.

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

The home has systems to assess all care recipients are as free as possible from pain. Assessment processes are conducted to identify and manage care recipients’ care needs in relation to pain management by registered nursing staff in consultation with the medical and allied health staff. Care plans identify strategies and treatments to assist in pain management and these management plans are reviewed regularly. Registered staff, who have undergone specific training, provide massage and wax treatments to assist care recipients’ pain management and this is overseen by the physiotherapist. Further treatments include heat packs, physiotherapy, repositioning, comfort aids, pain exercise program and pressure relieving aids to support care needs. Senior clinical staff review and evaluate ‘as required’ pain relief medications to support effective pain management. Staff have access to internal and external support specialists including the palliative care nurse practitioner to support care recipients’ pain management. Monitoring occurs through regular care reviews, the 24 hour clinical reporting system, clinical meetings and audits, allied health and medical reviews, observation and feedback mechanisms. Results show care recipients’ pain needs are effectively managed and care recipients ‘as required’ medications are regularly reassessed to identify ongoing effective pain management in consultation with medical staff. Staff are aware of alternative strategies to assist care recipients’ pain management. Care recipients and representatives said care recipients’ pain is managed effectively.

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 recipients receive appropriate palliative care that maintains their comfort and dignity during the terminal stages. Advanced care directives are captured and individual palliative care plans identify care recipients’ wishes to assist staff in delivering palliative care. Comfort care is delivered according to care recipients’ individual needs and preferences and hospitality services are offered to representatives. Palliative care is supported by using specialised pain relieving equipment and the home employs a palliative care nurse practitioner who provides additional advice to staff and care recipients and representatives. Care recipients’ comfort and spiritual needs are supported through pastoral staff and the on- site chaplain. The home supports representatives, staff and other care recipients by facilitating an annual memorial service held at the site. Monitoring occurs through care recipient and representative feedback mechanisms, the 24 hour clinical reporting system, feedback from the palliative care nurse practitioner and staff feedback. Results show care recipients’ comfort and pain needs are met. Staff said they have access to the palliative care nurse practitioner to assist with care recipients’ care needs at the end stage of their life.

Representatives are satisfied with the way the home maintains care recipients’ comfort and dignity.

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

The home has systems to ensure care recipients receive adequate nourishment and hydration. Assessment processes including a malnutrition risk assessment are conducted for care recipients who are identified at risk of malnutrition. Care plans and dietary needs forms identify and consider care recipients’ food allergies, dietary preferences, cultural/religious needs and preferences. Regular monitoring of care recipients’ weight, monitoring of food and fluid intake prompts staff to refer to identified allied health staff for re-assessment as required. Care recipients’ dietary needs and supplement requirements are documented in care plans and medication charts as needed. Assisted devices are provided to care recipients to support their independence and nutritional and hydration needs. Monitoring occurs through regular care reviews, the 24 hour clinical reporting system, clinical meetings and audits, weight monitoring, and feedback from the allied health specialists and staff.

Results show care recipients’ nutrition and hydration needs are regularly reviewed and care recipients’ nutritional and hydration needs are met. Staff are aware of care recipients who require additional assistance to meet their nutritional and hydration needs. Care recipients and representatives are satisfied with the home’s approach in meeting the care recipients’ nutrition and hydration needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ skin integrity is consistent with their general health. Assessment processes, screening tools, hydration and malnutrition risk assessments and monitoring charts are used to identify at-risk care recipients, skin care strategies and treatments. This information is detailed in care plans, handover records and a skin management care plan is completed. Equipment is provided to support care recipients’ skin care which includes pressure relieving mattress, bed cradles, and sheepskins.

