



Australian Government

Australian Aged Care Quality Agency

Resthaven Malvern

RACS ID 6808
43 Marlborough Street
MALVERN SA 5061

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 06 May 2020.

We made our decision on 19 March 2015.

The audit was conducted on 09 February 2015 to 10 February 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 Malvern 6808

Approved provider: Resthaven Inc

Introduction

This is the report of a re-accreditation audit from 09 February 2015 to 10 February 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 09 February 2015 to 10 February 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:	Diane Mogie
Team member:	Melanie Hulme

Approved provider details

Approved provider:	Resthaven Inc
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Details of home

Name of home:	Resthaven Malvern
RACS ID:	6808

Total number of allocated places:	75
Number of care recipients during audit:	75
Number of care recipients receiving high care during audit:	64
Special needs catered for:	People with dementia or related disorders.

Street:	43 Marlborough Street
City:	MALVERN
State:	SA
Postcode:	5061
Phone number:	08 8272 0222
Facsimile:	08 8271 9587
E-mail address:	malvern@resthaven.asn.au

Audit trail

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

Interviews

Category	Number
Management	2
Clinical/care/lifestyle staff	9
Administration staff	1
Care recipients/representatives	10
Volunteers	1
Hospitality staff and environmental safety staff	3

Sampled documents

Category	Number
Clinical assessments/care plans/progress notes	6
Lifestyle assessments/care plans/progress notes	5
Medication charts	6

Other documents reviewed

The team also reviewed:

- Action plans
- Asbestos inspection report/register
- Audits/surveys
- Chemical safety instructions
- Clinical monitoring tools
- Colour coding systems and cleaning schedules
- Comments and complaints data
- Communication books, email alerts and memos
- Contingency plans
- Contractor register
- Dietary requirement sheets

- Dietitian review
- Drugs of dependency records
- Emergency procedures/fire drills/evacuation plans
- Employee handbook
- Equipment trial documentation
- Evacuation list
- Feedback forms
- Fire and safety records
- Food safety audit report/plan
- Hazard and incident data
- Induction and orientation records
- Infection control data
- Job descriptions/duty statements
- Legend cards to direct staff in an emergency
- Lifestyle evaluations
- Menu/modified dietary guide
- Pest control documentation
- Police certificates
- Policies and procedures
- Preventive and scheduled maintenance records
- Quality improvement report
- Quality improvements and action plans
- Recruitment policies and procedures
- Resident information pack
- Resident newsletters/handbook
- Risk assessments
- Safety data sheets
- Scheduled 4 & 8 licence

- Self-assessment
- Staff qualifications/appraisals
- Staff rosters
- Temperature monitoring records
- The home's self- assessment
- Training calendar and training evaluation records
- Triennial fire certificate
- Various clinical assessments
- Various meeting minutes
- Workplace, health and safety reports

Observations

The team observed the following:

- Accreditation notice on display
- Activities in progress
- Care recipients assisted with meals
- Charter of residents' right and responsibilities displayed
- Chemical storage
- Cleaning in progress
- Emergency equipment/exits/evacuation plans
- Equipment and supply storage areas
- Interactions between staff and care recipients
- Internal and external advocacy information
- Keypad, locks, proximity cards and CCTV security systems
- Kitchen and pantry areas
- Living environment
- Notice boards and information displayed
- Outbreak kits/personal protective equipment/hand gels
- Resident postal boxes

- Short observation during meal service
- Statement/purpose and values displayed
- Storage of information
- Storage of medication/medication administration

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 there are robust systems to identify improvements and care recipients and staff have input into the continuous improvement system and all parties receive feedback relating to improvements identified. Care recipients and staff are satisfied the home actively pursues continuous improvement.

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

- A review of the roster for registered nurses was undertaken to streamline two fortnightly rosters into one monthly roster for registered staff. On reviewing the rosters it was identified some registered nursing staff received only one shift per month. Staff were consulted regarding shift changes and a new roster was implemented. All registered staff receive a selection of shifts and management said this has improved communication processes for registered staff. Clerical staff said following the review of the roster, it is much easier to navigate the system and manage shift changes when they occur.
- Management identified the need for improved communication processes regarding locating isolation points around the site, such as mains water, gas and electric switchboards and access points. A quick reference plan was completed to include these key areas. The plans provide staff with easy identification of all service isolation points and are placed in the fire and emergency manuals for a quick reference. Copies are also kept in the Manager Residential Care Services office and maintenance offices. Staff said

this tool has provided them with more concise information and this improvement has been implemented at all of the organisation's sites.

