



Australian Government

Australian Aged Care Quality Agency

Southern Cross Care Lynbrook

RACS ID 3287
500 Evans Road
LYNBROOK VIC 3975

Approved provider: Southern Cross Care (Vic)

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 17 April 2018.

We made our decision on 17 February 2015.

The audit was conducted on 20 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

Southern Cross Care Lynbrook 3287

Approved provider: Southern Cross Care (Vic)

Introduction

This is the report of a re-accreditation audit from 20 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 20 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: | Sarah Lawson |
| Team members: | Jennifer Clarke Jill Packham |

Approved provider details

| | |
|---------------------------|---------------------------|
| Approved provider: | Southern Cross Care (Vic) |
|---------------------------|---------------------------|

Details of home

| | |
|----------------------|------------------------------|
| Name of home: | Southern Cross Care Lynbrook |
| RACS ID: | 3287 |

| | |
|--|--------------------------------------|
| Total number of allocated places: | 96 |
| Number of care recipients during audit: | 95 |
| Number of care recipients receiving high care during audit: | Not applicable |
| Special needs catered for: | Care recipients living with dementia |

| | |
|------------------------|--|
| Street: | 500 Evans Road |
| City: | Lynbrook |
| State: | Victoria |
| Postcode: | 3975 |
| Phone number: | 03 8768 6100 |
| Facsimile: | 03 8768 6190 |
| E-mail address: | jkelly@sccv.org.au |

Audit trail

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

Interviews

| Category | Number |
|---------------------------------------|--------|
| Management/administration | 8 |
| Nursing/personal care/lifestyle staff | 15 |
| Allied Health | 4 |
| Care recipients/representatives | 23 |
| Hospitality/environmental staff | 8 |

Sampled documents

| Category | Number |
|------------------------|--------|
| Care recipients' files | 19 |
| Personnel files | 9 |
| Medication charts | 20 |

Other documents reviewed

The team also reviewed:

- Activity calendars, attendance records and associated documentation
- Audits, audit schedule and surveys
- Call bell response records
- Cleaning schedules
- Clinical assessments, charts, forms and documentation
- Communication book
- Compliments and complaints and registers
- Continuous improvement plan
- Drugs of addiction register and medication refrigerator temperature charts
- Education calendars and attendance records
- Fire, security and emergency documents
- Food safety program, audits, dietary information and menu

- Handover sheets
- Incidents and clinical indicator registers and data
- Inventory and equipment management documents
- Meeting minutes, memoranda and newsletters
- Menus and dietary information
- Monthly infection rate data and analysis
- Monthly key performance indicator data and analysis
- Organisational chart
- Orientation documentation
- Pest control records
- Police certificate, statutory declaration and nursing registration database
- Policies, procedures and guidelines
- Preventative and reactive maintenance records
- Recruitment and induction records
- Resident and staff information booklets and packs
- Residents' agreements
- Risk assessments
- Rosters
- Self-assessment
- Service agreements
- Vision and philosophy statement.

Observations

The team observed the following:

- Activities in progress
- Emergency and firefighting equipment, egress routes and pathways
- Equipment and supply storage areas
- Information noticeboards
- Interactions between staff and residents

- Internal and external living environment
- Meal and refreshment service
- Short observation conducted in the 'Latrobe' dining room
- Storage and administration of medications.

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 has a system to identify, action and monitor continuous improvement. The system is comprised of input from incidents, audits, observations, care consultations and written and verbal feedback from all stakeholders. Management log all input on a register, document feedback provided and escalate all complex or systematic items to the home's continuous improvement plan. Meetings, newsletters and memorandum keep residents, representatives and staff informed. The home conducts continuous improvement activities at a local level and organisational led improvements occur. Residents and staff are satisfied with the continuous improvement system and said management are responsive when they raise issues.

