



Australian Government

Australian Aged Care Quality Agency

St John's Retirement Village Nursing Home

RACS ID 4481
138 Williams Road
WANGARATTA VIC 3677

Approved provider: Trustees of the Anglican Diocese of Wangaratta

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 21 August 2018.

We made our decision on 06 July 2015.

The audit was conducted on 02 June 2015 to 03 June 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government
Australian Aged Care Quality Agency

Audit Report

St John's Retirement Village Nursing Home 4481

Approved provider: Trustees of the Anglican Diocese of Wangaratta

Introduction

This is the report of a re-accreditation audit from 02 June 2015 to 03 June 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 02 June 2015 to 03 June 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of four 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: | Dawn de Lorenzo |
| Team members: | Colette Marshall Joanne Wheelahan Marg Foulsum |

Approved provider details

| | |
|---------------------------|--|
| Approved provider: | Trustees of the Anglican Diocese of Wangaratta |
|---------------------------|--|

Details of home

| | |
|----------------------|---|
| Name of home: | St John's Retirement Village Nursing Home |
| RACS ID: | 4481 |

| | |
|--|---|
| Total number of allocated places: | 91 |
| Number of care recipients during audit: | 89 |
| Number of care recipients receiving high care during audit: | Not applicable |
| Special needs catered for: | Area for care recipients living with dementia |

| | |
|------------------------|--|
| Street: | 138 Williams Road |
| City: | Wangaratta |
| State: | Victoria |
| Postcode: | 3677 |
| Phone number: | 03 5721 4214 |
| Facsimile: | 03 5721 9777 |
| E-mail address: | svj@stjohnsvillage.com.au |

Audit trail

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

Interviews

| Category | Number |
|---|--------|
| Director of Care | 1 |
| Chief Executive Officer | 1 |
| Quality manager and facility educator | 1 |
| Clinical management | 3 |
| Wound care consultant | 1 |
| Clinical, care and lifestyle staff and volunteers | 17 |
| Care recipients/representatives | 14 |
| Pharmacist | 1 |
| Allied health personnel | 2 |
| Catering, cleaning and laundry staff | 6 |
| Maintenance manager | 1 |
| Administration staff | 5 |

Sampled documents

| Category | Number |
|--|--------|
| Care recipients' files | 9 |
| Care recipients' lifestyle files | 9 |
| Residential agreements for care recipients | 9 |
| Medication charts | 8 |
| Personnel files | 10 |
| External contracts | 5 |

Other documents reviewed

The team also reviewed:

- Activities calendar and lifestyle documentation
- Archive register
- Audits and surveys
- Catering, cleaning and laundry schedules and related records

- Chemical register and safety data sheets
- Comments and complaints folders and register
- Competency assessments
- Compulsory reporting register and flow chart
- Consent forms
- Continuous improvement plan
- Education documentation including matrix, calendars and evaluations
- Electronic care planning system
- Employee, volunteer and contractor handbooks
- Essential services reports
- Food safety plan and third party audits
- Incident reports and analysis documentation
- Infection control data and analysis documentation
- Influenza vaccination records
- Information for care recipients including handbook and package
- Memoranda
- Menu and dietary records
- Minutes of meetings
- Newsletters
- Occupational health and safety documentation including workplace inspections
- Orientation documentation for permanent and temporary staff
- Police certificates and statutory declarations register
- Policies and procedures
- Preventative and reactive maintenance documentation
- Risk assessments
- Rosters, appraisals and position descriptions.