- It was identified from the safety training officer that all chief fire wardens required access to the 'fire zone legend' information sheet to advise staff on systems to follow in the event of an emergency. The fire zone legend sheet was placed in all fire mimic panels including the pay office and store room. All staff have access to the 'fire zone legend' during an activated alarm. Staff now have written as well as verbal instructions from the chief fire warden regarding the activated zone number and the rooms located in the zone. Staff interviewed said this information provides them with clear, succinct information in the event of an emergency.

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. Monitoring of staff awareness and compliance with relevant legislation occurs through performance appraisals, competency assessments, training modules and education provided. Results show staff receive updates from the home and the organisation in relation to their responsibilities regarding legislative requirements. Staff are aware of their responsibilities in relation to regulatory compliance.

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 employees 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 all education sessions including mandatory training provided by the home and organisation. Staff said they are encouraged to suggest further training and management are very responsive to their individual needs. Care recipients and representatives 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
- Autumn care training
- Information systems and finance topics

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 postal and suggestion boxes available for care recipients and staff 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 these are followed up and managed effectively. Staff said management have an 'open door' policy and are very responsive to issues identified. 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's 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 there is an effective system in place to ensure appropriate staff levels and skill mix is maintained. Staff said they have enough time to complete their duties and have access to job descriptions and duty statements. 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

Corporate policies and procedures 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 appropriate stocks of goods are kept, adequate supply levels maintained and equipment serviced regularly. Staff said there are adequate stocks of goods and equipment. Care recipients and representatives are satisfied they have access to sufficient goods and equipment that meets their needs and preferences.

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 are effective communication systems in place. Staff said they receive regular and up-to-date information to assist them to perform their role effectively. Care recipients and representatives are satisfied they are advised of all relevant information.

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 services provided to the home by external contractors meet service quality goals, meet the home's needs and there are feedback mechanisms regarding level of service through corporate processes. Staff, care recipients and representatives said external services are provided and effectively managed by the home which meets their 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:

- A project was commenced to undertake a review of all care recipients who were identified with a restraint management plan in place. This involved consultation with care recipients and representatives regarding restraint minimisation, including a review of documents, information obtained from observations and reporting mechanisms. Changes to care recipients' restraint requirements are reflected in care plans and staff advised of the changes in staff meetings and through communication processes. Results from this project identified a reduction in restraint from 47 per cent to 5.5 per cent.
- Clinical staff identified staff are not always aware of the correct medication incident management processes in relation to reporting medication incidents. In consultation with the care coordinator and senior staff an easy to read procedure was developed. This includes examples of different incident forms for staff to access as a guide to ensure the correct medication incident form is completed. Folders with this information are placed in the medication trolleys. Management said staff have improved their management of medication errors, and the reporting of medication incidents has improved due to staff's increased knowledge of the correct process.

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:

- Wound management
- Palliative care
- Management of challenging behaviours

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. Care recipients’ care needs are assessed on entry by registered staff and a care plan is generated within eight weeks. Processes include clinical and risk assessments, care planning and monitoring of care recipients’ individual health, personal care needs and preferences on an ongoing basis. This information assists in planning, delivering and monitoring of care recipients’ individual health needs. Care requirements are recorded in the electronic care plans and progress notes and relevant care information is accessible to all staff. Senior clinical nursing staff monitor care recipients’ care through the 24 hour clinical monitoring system, risk register, handover processes and clinical meetings. Results show care is monitored through planned care reviews, followed up and monitored by management and senior nursing staff, including case conferences, handover sessions, audits and surveys. Staff said they have access to up-to-date care plans, handover sessions and staff meetings to guide them in relation to care recipients’ care needs. 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 needs are assessed and identified by registered staff in consultation with representatives during assessments, via observations, staff reporting and consultation with medical staff. Specialised care needs are documented in care plans, observation charts and medication charts. Staff provide care in accordance with these documented requirements. Monitoring occurs through the home’s auditing process, regular planned care reviews, the 24 hour clinical reporting system, clinical meetings and clinical surveillance data and informally through handover processes. Results show specialised care is delivered as directed by medical staff and staff are aware of care recipients’ specialised care needs. Care recipients are satisfied with the level of consultation and with the specialised nursing care provided.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients are referred to appropriate health specialists when required. Care recipients are assessed to identify health needs requiring referral to an identified specialist. Care strategies are reviewed and updated in consultation with care recipients and representatives, and aligned with allied health and specialist recommendations. Staff have access to a variety of specialists, these include speech pathologists, dietitians, behaviour management specialists, nurse practitioner and allied health staff, to support care recipients’ care needs. Care recipients are assisted to attend appointments for all external health specialists where required. Monitoring of clinical care is conducted through regular planned care reviews, 24 hour clinical monitoring processes, handover meetings, clinical meetings and audits. Results show care recipients are referred to health specialists appropriate to their care needs. Staff have access to information provided from specialists to direct care recipients’ care needs. Care recipients are satisfied with the level of access they have to other health and related services.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