Recent improvements relevant to Standard 1- Management systems, staffing and organisational development include:

- As a result of an organisational management initiative, a new electronic incident reporting system has been installed and education provided to all users. Management and staff confirmed the new software has improved analysing, monitoring and timeliness of any actions in response to incidents.
- Management identified an opportunity to improve the home's archive storage. The designated room has been cleared of equipment unrelated to archiving and a new system implemented. Management stated the initiative has improved security, confidentiality and access to archived documentation.

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 a system to identify relevant legislation, regulatory requirements, professional standards and guidelines across all four Accreditation Standards. The home’s organisational structures and management identify and action relevant regulatory compliances.

Management review and amend policies and procedures accordingly with any required changes. There are processes to monitor compliance and to manage required changes to practice. Management receive information from peak bodies, legislative update services and government information. Memoranda, education sessions, newsletters and meetings keep all stakeholders informed of regulatory changes and requirements. Staff stated they are aware and kept informed of their regulatory compliance responsibilities.

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

- There are processes to ensure the currency of police certificates for staff and volunteers and relevant statutory declarations are in place.
- The home has a continuous improvement system.
- Management monitors the credentials of registered and enrolled nurses.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have the knowledge and skills required for effective performance relating to the Accreditation Standards. Staff attend the organisation's annual mandatory training days and a site specific calendar responsive to the current residents' care needs and suggestions from staff. The home records attendances at education sessions and has an evaluation system to ensure effectiveness. Staff undertake appropriate competencies to maintain and monitor their practices. The home provides training facilities on site and staff are encouraged and supported to attend external courses and conferences to increase their skills and qualifications. Staff stated they were satisfied with the education opportunities offered to them at the home.

Education undertaken in the last 12 months relating to Standard 1 - Management systems, staffing and organisational development includes:

- managing complaints
- team leader training
- bullying and harassment.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Management has systems to ensure care recipients, representatives and other interested parties have access to internal and external complaints mechanisms. The complaints process is in the staff and resident handbooks and management address complaints confidentially as required. Management notifies residents and representatives about the comments and complaints processes on orientation to the home. Opportunities for stakeholders to provide feedback include completing feedback forms, at meetings or speaking directly to key staff. Residents and staff stated management is approachable and responsive to matters arising. Documentation demonstrated and residents and staff stated management follow up comments and concerns in a timely and responsible manner.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

Management has documented the home's vision, values, philosophy, objectives and commitment to quality. Management display these statements throughout the home.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There are appropriately skilled and qualified staff to ensure care and service delivery is in accordance with regulatory requirements, professional guidelines, policies and procedures, the organisation's philosophy and the current needs of residents. Management recruits staff based on position descriptions, minimum qualifications, reference checks and current police certificates. Successful applicants sign a contract and undertake an induction program. Staff appraisals, audits, competencies and management observations ensure maintenance of optimal staff practices. Staff gain additional skills and knowledge through internal and external education opportunities and are required to attend annual mandatory training.

Monitoring of staffing levels occurs to reflect changes in resident numbers and care needs. Staff said management supports them and residents and representatives stated they are satisfied with the level and quality of care provided.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Management demonstrates systems to ensure appropriate goods and equipment are available for quality service delivery. Key organisational and site personnel monitor stock levels and re-ordering processes are through an approved suppliers list. Adherence to maintenance and cleaning programs occurs and electrical equipment is tested and tagged for safety. Reviewing and updating of goods and equipment reflects identified special needs of the current resident population. New equipment is trialled prior to purchase with staff receiving appropriate training. Equipment, supplies and chemicals are securely stored with access restricted to authorised personnel. Residents and staff stated adequate supplies of appropriate goods and equipment are available at all times.

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

Management and staff have access to information that is accurate and appropriate to their roles. Residents and representatives are provided with information on entry to the home, and are kept informed through newsletters, care consultations, meetings and informal discussion. Staff are kept informed through policies and procedures, education, meetings, handover and position descriptions. Key data is collected, analysed and discussed at meetings.