Observations

The team observed the following:

- Accreditation assessment signage for stakeholders
- Activities in progress
- Administration and storage of medications
- Archive area
- Cleaning and laundry in progress
- Equipment and supply storage areas
- Fire fighting equipment, fire panel, alarms, site maps, evacuation pack and care recipient list
- Hand hygiene facilities, personal protective equipment, outbreak box and spills kits
- Improvement forms with box and external complaints pamphlets
- Interactions between staff and care recipients
- Living environment
- Noticeboards
- Nursing stations and staff room
- Philosophy, vision, mission and values statement displayed
- Refreshment and lunch service with menu displayed
- Short group observation in dining room before lunch
- Waste management systems.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation actively pursues continuous improvement and monitors performance against the Accreditation Standards. A quality and clinical governance committee oversees continuous improvement processes. Utilisation of a framework with various mechanisms such as feedback from stakeholders, infection control information, audits and incident reports ensures identification of areas for improvement. Management encourage stakeholders to contribute to the continuous improvement system through means such as attending meetings, completing forms, electronic mail and the home's open door policy. In addition, care recipients, their representatives and staff complete regular surveys. Management introduce changes in a careful manner and monitor their impact. There are processes such as internal and external audits to review performance. Management provide feedback to care recipients, their representatives, staff and other stakeholders as appropriate verbally or through documentation such as electronic mail and newsletters.

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

- Management identified the organisation's website required improvement. More information such as care services, employment opportunities and accommodation is now available online. There has been positive feedback from staff who report ease of use of the site. Management said they have noted increased usage of their web page.
- Management recognised the importance of improving the home's auditing system and obtained a new benchmarking package. Although not all audits are fully implemented, there has been positive feedback from staff who note the audits can be completed in a timely manner. Management said the provision of improved information has resulted in improved care and services for care recipients.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation’s management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines across the Accreditation Standards. The home’s management subscribe to various legislative services, government agencies and industry bodies to ensure they receive notification of changes in legislation. Staff receive information of any regulatory changes through avenues such as meetings, memoranda or education. The organisation’s management develop or modify policies, procedures and education processes to ensure alignment with any changes.

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

- Management notified stakeholders in advance regarding this re-accreditation audit.
- Stakeholders have access to information about advocacy services and internal and external complaint mechanisms.
- There is a system to ensure compliance with police certificate requirements and overseas statutory declarations for all relevant staff.
- Management monitor the professional registrations of staff to ensure performance of tasks by qualified individuals.

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 appropriate knowledge and skills to perform their roles effectively. The education program includes topics across the Accreditation Standards including management systems, staffing and organisational development. Training requirements are established through care recipient and staff needs analysis, performance appraisal, staff feedback, introduction of new equipment, observation of practice and evaluation of monitoring processes such as audits and incident reports. A current education planner is displayed on noticeboards and on the organisation's intranet. The education program includes competency testing, an orientation program and compulsory training.

There is a system to record and monitor staff attendance at education and compulsory training sessions. Staff said they are encouraged and supported to attend education and training sessions. Care recipients and their representatives said they are satisfied management and staff have the skills and knowledge required.

Recent examples of education and training relating to Standard 1 Management systems, staffing and organisational development include:

- accreditation preparation for Board members
- Certificate III and IV in Aged Care Services
- Certificate IV in Frontline Management
- documentation writing
- Quest training – Assessing the Standards.

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

Each care recipient and/or their representative and other interested parties have access to internal and external complaints mechanisms. The system includes feedback forms, stakeholder meetings, information handbooks, brochures and newsletters. A locked box to lodge forms ensures anonymity if desired. Stakeholders also verbalise complaints through management's open door policy or electronic mail. There are interpreter services available for care recipients from non-English speaking backgrounds. Management ensure stakeholder satisfaction through regular surveys as well as through the home's auditing system. There is a process to log comments and complaints as required to identify trends. Management investigate any suggestions in a timely manner and provide feedback to stakeholders as appropriate through meetings, letters, consultations or electronic mail. Care recipients, their

representatives and staff said they are aware of how to make a complaint and are satisfied to do so if required.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has documented the residential care service's philosophy, vision, mission and values and commitment to quality. These statements are displayed within the home and included in information provided to care recipients, their representatives and staff.