There are systems to ensure care recipients’ medications are delivered by qualified staff and managed safely and correctly. The home has processes for assessing, managing and monitoring care recipients’ individual medication needs and these are documented and

evaluated regularly. There are processes for nurse initiated medications and medication charts identify special instructions which guide staff in individual care recipients' medication needs and requirements. Medications are kept in secure storage and drugs of dependence are stored as per legislative requirements. There are processes to assess care recipients who wish to self-medicate and their medications are securely stored in their room.

Medication management is monitored through audits, pharmacy and medical reviews, medication advisory committee, clinical meetings, incidents data, education and observation. Results show medication management is monitored and follow up actions are completed.

Staff are aware of processes in relation to medication management and said they are supported by management and senior staff when processes are reviewed and changed. 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. Care recipients are assessed by registered staff in relation to their pain management on entry, in consultation with the medical officer and allied health staff. A plan is developed, implemented and evaluated regularly, and as needs change. Registered staff are trained in providing massage treatments to assist care recipients' pain management and this is overseen by the physiotherapist. Care recipients' pain levels are reassessed where required and further interventions may include positional changes and exercise regimes. Staff have access to internal and external support specialists including the nurse practitioner, physiotherapists, clinical pharmacist and medical staff to support care recipients' care needs. Monitoring of care recipients' pain management occurs through regular care reviews, allied health and medical reviews, 24 hour clinical monitoring process, clinical meetings, observation and feedback mechanisms. Results show care recipients are assessed and consultation with medical staff, allied health and nursing staff to support treatments in managing care recipients' pain management. Staff said they have access to specialised equipment to deliver pain relief medications effectively. 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. Senior nursing staff conduct a meeting with care recipients and their representatives eight weeks post entry to the home and advanced care directives are identified and endorsed. A palliative care plan is developed to guide staff in relation to care recipients' comfort and care needs. The home employs a nurse practitioner for palliative care who provides additional advice to staff and care recipients where required. Palliative care is supported by specific equipment to aid pain relief and pressure relieving equipment to support

comfort and care needs, including medication prescribed by medical staff. Comfort care is delivered according to care recipients individual needs and preferences and hospitality services are offered to representatives. Pastoral support is available from the on- site chaplain and an annual memorial service is conducted on-site for representatives.

Monitoring occurs through care recipient and representative feedback mechanisms, clinical monitoring and staff feedback. Results show care recipients and representatives have access to the nurse practitioner for palliative care, to support care recipient care needs. Staff are aware of palliative care services that can be provided and 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. A nutrition and hydration assessment is completed by registered staff and care recipients who may be at risk of malnutrition are identified. The assessment process identifies current and ongoing nutritional and hydration needs including food allergies, personal dietary preferences, cultural /religious needs and preferences. Care recipients' dietary needs, food textures and requirements are communicated to the kitchen to guide staff. Monitoring process includes regular weights performed and referral to identified specialists if required. Staff assist care recipients with supplementary requirements and those care recipients with swallowing difficulties. Nutrition and hydration is monitored through audits, regular care reviews, weight monitoring, and feedback from the allied health specialists and staff. Results show care recipients are regularly reassessed and monitored to ensure they receive adequate nourishment and hydration. Staff are aware of care recipients who require supplements and extra assistance to support their nutritional 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. Care plans are formulated and wound assessments charts completed with detailed information to provide staff with the relevant information to assist in maintaining care recipients' skin integrity. Other strategies include using pressure relieving equipment, positional changes and moisturising creams are applied as directed. Reporting of the 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 medical reviews, regular planned care reviews, clinical care meetings, weekly reviews by registered

staff and observations. Results shows registered nursing staff review wounds weekly as per the home's process and the incidence of skin tears is regularly monitored.