Confidential records are securely stored, archived and destroyed as required. Stakeholders are satisfied with the quality and timeliness of information provided.

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

Externally sourced services occur in a way which meets the home's needs and service quality goals. The organisation's head office establishes and manages service agreements which include specifying standards of service delivery, police certificates, ongoing certification or registration and insurance requirements as applicable. Service agreement reviews occur regularly to enhance efficiency, cost effectiveness and quality control.

Management evaluates performance through monitoring and stakeholder feedback. Residents, representatives and staff said they are satisfied with the current external service providers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home's continuous improvement system demonstrates improvements in residents' health and personal care is ongoing. For a description of the home's system of continuous improvement refer to expected outcome 1.1 Continuous improvement.

Some recent continuous improvements relating to Standard 2 - Health and personal care include:

- Following identification of inconsistencies between resident's assessments and care plans, a new template for care plans has been developed and implemented. Staff stated the tool is easy to use, less time consuming and provides clear, accurate and concise information.
- As a result of a management initiative, a behavioural specialist position to work across the organisation has been established. The role provides support to staff and assists with the care and management of residents with complex behaviours. Staff said the improvement is having a positive effect on behaviour management in the home.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a system to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to care recipients’ health and personal care. There are processes to ensure and monitor compliance. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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

- Medications are stored safely and administered according to legislated processes and guidelines.
- There are policies and procedures to manage an unexplained resident absence.
- Registered nurses oversee provision of care and specialised nursing needs for residents.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management demonstrates staff have appropriate knowledge and skills to provide effective health and personal care to residents. Staff selection and recruitment practices ensure employment of appropriately qualified and skilled staff. Ongoing education opportunities maintain their skills and reflect the current residents’ needs. Refer to expected outcome 1.3 Education and staff development for more information about the home’s systems and processes. Staff said they are satisfied with clinical education offered and confirm they undergo skill competencies.

Education undertaken in the last 12 months relating to Standard 2 – Health and personal care includes:

- challenging behaviours
- medication management
- wound management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Management takes a multidisciplinary approach to care recipients’ health and personal care. Established clinical systems guide staff through the nursing process of assessment, planning, implementation and evaluation to ensure optimal clinical outcomes for residents.

Appropriately qualified staff conduct a comprehensive suite of clinical assessments that underpin the development of a clinical care plan. Clinical care plan review processes are established and ensure timely identification of changes in residents’ needs to ensure appropriate care delivery. A change of shift handover occurs and is used as the main mechanism to highlight changes in residents’ care needs and preferences. Records show ongoing consultation with residents or their nominated representative, treating medical practitioner and allied health specialists to ensure care delivery is appropriate. Staff report clinical incidence and records show appropriate management. Residents and representatives spoke highly of the care provided.

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’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Registered nurse in partnership with the resident, their representative, general practitioner and a range of external health professionals identify assess and plan for residents specialised care needs and preferences. The regular update of individualised complex care plans and the handover process guides staff practice. Staff reported changes in the care needs are communicated effectively. Relevant staff education and training is provided and staff are satisfied with the support received for specialised care provision. Residents and representatives are satisfied with the delivery of specialised nursing care to residents.

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 referral of care recipients to health specialists and services occurs according to their assessed needs and preferences. On entry to the home, staff assess all residents for their health related requirements and refer residents to relevant health specialists to meet identified needs and preferences. Residents can access visiting specialists within the home or are supported in accessing health specialists of their choice in the broader community.

Established processes support the documentation of changes in treatment recommended by the health care specialist. Residents and representatives are satisfied with the range of health specialists available.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Management has systems in place to ensure the safe and correct management of care recipients’ medication in accordance with regulatory requirements. Appropriately skilled and qualified staff administer medications and document the effectiveness of medication administered on an ‘as required’ basis. Clinical processes assist staff to identify, assess and review residents’ medication allergies, needs and preferences. A medical practitioner undertakes assessment and review of residents’ medication requirements regularly.