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 sufficient to ensure the delivery of services in accordance with these Standards and the residential care service's philosophy and objectives. The recruitment process includes interviews, reference and qualification checks with continued monitoring of registration once employed. There is a system to ensure staff possess current police certificates with associated documentation as necessary. The staff orientation process includes education and supernumerary shifts and position descriptions document their roles. Management monitor staff performance through competency assessments, performance appraisals and observation of practice. There is a process to ensure roster coverage through the use of casual or temporary staff to fill any vacancies with consideration given to the current needs of care recipients. Staff are satisfied with the number of staff and adequacy of skills. Care recipients and their representatives said they are satisfied care recipients receive adequate care in a timely manner.

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

There is a system to ensure stocks of appropriate goods and equipment for quality service delivery are available. The home has an asset register and a register of approved suppliers and tradespeople. Processes for new equipment include both a trial period and education for staff. There is a preventative maintenance program for equipment with specific staff designated to order any required goods and to clean equipment. Sufficient storage for goods and equipment include suitable locked storage areas. Care recipients, their representatives and staff said they are satisfied with the goods and equipment in the home.

1.8 Information systems

This expected outcome requires that "effective information management systems are in place".

Team's findings

The home meets this expected outcome

There are effective information management systems with confidentiality, privacy and security maintained throughout. All stakeholders have access to current information, activities and events of the home as appropriate through means such as meetings, noticeboard displays, handbooks and newsletters. Care recipients and their representatives receive adequate information to assist them to make decisions about each care recipient's care and lifestyle. Management and staff receive accurate information to help them perform their roles through the electronic care planning system, education, memoranda, policies and procedures. There is a process to regularly back up the computer system externally with logons and passwords for staff. Management archive confidential material securely with the information retrievable in a timely manner. Care recipients, their representatives and staff said they are satisfied with information systems in the home.

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

There is a system to provide externally sourced services to meet the residential care service's needs and service quality goals. Management have a register of contracted providers and review the service agreements regularly with input from care recipients and staff, as appropriate, to ensure the provision of optimum service. There is a system to ensure contractors have a current police certificate with associated documentation as necessary.

External providers receive information regarding the home's processes when they commence. Care recipients, their representatives and staff said they are satisfied with the services provided by the home's contractors.

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 regarding the home's continuous improvement system and processes.

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

- Following an audit, management recognised the need to improve medication management and purchased new disposable 'do not disturb' aprons for qualified staff to wear during medication rounds. There has been positive feedback from staff who report reduced interruptions during rounds resulting in improved medication management for care recipients. Evaluation is ongoing.
- To improve both nutritional services for care recipients and education for staff, management organised for a contracted speech pathologist to visit the home. There has been positive feedback from staff who report improved understanding of dysphagia leading to improved specialised care for those care recipients with swallowing difficulties.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home's regulatory compliance system and processes.

Examples of regulatory compliance in relation to Standard 2 Health and personal care include:

- There are procedures to ensure compliance with legislation in the event of a care recipient's unexplained absence.
- Registered nurses oversee specific care planning activities and care tasks.
- There are policies and procedures regarding medication management.

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 and staff have appropriate knowledge and skills to perform their roles effectively in the area of care recipients’ health and personal care. For a description of the system, refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 2 Health and personal care include:

- continence management
- falls prevention and management
- insulin administration and safety
- medication management and safety
- thickened fluids information and requirements.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients receive clinical care appropriate to their needs and preferences. On entry to the home, an assessment and interim care plan defines care needs and interventions required. This is followed by a period of assessments and care planning. A registered nurse is responsible for the development and evaluation of clinical care and review of care plans. Consultation with the care recipient, their representative, medical practitioners and other health professionals occurs. There is a second monthly care review process including consultation with care recipients and representatives. Communication of care occurs through verbal and written handover, care plans and treatment schedules. Care recipients and their representatives said they are satisfied with how clinical care is 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. Specialised care plans outline interventions and monitoring for staff to follow. Registered nurses review and evaluate outcomes of care in consultation with medical practitioners and a range of other health professionals. Other specialised external consultants

visit the home including wound care, palliative care and the local hospital in reach service. Care recipients and their representatives said they are satisfied with how specialised care is undertaken.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Care recipients are referred to appropriate health specialists in accordance with their assessed needs and preferences. Medical practitioners visit care recipients regularly or as needed, and other health professionals provide services on site including physiotherapy, podiatry, nutrition and speech pathology. Dental, hearing, and eye care services are either provided on site or outside the home. Referral to medical specialists outside the home occurs as needed and information regarding changes to treatment and care are followed. Care recipients and their representatives said they are satisfied with the home’s process for referral to health specialists according to needs and preferences.