Moisturising creams and positional changes assist in maintaining care recipients’ skin integrity and wound management processes are in place to review progress in wound healing. Incidence of skin tears and complex wounds are analysed monthly and are reported through the Quality Work Health and Safety committee. Monitoring also occurs through planned care reviews, the 24 hour clinical reporting system, clinical meetings, and regular reviews by registered staff, including analysing of incident data in relation to skin care, and consultation with specialists and medical staff. Results show there has been a reduction in chronic wounds. Staff said they have access to wound care management specialists and care recipients’ wounds are regularly assessed by registered staff. Care recipients and representatives are satisfied with the care provided to maintain care recipients’ 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

The home has systems to identify care recipients’ continence is managed effectively. Care recipients’ continence needs are assessed on entry and further assessments are completed as required. Care plans detail assistance required, level of independence and dietary requirements. Education is provided to staff to support care recipients’ continence needs and staff and care recipients have access to the continence nurse advisor. Care recipients are reassessed by the continence nurse advisor as required and there are processes in place to ensure regular supplies of continence products are available.

Monitoring occurs through reporting of incidences of urinary tract infections through the Quality Work Health and Safety committee, regular care reviews, clinical meetings, consultation with continence nurse advisor, medical officers, audits, and evaluation of ‘as required’ aperients. Results show care recipients’ continence needs are effectively managed. Staff said they have access to the continence nurse advisor who reassesses care recipients’ continence needs as required. Care recipients and representatives are satisfied that care recipients’ continence needs are met.

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 home has systems to ensure the needs of care recipients with behaviours of concern are managed effectively. Assessment processes and screening process identify triggers and strategies to support an effective behaviour management program for care recipients with behaviours of concern. Strategies and interventions are identified and detailed in care plans to assist staff in managing behaviours and are reviewed regularly and as the need arises.

There are secure areas to provide a safe environment for care recipients who have an identified cognitive impairment and equipment is provided to maintain care recipients’ safety, including sensor mats and low beds. Monitoring occurs through regular planned care reviews, the 24 hour clinical reporting system, incident trending and analysis, clinical meetings, behaviour monitoring processes and consultation with behaviour management specialists and medical staff. Results show there are effective systems in place to support care recipients’ behaviour management. Staff have access to the dementia services advisor to support care recipients’ care needs in relation to behaviour management. Care recipients and representatives are satisfied with the home’s approach to managing causes which prompt behaviours of concern.

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

The home has systems to ensure optimum levels of mobility and dexterity are achieved for all care recipients. Care recipients’ mobility and dexterity requirements are assessed on entry, including a falls risk assessment completed by allied health staff. A mobility, dexterity and rehabilitation management plan is developed and care plans detail care recipients’ individual mobility requirements, transfer plans and falls prevention strategies to promote a safe environment and to meet care recipients’ mobility needs. Staff have access to this information in care plans and care recipients, who are identified as a high risk of falls, are regularly assessed by the allied health team and interventions are implemented. Equipment is available to support care recipients’ mobility and dexterity, including an on- site gym, where care recipients are assessed by the physiotherapist and an exercise plan is developed to meet their needs. Monitoring occurs through regular care reviews, monitoring of clinical incidents, feedback from allied health specialists, clinical meetings, observations and clinical audits. Results show care recipients’ are actively supported by staff to maintain and increase their mobility wherever possible. Staff said equipment is well maintained and accessible to support care recipients’ mobility and dexterity needs. Care recipients and representatives are satisfied with the home’s approach to optimise 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

The home has systems to ensure care recipients’ oral and dental health is maintained. Care recipients’ oral and dental needs are assessed on entry and an oral and dental management plan of care is implemented. Staff have access to care recipients’ oral and dental management plan and care recipients’ oral and dental care is reviewed regularly. Dental services are facilitated on site and a dedicated therapy room is available including access to a dental hygienist. Staff monitor attendance and follow up with the treating dental service.

There are processes in place to ensure oral equipment such as toothbrushes are regularly supplied. Monitoring occurs through regular care reviews, clinical monitoring processes such as nutrition and pain reviews, medical and dental reviews, consultation with the dietitian and feedback processes with care recipients and representatives. Results show care recipients have regular access to dental specialists and staff are aware of care recipients’ individual care needs in relation to their oral health. Care recipients and representatives are satisfied that care recipients’ oral and dental health care is maintained.