Processes exist for the ordering, delivery and disposal of medications. Medications are stored safely and securely and in accordance with regulatory guidelines. Policies and procedures and current medication resources are readily accessible and guide staff practice. Management reviews the outcome of medication incidents to identify trends and determine if further training is required. Residents and representatives are satisfied with how staff manage residents’ medication.

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

Management demonstrates its pain management approach ensures all care recipients are as free as possible from pain. Clinical systems prompt staff to identify, assess and monitor residents’ pain needs initially and on an ongoing basis to ensure the achievement of optimum comfort levels. Staff explore, trial and offer medication alternatives to residents such as massage heat packs and exercise. Reassessment and pain charting occurs if residents present with increased pain or with pain from a new origin. Referral to relevant health

specialists for treatment and / or advice is facilitated as needed. The effectiveness of residents' pain management is monitored through the feedback mechanisms and clinical review processes. Education is provided to staff on the identification and management of pain. Residents and representatives said they are satisfied with the way staff manage any pain or discomfort.

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

Management demonstrates practices of the home maintain the comfort and dignity of terminally ill care recipients. Discussion occurs with the resident or their nominated representative about the residents' end of life wishes and staff said this forms the basis of the care provided in the terminal stage of a residents' life. The home arranges access to palliative care services if required and spiritual support is available for resident and their family. General practitioners support care and staff receive education and training in the provision of palliative care and management of specialised equipment that support resident comfort. Records confirm representatives are satisfied with how staff respect and support residents' individual beliefs, customs and comfort needs during the palliative care process.

2.10 Nutrition and hydration

This expected outcome requires that "care recipients receive adequate nourishment and hydration".

Team's findings

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. The assessment of residents' nutritional needs occurs on entry to the home taking into consideration personal preferences, allergies, medical needs and level of assistance required. Clinical systems prompt staff to identify and assess residents' nutritional needs, preferences and the level of assistance required. Clinical systems prompt staff to monitor residents' weights monthly or more frequently if necessary and clinical guidelines are available to manage variances. Staff also consult with the general practitioner, dietitian and speech pathologist to ensure optimal nutritional intake. Staff ensure food textures and fluid thickness meets needs and assistive devices are available to optimise nutritional intake. Hot and cold beverages are available throughout the day and a heat wave care plan provides guidance to staff to ensure adequate hydration for residents during the warmer months. Residents stated staff provide food and beverages to meet their needs and assist them when necessary during meal service.

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

Management demonstrates its practices maintain care recipients’ skin integrity consistent with their general health. Residents’ skin integrity is assessed on entry to the home, when care needs change, and as part of the care plan review process. Strategies for the maintenance of residents’ skin integrity include diet and fluids, pressure relieving devices, position change and application of topical creams and lotions. A visiting podiatrist and hairdresser ensure residents hair and nails are maintained in a healthy state. Skin tears and wounds are monitored, managed and records of care are documented. Policies and procedures are available to guide staff in the assessment and management of wounds and wound care consultant is available for further advice as needed. Residents and representatives spoke highly of the manner in which residents’ skin integrity is maintained.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Staff follow established processes to ensure care recipients’ continence needs are managed effectively. In consultation with the resident and/or representative staff assess the resident’s continence needs on entry to the home and as their needs change. Individual care plans document the level of assistance required and the specific types of continence aids needed. Staff promote optimal bowel health through the promotion of hydration, high fibre diet and exercise. Promotion of social continence, dignity and independence is a focus of the program. Continence aids are stored discretely and staff stated sufficient supplies are maintained. Residents and representatives confirmed they are satisfied with the manner in which residents’ 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 needs of care recipients with challenging behaviours are managed effectively. The assessment of residents’ behaviour commences on entry to the home and care plans outline individual triggers and management strategies. Registered nurses review care plans on a regular basis to evaluate the effectiveness of the interventions. Behaviour management occurs in consultation with the resident’s medical practitioner and records show staff consult with behavioural and dementia specialists on an as need basis. A lifestyle program has been implemented to assist in the prevention and/or management of challenging behaviours.