Staff said they have ongoing support from wound care specialists and 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 ensure care recipients' continence is managed effectively. Care recipients' individual continence needs are assessed and a continence risk screening tool is completed by nursing staff. Care plans identify individual levels of independence, assistance required and dietary needs. The continence nurse advisor assesses care recipients' continence aids requirements and supports care recipients' continence management. The care coordinator monitors the incidence of urinary tract infections, data is analysed and reported thorough the monthly Quality Work Health and Safety committee. Monitoring also occurs through regular planned care reviews, clinical meetings, consultation with continence nurse advisor, medical officers, audits, and evaluation of 'as required' aperients. Results show care recipients who require specialised care in relation to their continence management are supported. Staff said they have access to the continence nurse advisor to support care recipients' continence requirements. 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 challenging behaviours are managed effectively. Individual care recipient assessments and behaviour monitoring is conducted to identify triggers and behaviour management needs. Care plans identify strategies and interventions to assist staff in managing behaviours of concern and care recipients' safety. The home has a secure area to assist in providing a safe environment for care recipients who have an identified cognitive impairment. Care recipient incidents are reviewed monthly and reported through the Quality Work Health and Safety committee.

Further monitoring occurs through clinical meetings, regular planned care reviews, behaviour monitoring processes and consultation with behaviour management specialists. Results show a 75 per cent reduction in the use of antipsychotic medication through consultation with medical and nursing staff in relation to monitoring care recipients' behaviour management.

Staff said they have access to behavioural specialists 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 needs are assessed by registered nursing staff and allied health staff on entry, including a falls risk assessment. A mobility/dexterity/rehabilitation management plan is developed, including strategies to assist in maintaining independence. Individual mobility requirements, transfer plans and falls prevention strategies are detailed in care plans and the physiotherapist reviews care recipients who are identified as high falls risk and interventions are implemented. Monitoring occurs through analysing and trending of incidents, clinical meetings, observation, audits, feedback and evaluation from allied health specialists. Results show care recipients are supported and regularly assessed to assist them in maintaining their independence and mobility. Staff said they are supported to attend manual handling training and have access to well-maintained equipment to support care recipients’ mobility 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. Oral and dental health assessments are conducted by registered staff and care recipients who are identified at risk of poor oral health are referred to the appropriate health specialist. Care plans provide individual oral and dental hygiene strategies and there are regular supplies of mouth care products and equipment to support care recipients’ oral and dental needs. Care recipients are actively supported to access visiting dental services on-site and their private dentist as required. Oral and dental care is monitored through planned care reviews, nutrition and pain monitoring processes, medical reviews, and consultation with the dietitian and the feedback process with care recipients and representatives. Results show care recipients’ oral and dental needs are identified and effectively managed. Staff are aware of care recipients’ care needs in relation their oral and dental 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. Assessment processes identify any sensory deficits in relation to care recipients’ hearing, vision, touch, taste and smell and an individual care plan is developed. Care

recipients' communication management plans detail strategies and aids to support and improve any sensory loss identified. Consultation occurs with hearing and vision specialists as required and assistive devices are provided. There are a range of lifestyle activities promoted to enhance sensory enjoyment. Sensory loss is monitored through planned care reviews, medical and allied health reviews, care recipient and staff feedback and observation. Results show care recipients' sensory needs are effectively managed. Staff assist care recipients with identified aids used to support their 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. Assessment processes provide information regarding care recipients' natural sleep patterns, including identification of care recipients who are at risk of poor sleep patterns, are noted.

Individual care plans include environmental interventions, preferred settling and rising times and comfort interventions; supper, snacks and warm drinks are offered if required. Monitoring of care recipients' sleep disturbance occurs through planned care reviews, medication reviews, audits, observations and feedback from care recipients. Results show care recipients are supported in achieving a normal sleep pattern. Staff identify and monitor care recipients who have a history of poor sleep patterns and further strategies are implemented to support care recipients' needs. Care recipients and representatives are satisfied they are assisted to achieve a normal 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:

- To increase emotional support to care recipients who have an identified cognitive impairment, lifestyle staff introduced a trial of music for memories program. Through consultation with care recipients, families and friends, a list of music was compiled around significant events in a care recipient’s life and their likes of particular songs throughout their life journey. Care recipients are provided with an electronic music player and earphones with their chosen music. Lifestyle staff and representatives said care recipients who were part of the program have shown significant improvements in their interaction with their family members and staff. Care recipients who showed little response now are smiling and clapping while listening to the music. Lifestyle staff said this program is now ongoing.
- To increase cultural and spiritual support for care recipients a new lifestyle activity was introduced. Care recipients requested to have more live pets at the home. The living eggs project was commenced at the home and an incubator was set up in the foyer with twenty four fertilised eggs. Over a twenty eight day period, care recipients, staff and visitors watched as hatching of the eggs occurred. Care recipients, staff and visitors named the chicks and the chicks were homed at different sites. The progress of the chicks was included in the home’s newsletter and an electronic recording of the event provides care recipients with ongoing emotional support. Care recipients, representatives and staff are extremely complimentary of this initiative.