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

The home has systems to ensure care recipients’ sensory losses are identified and managed effectively. Care recipients’ vision, hearing, smell, taste and touch are assessed on entry by identified staff to capture any sensory deficits identified. Care plans detail strategies and aids to support and improve any sensory deficits. Hearing and vision specialists attend the site and care recipients’ are regularly assessed and assistive devices are provided as required to support sensory loss. There are a range of lifestyle activities promoted to enhance care recipients’ sensory enjoyment. Monitoring occurs through regular care reviews, medical and allied health reviews, care recipient and staff feedback and observation. Results show care recipients’ sensory needs are met. Staff said they have access to equipment to support care recipients’ sensory loss. Care recipients and representatives are satisfied care recipients’ sensory losses are identified and managed appropriately.

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

There are systems in place to assist care recipients to achieve normal sleep patterns. Care recipients’ sleep patterns are assessed on entry by registered nursing staff. An individual sleep/rest management plan is developed and reflects needs and preferences to support care

recipients' ability to achieve a natural sleep pattern. Individual care plans include preferred settling and rising times and comfort interventions. Dimmer lights are installed in rooms for care recipients who require soft lightening and the internal environment is temperature controlled to enhance comfort and wellbeing. Monitoring occurs through regular care reviews, medication reviews, audits, observations, consultation with medical staff and feedback from care recipients. Results show there are systems in place to support care recipients ability to achieve a natural sleep pattern. Staff are aware of strategies to support individual care recipients to achieve a restful night's sleep according to their needs. Care recipients and representatives are satisfied they are assisted to achieve a natural sleep pattern.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

In relation to Standard 3 Care recipients’ lifestyle, the home receives improvements and suggestions through feedback mechanisms, resident meetings, surveys and focus groups. Staff contribute to improvements through meetings, feedback processes and suggestions for improvements. Care recipients said they are encouraged and supported to provide feedback and suggestions.

Examples of improvements related to Standard 3 Care recipient lifestyle implemented by the home over the last 12 months include:

- Lifestyle staff identified the need to improve lifestyle activities for care recipients who are visually impaired. Two large print versions of scrabble were purchased for care recipients who enjoy playing scrabble to promote their level of independence. Care recipients said the large print versions have enabled them to participate in the activity and maintain a level of independence. Staff said there are increasing numbers of care recipients who are enjoying this activity.
- Lifestyle identified an improvement to assist in maintaining and improving care recipients’ independence needs. Raised garden beds were constructed for care recipients who expressed an interest in gardening. Care recipients were consulted regarding types of vegetables to be planted and care recipients are assisted to plant the vegetables. Management said care recipients are enjoying the morning and afternoon tea together from the produce grown.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 3 Care recipients’ lifestyle regulatory compliance examples include:

- An obligatory reportable log is maintained.
- Care recipients are informed of their rights regarding security of tenure as per legislation.
- Care recipients have received their agreements in line with legislated financial changes from 1 July 2014.

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

Refer to expected outcome 1.3 Education and staff development for information related to the home’s processes for education and staff development.

Examples of education and training provided over the last 12 months in relation to Standard 3 Care recipients’ lifestyle include :

- Elder abuse and mandatory reporting.
- Lifestyle and leisure development days
- Basic massage therapy

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

Care recipients receive support in adjusting to life in the new environment and on an ongoing basis. The home has systems for the identification and management of care recipients’ emotional needs and preferences. Systems include initial and ongoing lifestyle assessment and care planning which is used to develop an individualised lifestyle program, a buddy

program and a welcome pack is provided on entry. On and off-site church services are offered as well as one on one visits with staff and volunteers, and referral to other services, such as in house social work or chaplaincy, as needed. The home monitors individual care recipient emotional needs and preferences by observation, staff and volunteer feedback, consultation, regular life style reviews and surveys. Results show care recipients' individual needs and preferences, with regards to emotional support, are well documented, regularly reviewed and support is provided in line with the care planning process. Staff practices are monitored through observation and staff feedback to ensure compliance with the organisation's processes and procedures. Care recipients and representatives stated they are satisfied with the level of consultation and emotional support provided.