Education on behaviour management forms an integral part of the program. Incident reporting data demonstrates the incidence of resident aggression is monitored. Residents and representatives spoke of the warmth, care and understanding provided by staff to residents with challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all care recipients”.

Team’s findings

The home meets this expected outcome

Optimum levels of mobility and dexterity are achieved for all care recipients. Each resident’s mobility and dexterity needs are assessed upon entry to the home and this process includes a falls risk assessment. A physiotherapist identifies actions to maintain mobility and dexterity and promote independence according to residents’ capabilities and monitors residents’ progress on a regular basis. The program includes the assessment of aids, the use of hip protectors and the development of individualised program which includes passive, individual and group exercises. The environment of the home encourages mobility for residents and aids promote independence and optimise dexterity when eating and drinking. Management reviews incident reports documenting resident falls. Residents and representatives confirmed their mobility and dexterity is maintained.

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

Staff ensure residents are assisted to maintain optimal oral dental health. Residents are encouraged to visit their own dentist or access visiting dental services on a regular basis. Assessments for oral and dental needs and preferences are completed on entry to the home and individual plans are established in partnership with the resident and/or representative.

Staff assist and prompt residents with daily dental hygiene and observe and document any relevant dental issues. Dental hygiene products are provided as required. Residents and representatives are satisfied that residents’ 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

Care recipients’ sensory losses are identified and managed effectively. Residents’ sensory deficits are assessed on entry to the home and as changes in care needs are identified.

Residents are referred to and encouraged to visit appropriate professionals as the need is identified, these include but are not limited to audiologists and optometrists within and outside the home. Care staff are aware of residents’ sensory losses, communication issues and care requirements. Alternative strategies to promote communication such as speaking clearly, the use of large print information and enhanced lighting are also facilitated. Residents stated they are satisfied staff support their sensory needs.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Management has systems to ensure care recipients are able to attain natural sleep patterns. Residents’ preferences and requirements are identified on entry to the home and on an ongoing basis. Care plans include rising and settling times, individual rituals and strategies to achieve natural sleep. Some of the strategies used to promote sleep include the monitoring of pain, provision of snacks, warm milk drinks and individual support. When indicated, general practitioners prescribe medication to aid sleep. Residents said the home is quiet at night and that they are satisfied with the support provided to promote natural sleep.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home’s continuous improvement system demonstrates improvements in residents’ lifestyle are resident focused and ongoing. For a description of the home’s system of continuous improvement refer to expected outcome 1.1 Continuous improvement.

Examples of recent improvements in relation to Standard 3 – Care recipient lifestyle include:

- As a result a resident’s request, a chook pen has been established, resident selecting the chooks. Residents are satisfied with the improvement and we observed residents enjoying having the chooks close by.
- Following a staff suggestion, electronic tablets and computers were purchased for residents’ use and wireless internet installed throughout the home. The initiative has resulted in residents having improved communication and face to face contact with their families. Staff stated residents are enjoying using the equipment.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident lifestyle and there are processes to ensure compliance. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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

- The home has systems to demonstrate compliance related to residential agreements.
- Policies and procedures to maintain privacy and confidentiality of resident information are in place and followed.
- The home has policies and procedures for managing reportable incidents of elder abuse.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management provides education and development opportunities to staff to ensure they have the skills and knowledge to perform their duties in relation to residents’ lifestyle outcomes.

Refer to expected outcome 1.3 Education and staff development for more information about the home’s systems and processes. Residents and representatives said staff have the training and knowledge to meet their lifestyle needs.

Education undertaken in the last 12 months relating to Standard 3 – Resident lifestyle includes:

- pastoral care and empathy
- reportable assaults
- lifestyle coordinator training.