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

Care recipients’ medication is managed safely and correctly. Qualified nurses undertake or supervise medication administration and competency training is completed annually. Medical practitioners monitor and revise care recipient medication requirements. Staff have access to medication policies and procedures and monitoring of the system occurs. Medications administered on an as needs basis are recorded and there is evaluation of medication effectiveness. Monitoring of medication incidents occurs and review is undertaken accordingly. Multidisciplinary medication meetings are held to monitor and evaluate the medication system. Care recipients and their representatives said they are satisfied with how staff undertake medication administration.

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 approach used to manage pain enables all care recipients to be as free as possible from pain. Care processes for pain management includes assessment of pain history, the presence of pain and effectiveness of current or previous therapies. Assessment tools include verbal and non-verbal signs of pain. A range of pain management strategies includes heat packs, gentle exercise and analgesia. Medical practitioners monitor pain and the effectiveness of analgesia and other treatments on a regular basis. Care recipients and their representatives said they are satisfied with how staff manage care recipients’ pain.

2.9 Palliative care

This expected outcome requires that “the comfort and dignity of terminally ill care recipients is maintained”.

Team’s findings

The home meets this expected outcome

The comfort and dignity of terminally ill care recipients is maintained. Advanced care plans outline care recipient choices for end of life care and palliative care plans define care needs and preferences including comfort and dignity measures. Consultation with the care recipient, their representative, medical practitioner and other health professionals occurs to allow effective care provision. Specialised palliative care services are consulted to assist with care planning as required. Lifestyle and pastoral care staff provide spiritual and emotional support for care recipients and their families and religious representatives attend according to care recipient wishes.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration and there are effective processes to support individual choice and preference. Assessment of nutrition and hydration needs includes dietary requirements, medical condition and personal preferences. Care recipients at risk of nutrition and hydration problems are identified through specific assessments such as weight monitoring and eating patterns. A dietitian visits on a regular basis and there is an effective referral and review process. Speech pathology referrals occur as required and medical practitioners monitor care recipients’ nutrition and hydration requirements. There are communication processes to advise catering staff of care recipients’ dietary plans including variations. Nutritional supplements, specialised diets and assistive devices are used to support care recipient needs. Care recipients and their representatives said they are satisfied with nutrition and hydration and assistance given to care recipients.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. Skin care plans outline care recipients individual care needs and includes assessment of nutrition, continence and mobility status. Staff monitor the condition of care recipients’ skin and maintain skin integrity through the application of moisturisers and use of limb protectors and pressure relieving devices. Wound care treatment is evaluated and the incidence of skin tears and pressure injuries is monitored through the incident reporting system. Care recipients and their representatives said they are satisfied with how staff attend to skin care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care recipients’ continence is managed effectively. Assessments include triggers and health conditions which may affect continence and care plans outline individual support to maintain or restore continence. There are measures to ensure the maintenance of privacy and dignity when staff provide assistance. Care recipients and their representatives said they are satisfied with how staff manage care recipient continence.

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 generally managed effectively. Behaviour care plans outline triggers and intervention strategies. The lifestyle program provides a range of group and individualised activities during the morning shift. Nursing staff and general practitioners manage the care and intervention strategies for care recipients living with dementia with referral to specialist services as required. Care recipients and their representatives said they are satisfied with the approach used to manage care recipients 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. Mobility and dexterity care plans outline strategies to promote safe mobility and dexterity. Physiotherapy plans identify measures to maintain and promote mobility and dexterity according to care recipient capabilities and includes falls prevention strategies and exercise regimes. The environment of the home promotes independent mobility for care recipients using assistive equipment. There is a range of falls prevention equipment in use, falls data is collected and prevention strategies are generally revised. Care recipients and their representatives said they are satisfied mobility and dexterity is encouraged and staff provide suitable assistance.