3.5 Independence

This expected outcome requires that "care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's findings

The home meets this expected outcome

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. The home has systems in place to identify support and maintain care recipients' independence and links with the community. Nursing, allied health and lifestyle care planning processes are used to assess care recipients' needs and preferences and the home provides access to voting, onsite trust accounts and facilitation of transport to organisations and events outside the home. Care recipients are able to maintain independence through self-administration of medication, access to onsite mobile fashion and jewellery shops, banking and shopping offsite and visits from schools and community organisations. Monitoring of care recipient independence needs and preferences is done by observation, consultation with care recipients and or representatives, ongoing lifestyle care reviews, staff feedback and through survey and audit processes. Results show care recipients' needs and preferences are met and they are provided with appropriate support to maintain their independence. Staff could define strategies used by the home to preserve and enhance care recipients' independence and enable the continuation of community ties. Care recipients and representatives are satisfied the home supports care recipients to maintain their independence.

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

Care recipients' rights to privacy, dignity and confidentiality are recognised and respected. The home has systems to identify individual and support needs and preferences in relation to privacy, dignity and confidentiality. Processes include ongoing review of individual preferences and needs, one on one visits, personalisation of rooms with own furniture and items, locks on doors and drawers and secure storage of information. Staff are provided with a comprehensive training program that encompasses privacy and confidentiality information and interaction strategies. Monitoring of care recipient satisfaction is done through observation, staff, care recipient and representative feedback, ongoing lifestyle reviews and surveys and staff

practices are monitored for compliance. Observations were made of staff interacting in a respectful manner with care recipients and supporting their privacy and dignity. Results show that staff practices are compliant with the organisation's processes and procedures and that care recipients and representatives are satisfied. Care staff could describe strategies to support and ensure care recipients' privacy, dignity and confidentiality is maintained. Care recipients' and representatives are satisfied staff maintain care recipient's privacy, dignity and confidentiality.

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 range of activities of interest to them. The home has systems to assess and review care recipients' leisure and activity needs and preferences, including any barriers that may impact on participation.

Individualised programs are tailored via information gathered in assessment, review, observation and staff feedback which ensures a suitable variety of activities, outings and entertainment. Monitoring occurs through feedback, attendance records, lifestyle reviews, care recipient and staff meetings and care recipient satisfaction surveys. Results demonstrate a high level of satisfaction with the range of activities on offer. Staff could provide examples of how they support care recipients to attend their preferred leisure interests and activities. Care recipients and representatives are satisfied they are encouraged and supported to participate in a range of activities and interests of relevance to them.

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' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. The home has systems to ensure the identification and support of care recipients' individual customs, beliefs and cultural backgrounds. Processes include care planning and ongoing review, feedback, religious and traditional celebrations, incorporation of activities, such as gardening, to ensure spiritual preferences are met, access to both on and off-site church services and observance of special occasions. The home has access to interpreters and a range of information is available in the home in other languages, including advocacy and complaint mechanisms. The home monitors cultural, spiritual needs and preferences of care recipients through feedback, lifestyle reviews, satisfaction surveys and care recipient and representative meetings. Results demonstrate care recipients individual interests, customs, beliefs, cultural and ethnic backgrounds are identified, valued and supported. Staff provided examples of how they support care recipients to maintain their individual cultural and spiritual needs and preferences. Care recipients and representatives are satisfied the home recognises supports and values their individual interests, customs, beliefs and cultural and ethnic backgrounds.