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 :

- Obligatory reporting obligations
- Art and music therapies
- Multicultural ideas

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. Processes include an extensive lifestyle program that encompasses assessment and ongoing review, chaplaincy, volunteer and on and off-site

church services. A welcome pack is provided on entry and welcome committee of existing care recipients support new care recipients to the home. Assessment information is collected and used to inform care recipients' lifestyle in the home, including individualised weekly activity calendars and referral to extra services such as social workers. Monitoring of care recipients' individual emotional support needs is done via observation, staff feedback, surveys and regular one on one contact including regular lifestyle reviews. Results show individual care recipients' emotional support needs and preferences are documented, reviewed, and relevant support provided. Staff practices are monitored through observation, feedback and performance appraisals and interviews showed awareness of strategies to support care recipient emotional needs. Care recipients and representatives stated they are satisfied with the level of emotional support provided to care recipients and consultation processes with staff and management.

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. Processes include nursing, allied health and lifestyle care planning processes, access to voting, trust accounts, facilitation of transport such as taxis, self-administration of medications where appropriate and visits by schools and other members of the community. The home uses observation, staff feedback, care recipient and representative comment, ongoing lifestyle care planning reviews and audit processes to monitor care recipients' independence and access to the community. Results show care recipients are encouraged to maintain their independence and ties within the community.

Staff could define strategies they used to preserve and enhance care recipients' independence and processes supporting the continuance of community ties. Care recipients' and representatives are satisfied the home supports care recipients to maintain their independence and ties to 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

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. These include one on one contact with care recipients, locks on care recipients' doors and encouraging care recipients to bring in personal items and furniture as well as ensuring care recipient and staff information is stored securely. The organisation has a comprehensive training program which includes information regarding privacy, confidentiality and care recipient interaction strategies. The home evaluates care

recipients' satisfaction through observation, reviews, surveys and feedback and staff practices are monitored for compliance with the organisation's processes and procedures.

Results show that staff practices are compliant with the organisation's procedures and staff interact in a respectful manner to support care recipients' privacy and dignity. Staff could describe strategies to promote care recipients' privacy, dignity and confidentiality. Care recipients and representatives are satisfied staff respect, observe and encourage 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. Information gathered through assessment, review and feedback is used to develop and refine individual care recipient lifestyle plans to ensure an appropriate range of activities, outings and entertainment. The program is monitored by lifestyle staff through feedback from care recipients, representative and staff, attendance records, regular lifestyle reviews and at care recipient and staff meetings. Results demonstrate a high level of satisfaction with the range of activities on offer, including the new music for memories activity. Staff could provide examples of how they support care recipients to attend leisure interests and activities of their choice. Care recipients and representatives are satisfied care recipients are encouraged and supported to participate in a range of activities and described positive changes to care recipients' lives as a result.

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. These include initial and ongoing assessments, feedback, regular religious, spiritual and traditional celebrations, access to church services both on and off-site and observance of special occasions. The home utilises their multicultural staff base for communication and the home has access to interpreters. Care recipients' cultural, spiritual needs and preferences are monitored through feedback, regular lifestyle reviews and surveys. Results demonstrate care recipients' cultural and spiritual preferences are documented and supported. Staff provided examples of how they support care recipients to maintain their individual cultural and spiritual preferences.

Care recipients and representatives are satisfied the home supports and values their individual customs, beliefs and cultural 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. Initial assessments, regular reviews, and consultation 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. Individual choices and preferences are documented and range from authorised representatives, contact persons, lifestyle, medical and palliative care systems, to having input into the living environment, such as the naming of individual wings within the home.

Brochures and pamphlets, available in both English and other languages, are on display in various areas of the home and include information regarding services within the home and in the community and advocacy and aged care services. Feedback, regular lifestyle reviews, audit and survey process are utilised by the home to monitor and evaluate care recipient and representative satisfaction with choice and control in decision making. Results demonstrate care recipients and representatives exercise choice and control over decisions regarding care planning and services. Staff could describe strategies used to encourage and promote care recipients to exercise choice and these are encouraged and respected. Care recipients' and representatives stated they are satisfied they are supported to exercise choice in decisions about services and their individual preferences are respected.