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

Care recipients’ oral and dental health is maintained according to needs and preferences. Care plans include details about daily care of teeth, mouth and dentures and level of assistance required by the care recipient. Dental appointments are arranged as required and dental products are readily available for care recipient use and changed routinely. Care recipients and their representatives said they are satisfied with the level of oral and dental care provided by staff.

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 and care plans outline individual care recipient needs. Referral to other health professionals such as a speech pathologist, audiologist and optometrists occurs as required. Staff assist care recipients with use of hearing, visual and other aids and routine checks of the working condition of aids occurs on a regular basis. Care recipients and their representatives said they are satisfied with the attention given to care recipients’ sensory needs.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients are assisted to achieve natural sleep patterns. Staff assist care recipients to maintain their preferred sleep pattern when they move into the home. Sleep assessments and care plans outline measures to promote natural sleep based on individual choice and preference. Staff utilise a variety of methods to promote sleep and consult with the care recipients’ medical practitioner if medication is required. Care recipients said the home is quiet at night and staff provide assistance as needed and according to their preferences.

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 regarding the home’s continuous improvement system and processes.

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

- Management identified the need to improve lifestyle for care recipients. After research at other residential aged care facilities, a dementia specific program of activities was organised for care recipients. Following education to staff on dementia awareness and an information night for all stakeholders, the programs have been introduced to some areas of the home. There has been positive feedback from care recipients, their representatives and staff who report care recipients enjoy the new activities, which promote a sense of fulfilment and purpose. Implementation and evaluation is ongoing.
- Care recipients requested they had suggestions for their activities program and management organised a meeting to discuss the ideas. Following this, activities such as art appreciation have been introduced. There has been positive feedback from care recipients who enjoy the new activities.

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 regarding the home’s regulatory compliance system and processes.

Examples of regulatory compliance in relation to Standard 3 Care recipient lifestyle include:

- There is a privacy policy.
- Care recipients and their representatives receive information on care recipient rights and responsibilities, services provided and the complaints scheme.
- Management has policies and procedures concerning elder abuse and compulsory reporting and maintain a register.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively in the area of care recipients’ lifestyle. For a description of the system, refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 3 Care recipient lifestyle include:

- advocacy
- Certificate III in Leisure and Lifestyle
- cultural diversity in ageing
- dementia care
- person centred care
- spirituality in practice.

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 to adjust to their new life in the home and on an ongoing basis. Care recipients and their representatives have an opportunity to tour the home prior to entry and receive information about the care and support available. Care recipients may consider a respite stay prior to permanent entry. Staff assess care recipients' emotional needs on entry and relevant information is included in care plans and regularly reviewed.

Staff monitor new care recipients as they settle in and introduce them to others with similar interests. Care recipients are encouraged to personalise their rooms with items from home and family are encouraged to visit and attend social activities with the care recipient.

Religious representatives and volunteers provide additional support as needed and staff refer care recipients to medical practitioners and specialist services if required. Care recipients and their representatives said they are satisfied with the emotional support provided at the home.

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 assist care recipients to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home.