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 and exercise choice about the services the care recipient receives. The home has systems to ensure each care recipient, or their representative, can exercise choice and have control over care planning and services delivered to meet their needs and preferences. Processes include initial assessments, reviews, consultation and care recipient and or representative input into all aspects of the care planning process. Individual choices and preferences are documented and include authorised representatives, contact persons, lifestyle preferences, medical and clinical care and advanced directives. Brochures and pamphlets, available in both English and other languages, are on display in various areas of the home and include general information and advocacy and complaint services. The home monitors choice and decision making through feedback, lifestyle reviews and audit and survey process. Results demonstrate the home supports care recipients and representatives in exercising choice and control over decisions regarding care planning and services received. Staff could describe strategies used to encourage and promote care recipients to exercise choice and control in their daily lives. Care recipients' and representatives stated they are satisfied they are able to exercise choice and control over their lifestyle and are supported to participate in decisions about services received.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has access to central systems in place to ensure care recipients understand their rights and responsibilities in relation to security of tenure. Resthaven's corporate residential accommodation enquires department ensure care recipients receive an 'offer of accommodation' pack with information about their rights and responsibilities when entering a home. A room accommodation pricing agreement is signed prior to entering a facility. Care recipients have a residential service agreement which contains information regarding security of tenure. Security of tenure is discussed with care recipient and representatives at the time the residential service agreement is completed. Alternate arrangements are made for care recipients who have a cognitive impairment to ensure a representative or an enduring power of attorney is informed. Results show care recipients are consulted, supported and informed of their rights and responsibilities in relation to security of tenure. Staff provided examples where they have consulted and supported care recipients in relation to their security of tenure. Care recipients and representatives are satisfied they have secure tenure within the home and are consulted and supported regarding any changes.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information related to the home’s continuous improvement systems and processes.

In relation to Standard 4 Physical environment and safe systems, the home monitors incidents, hazards, infections and internal and external living environments through work place safety inspections, cleaning inspections to assist identifying opportunities for improvement.

Improvements implemented in the last 12 months in relation to Standard 1 Physical environment and safe systems include:

- Following a mock evacuation and fire drill staff reported there was no distinguishing feature to identify the room where the detector was activated. A red sign was created and education was provided to staff, regarding placing the sign on the room door where the alarm was raised. Staff said this would assist staff in recognising where the alarm is raised and this assists staff in the evacuation process. A subsequent fire drill was conducted and staff said this has improved their knowledge of identifying the emergency area.
- An improvement was identified to improve management of resources and equipment available to staff in the event of an outbreak of infection. Three trolleys were purchased and stocked with appropriate personal protective equipment and each draw labelled to assist staff in easily identifying resources. Trolleys are located in different area of the site and staff said they have been a great resource and assisted staff in improved infection control practices when used.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 4 Physical environment and safe systems examples of regulatory compliance include:

- Food safety program
- Fire safety systems are monitored as per the regulations
- Work Health and Safety is conducted as per the regulations.
- Triennial certificate in place.

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

Refer to expected outcome 1.3 Education and staff development for information about the home’s systems and processes. Results show that the home has 100 percent of their staff attending mandatory training.

Examples of education and training provided over the last 12 months in relation to Standard 4 Physical environment and safe systems include:

- Fire and emergency training
- Work health and safety
- Food safety

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home has systems to ensure it provides a safe, clean and comfortable environment that is consistent with care recipients' care needs. The home consists of single rooms with en-suites which are individually fitted with split system air conditioners; care recipients can furnish with their own items, and are lockable with individual keys. The home is clean, safe and well maintained, with a secure memory support unit and has several dining, communal and outdoor areas, which include a hairdresser, small café area and shop. The safety and comfort of care recipients are maintained by policy, procedures and consultation with the care recipient and/or representative, clinical staff and access to medical officers and allied health practitioners. The home has a system for monitoring the external and internal living environment including hazard and incident reporting, focus groups and conducting regular inspections to provide a safe and comfortable environment for care recipients. Results from analysis show any trend identified is actioned to ensure the environment is consistent with care recipients' care needs. Staff said they are aware of their roles in assisting to maintain a safe and comfortable environment and the processes and procedures to report hazards or incidents. Care recipients and representatives said they are satisfied with the safety and comfort of the home and competency of staff.