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 informed of their rights and responsibilities before and during their time in the home. Staff are aware of care recipients' rights and responsibilities regarding their security of tenure. Care recipients and representatives feel supported and are satisfied with the information provided and consultation processes within the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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:

- To reduce incidents and improve manual handling a commercial non slip floor was installed in the main freezer area in the kitchen in June 2014. Staff previously were required to lift heavy rubber mats off the concrete floor prior to cleaning for floor daily. Management said this has improved safety as the floor is non slip and staff are no longer required to lift the heavy rubber mats. Staff said the floor is more comfortable to stand on, safer and they are not required to lift the heavy mats.

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:

- Infection control
- Chemical training
- Work Health and Safety for Managers
- Manual handling training

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 is comprised of mainly single rooms with ensuites that care recipients can furnish with their own items and are lockable with individual keys. The home is safe, has a secure memory support unit and well maintained areas and has several dining, communal and outdoor areas, including a hairdresser. Policy, procedures and consultation with the care recipient and/or representative, clinical staff and medical officers ensure the safety and comfort of care recipients. Monitoring of the living environment is conducted using six monthly workplace inspections, incident and hazard reporting, audits, preventative and corrective maintenance processes and observation.

Results show monitoring processes include observations, feedback processes, hazard reporting and inspections as well as internal and external audits. Action plans are developed as a result. Staff are aware of processes and procedures to report hazards or incidents. Care recipients and representatives said they are satisfied with the competency of staff and safety and comfort of the home.

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 staff have input into the home's work, health and safety system and are able to describe hazard reporting processes and safe work practices, are provided with regular training and know how their work contributes to a safer working 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

The home has systems to provide an environment that minimises fire, security and emergency risks. Fire panels, maps, fire detection and suppression equipment and evacuation instructions are located throughout the home and in care recipient rooms. Regular maintenance and independent checks of fire suppression equipment, exit signage and fire alarms are completed and fire certification and compliance with legislative requirements are maintained through the organisation's policies and procedures.

The home has a closed circuit television monitoring system, with additional cameras planned, proximity cards, key pads, secure filing and archive systems and lockable drawers and doors for care recipients ensure safety and security. The home monitors fire, safety and security through organisational policies and procedures for legislative compliance, internal auditing processes, internal and external independent inspections and care recipient, representative and staff feedback. Results show systems and processes are in place, equipment is well maintained and inspected regularly. Staff said emergency procedures, security and work safety are regularly discussed at meetings and they are provided with information and support from management. Care recipients said they feel safe in their home and confident that staff know what to do in the case of 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

The home has systems to ensure an effective infection control program is maintained which is consistent with infection control guidelines. Processes include contingency plans, corporate notifications of current community outbreaks and control measures. The food safety plan, pest control plan and care planning ensure staff are aware of current infections and prevention techniques. Outbreak management procedures are in place with the manager, as the designated responsible person, staff are provided with personal protective equipment, outbreak kits are available and influenza vaccinations are offered. Additional measures such as colour coded cleaning and laundry systems, access to sluice rooms and disposable laundry bags assist in reducing the risk of infections. Monitoring processes include internal and external audits, reporting and trending of current infections, through the monthly Quality Work Health and Safety meetings. Results show all staff attended their annual training in infection control and staff said they are aware of infection control practices, have access to appropriate protection equipment and safe work instructions. Care recipients and representatives are satisfied with systems used within 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

The home has systems to ensure hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment. A four week rotating menu is in place and current nutrition and hydration care plans are provided to the kitchen regularly to ensure care recipients' needs and preferences are met. Preparation, cooking and serving of meals is done on-site, food is ordered weekly, a date rotation system for stock is in place and the menu is reviewed on an annual basis by a dietitian. Duty statements and cleaning schedules direct the cleaning of care recipient rooms and communal areas. The home has an on-site laundry service for personal clothing, including a labelling service to reduce lost clothing and linen services are provided by an external company according to specifications outlined corporate contracts. Monitoring of catering, cleaning and laundry services is conducted through care recipient, representative and staff feedback, satisfactions surveys, consultation, meetings, maintenance records and internal and external auditing processes.

Results show hospitality systems and services are effective in meeting staff and care recipient needs and preferences. Staff said they have access to appropriate training and equipment. Care recipients and representatives are complimentary regarding the home's hospitality services and they are able to provide feedback.