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

Management and staff provide initial and ongoing emotional support to residents and representatives. New residents and representatives meet with management and receive an information pack and handbook explaining services and levels of care. They go on a tour of the facility and meet other residents and staff. After a settling-in period assessments capture past and current social and emotional histories. Care plans document preferences, triggers and strategies for the residents to enjoy life at the home. Residents are encouraged to personalise their rooms and staff invite representatives to join in activities and maintain close contact. The home has access to psycho-geriatric specialists and counselling services if required. Regularly reviewed care plans capture change and the activity program schedules individual time with residents. We observed staff interacting with residents in a caring and friendly manner and residents said the home meets their emotional needs.

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

Management and staff demonstrate they support residents to achieve optimal independence, maintain friendships, family connections and community links. The home's assessment and care planning process identifies residents' cognitive, mobility and dexterity levels, any risk taking behaviours and preferences for social interaction. Exercise programs assist to maintain mobility and strength and lifestyle programs include sensory stimulation activities and community outings. The home assists residents to vote in elections, shop for personal items, attend community groups and entertain visitors. Supplied equipment aids and utensils encourage independence and audits ensure the environment is free of hazards. Residents stated they feel they are part of the local community and said staff assist them to be independent.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff respect each resident's right to privacy, dignity and confidentiality. The organisation provides information to residents and staff on their privacy and confidentiality policies. Residents sign consent forms for the release of personal information and the display of photographs and names. The home accommodates residents in single rooms with private en suite bathrooms. There are numerous internal and external areas to meet with visitors and facilities to hold private functions. Files are kept in secure areas, handover occurs discreetly and residents have access to keys to lock their doors and a secure drawer in their room. Staff knock on doors before entering and address residents by their preferred name. Residents said staff treat them with respect and maintain their privacy.

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

Management and staff support and encourage residents to participate in a range of activities and events both in groups and individually. Lifestyle profiles capture past and current interests, preferences for social interaction and community and family links. Care plans document these choices and regular reviews reflect changes in the individual needs of the resident. Activity evaluations, feedback from meetings and participation records monitor satisfaction and residents make suggestions for future planning. Community groups and volunteers are welcomed at the home and residents receive assistance to go on outings and to maintain

individual hobbies. Friends and family are encouraged to be involved in their life at the home and to join in activities. Residents stated staff assist them to attend the daily events and they are satisfied with the variety of the activities program.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings

The home meets this expected outcome

Management and staff demonstrate they foster and value residents' cultural and spiritual lives. Initial assessments and care plans document preferences including celebratory days, beliefs, religious choices, cultural preferences and palliative care wishes. Staff access interpreters if needed. Various denominations hold group and individual religious services. Cultural and volunteer groups are welcome and staff assist residents to attend community clubs and events. Special events and significant days are celebrated and residents' dietary preferences accommodated. Residents stated satisfaction with the support provided to meet their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Management and staff are committed to promoting the residents' right to participate in choices and decisions regarding their clinical care and lifestyle preferences. Authorised powers of attorney or guardianship information is available where required. Regular risk assessments and care plan reviews capture change. Displayed brochures, handbooks and agreements contain information on residents' rights and responsibilities, the complaints process, external advocacy services and policies relating to clinical care and lifestyle choices. Audits, surveys and feedback from meetings monitor satisfaction and staff have access to policies and procedures on this outcome. Residents stated satisfaction with their ability to make independent choices and decisions.

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 systems to ensure residents understand their rights and responsibilities and have security of tenure within the home. An information and admission package is provided to all residents and the home's agreement contains information regarding fee calculation, terms of tenure and services provided. Management inform staff of residents' rights and

responsibilities, specified care and services and elder abuse through policy, handbooks and orientation. The home displays the Charter of residents' rights and responsibilities and information regarding independent complaint services and advocacy groups is available within the home. Residents and representatives stated they receive information about their security of tenure and are able to approach management with any queries.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home’s continuous improvement system demonstrates that improvements in physical environment and safe systems are ongoing. For a description of the home’s system of continuous improvement refer to expected outcome 1.1 Continuous improvement.