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

The home has access to centralised systems and a Work Health Safety and Injury Management strategic plan that guide management to actively work to provide a safe working environment that meets regulatory requirements. Staff are orientated and trained in Workplace Health and Safety at induction and are provided with training on an ongoing basis. Staff have access to the 'Resthaven' fit program and early intervention programs to prevent ongoing injuries. Incidents and hazards are reported through the electronic management system. The site management team monitor care recipient and staff incidents and injuries, identifying preventive strategies, issues of concern and opportunities of improvement. Data is analysed and monitored monthly and reported through the Quality Work Health and Safety Committee and quarterly to the Quality Work Health Safety Review Committee. Selected indicators are reported to the board and governance committee. Staff work practice is directed by corporate policies and procedures. Risk assessment processes and standard operation procedures guide staff in appropriate actions. Monitoring of Work Health and Safety at local sites is monitored through regular workplace safety inspections, monthly trending of incident and hazard data, and through the Quality Work Health and Safety meetings. Results show the home has a low incidence of staff injuries and management provides additional support to staff, including a range of incentive programs. Staff said they have input into the home's work health and safety system and observations and document review showed that they are aware of safe work practices, receive education and contribute to creating a safe work environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Maintenance staff and external providers monitor and maintain fire safety equipment, security equipment and fire safety systems. Staff are provided with emergency management training and their knowledge and skill are tested through fire drills and mock evacuations. Security systems include an automatic locking system, security cameras as well as key pad and swipe access for internal and external doors. Staff have access to duress alarms. The home has a disaster management plan. Monitoring occurs through completion of fire inspection records, triennial inspections and worksite inspections. Care recipients are aware of what to do in the event of an emergency; they have information on their door and feel safe and secure.

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

The home has systems to ensure an effective infection control program is in place. Staff have access to policies and procedures to guide them in providing an effective infection control program, which includes, national guidelines, outbreak management plans and notification of community outbreaks. Staff have access to hand washing facilities, sanitising gels and personal protective equipment to minimise the spread of infection. A register is maintained by senior staff for care recipients who have identified infections and care plans detail additional requirements. The food safety plan guides staff in the monitoring processes in relation to food safety and hygiene to minimise the risk to care recipients. Vaccination programs are offered to care recipients and staff and monitoring of the incidence of urinary tract infections is conducted by senior staff. Monitoring of infections is conducted through reporting and trending of current infections at the Quality Work Health and Safety meetings, discussion at clinical meetings, review of pathology results and consultation with medical staff. Results show care recipients' infections are identified and monitored as per the home's systems. Staff said personal protective equipment is supplied and they are aware of strategies to prevent the spread of infections. Care recipients and representatives are satisfied with staff practice at the home to minimise the incidence of infection.

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

Hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment. Meals are freshly cooked on site each day and menus developed

in consultation with a dietitian and care recipients, taking into consideration special dietary requirements. The home has a food group committee which reviews the menu and provide further feedback regarding the menu. Care recipients' current dietary requirements, food allergies and preferences are identified and communicated to the catering staff and are available for staff in kitchenette areas throughout the home. The home is cleaned regularly according to a schedule and the quality of the cleaning is monitored by management. We observed the home to be clean and well maintained. Laundry services are provided on-site for care recipients' personal clothing, with an external provider being responsible for linen. Staff explained their understanding of food safety guidelines and have clear procedures to follow in providing catering, cleaning and laundry services and are satisfied with their working environment. Staff were observed assisting care recipients with their meals in a dignified and responsive way. Results show the organisation is responsive to stakeholder feedback, for example, increasing hours in the kitchen to provide more home cooked items, resulting in positive feedback from care recipients and staff. Care recipients are satisfied that hospitality services are provided in a manner that meets their individual needs and preferences.