Examples of improvements in relation to Standard 4 – Physical environment and safe systems include:

- Management identified an opportunity to improve staff safety and practices around management of soiled linen. New smaller linen skips with gas lifting lids have been purchased and implemented. Management and staff stated the initiative has improved infection control and occupational health and safety at the home.
- As a result of identifying an opportunity to improve, management had a shed built for maintenance and contractors to use when completing maintenance. Management said the improvement has resulted in improved safety and comfort for these stakeholders.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a system to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to the physical environment and safe systems. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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

- Chemical storage is secure and current material safety data sheets are available.
- The home has a food safety program audited annually by a third party.
- The home complies with annual essential services maintenance reporting.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management has processes to monitor and enhance the skills and knowledge of staff to ensure they perform their roles effectively in relation to the physical environment and safe systems. Staff confirmed they attend annual mandatory training and said they are confident of their skills in the event of an environmental emergency or infectious outbreak. Refer to expected outcome 1.3 Education and staff development for more information about the home’s systems and processes.

Education undertaken over the last 12 months in relation to Standard 4 –Physical environment and safe systems includes:

- infection control
- fire awareness
- occupational health and 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

Management and staff at the home are actively working to provide a safe and comfortable environment. Residents live in single, personalised rooms with ensuite bathrooms. The home provides well maintained internal and external environments with appropriate signage and security features. Furnishings and equipment are consistent with residents’ care and safety needs. Residents and visitors have access to a variety of private and communal areas to meet and refreshments are available. Monitoring of safety and satisfaction with the environment is through surveys, audits and a preventative and corrective maintenance program. Policies and procedures guide staff practices and meet regulatory requirements.

Residents and representatives were complimentary of the comfort and safety of the environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The occupational, health and safety management program provides a safe working environment for staff that meets regulatory requirements. The organisation monitors monthly incident data and supports staff and management at the home. On-site trained representatives have responsibilities including conducting environmental audits and monitoring and mentoring staff practices. Staff receive ongoing training for manual handling, fire and emergency, safe chemical management and infection control. They have access to policies and procedures to guide work practices. Incidents and infections data is analysed and hazards and maintenance requests dealt with in a timely manner. Identified opportunities for improvement feed into the continuous improvement plan. Staff stated they have access to appropriate equipment and aids to reduce the risk of injury.

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

There are systems for the detection, prevention and management of fire, security and other emergencies. The home has fire detection and alarm systems installed and service records confirmed external contractors undertake regular inspections and maintain equipment. The evacuation kit contains a current list of residents noting their mobility levels. Evacuation maps are on display, exits are clearly signed and free of obstruction and external assembly areas are marked. The home has keypad and closed circuit camera security systems and provides effective after hours' emergency measures. Visitors are required to sign a register on entry and exit. Staff attend mandatory fire and emergency training at orientation and annually thereafter. Residents receive relevant information in their information handbook, instruction sheets displayed in their rooms and at meetings. Staff are able to detail their actions in the event of an emergency evacuation and residents and representatives are satisfied with fire and security measures in the home

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has a system to prevent, identify, manage and contain infections. Infection control education is part of orientation and the home's annual mandatory education. Management collect, analyse and trend infection data monthly then identify and implement strategies and interventions. Outbreak guidelines, protective equipment, infectious waste disposal and pest control form part of the infection control program. The home has a food safety program in place. Staff stated identification and management of infections occurs quickly and effectively.

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 provision of hospitality services enhances residents' quality of life and the staff working environment. The home has a rotating menu, offering choices at meal times and prepared in accordance with a food safety program. Residents have ongoing input into the menu.

Cleaners follow a schedule that ensures appropriate cleaning of all areas of the home. Cleaning occurs according to infection control guidelines and personal protective equipment is utilised. The laundering of personal clothing takes place on site and laundry staff offer a labelling service. Residents and representatives said they are satisfied with all of the hospitality services provided at the home.