Assessment of mobility, dexterity, sensory and cognitive function occurs on entry and reviewed as part of the scheduled care review. This includes assessing equipment needs and strategies to support the care recipient to remain as independent as possible. Staff support care recipients with information technology and assist them as required to connect with family and friends via the internet. The lifestyle program includes sessions that assist with maintenance of function. The program also includes outings to community events and places of interest and staff ensure care recipients maintain individual community links by arranging transport and liaising with community groups as required. An onsite kiosk and a mobile trolley allow care recipients to make independent purchases and management ensure care recipients have opportunity to exercise their right to vote if they wish. Care recipients and their representatives said they are satisfied care recipients are supported to maintain their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff ensure each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Care recipients and their representatives receive information about the home's privacy policy on entry and privacy information and the Charter of care recipients' rights and responsibilities is included in the care recipient's handbook. Staff are aware of their responsibilities in relation to care recipients' privacy, dignity and confidentiality, which is reflected in their work practices. Personal information is securely stored, there are restricted levels of access to confidential electronic information and confidential discussions occur in private. Care recipients have single rooms with ensuite bathrooms. There are small indoor and outdoor areas where care recipients may meet with their visitors privately if they wish and care recipients may book rooms within the home for private celebrations. Care recipients and their representatives said they are satisfied with the way care recipients' privacy and dignity is respected.

3.7 Leisure interests and activities

This expected outcome requires that "care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. Care recipients complete a lifestyle profile prior to or soon after entry that includes information about their background, family, culture, spirituality, interests and recreational preferences. Lifestyle staff use this information to develop individual care plans that are reviewed in line with scheduled care review and in response to changing needs. The home offers a monthly activities program that provides a broad range of activities and includes visits by community services, school students and entertainers as well as cooking, exercises, pampering, bingo, quizzes, tai chi, men's groups and outings. Volunteers assist staff with the program and provide individual visits to care recipients as required. Care recipients may choose to attend activities in other sections of the home if they wish, which promotes a sense of community. Staff maintain attendance, participation and evaluation records. Care recipients and their representatives said care recipients are satisfied with the lifestyle program and are supported to participate in activities of interest to them.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home values and fosters care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds. Care recipients identify their cultural and spiritual needs and

preferences on entry and this is reflected in relevant care plans. Cultural diversity is celebrated at the home through food, music, arm chair travel and special days of recognition. Staff have access to cultural information to assist in communicating with care recipients in their native language and understanding their cultural needs. Interpreter services are available if required. Religious services are regularly held in the home and care recipients of all denominations are welcomed and supported to attend. Staff assist care recipients to make contact with other religious representatives and to attend community based church services if appropriate. Care recipients and their representatives said they are satisfied with the support provided to meet care recipients 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 support each care recipient or their representative to participate in decisions and exercise choice about the care recipient's care and services. Staff encourage care recipients to express their preferences in relation to all aspects of their life in the home whilst ensuring these do not infringe on the rights of others. Care recipients or their representatives complete written consents for the display of the care recipient's name and photograph. Care recipients exercise choice and preferences in relation to personal care, health practitioners, rising and retiring times, menu selections and level of participation in activities. Individual preferences are included in care plans and regularly reviewed and updated. Care recipients may also express their wishes through forums such as meetings, surveys and improvement forms. Care recipients and their representatives said they are satisfied with the opportunities available to care recipients to express their preferences and participate in decision-making.

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

Management ensure care recipients are informed about the security of their tenure within the home and understand their rights and responsibilities. Care recipients and their representatives receive information through residential agreements, discussions with management, information packs and the care recipients' handbook. A process of consultation and agreement precedes any change in a care recipient's room. Care recipients and their representatives understand their rights and responsibilities and are satisfied with the security of tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

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

- Management identified environmental and infection control processes required improvement and organised for an external infection control body to audit these systems. Following the audit and education to staff, there has been an introduction of measures such as new policies, procedures and cleaning schedules. To date, there has been positive feedback from staff who suggest the new processes have improved infection control. Implementation and evaluation is ongoing.
- Management recognised manual processes of maintenance documentation required improvement. Following an engineering audit, a software tool for maintenance staff was purchased to store items such as the preventative maintenance program. There are plans to develop this system to include reactive maintenance processes. There has been positive feedback from maintenance staff who find the new system timely and informative. Evaluation is ongoing.
- To improve the living environment for care recipients, management commenced a re-building project in September 2013 with plans to complete in June 2015. Although not fully completed, to date new areas opened include two new wings, a new administration area and an auditorium for internal and external community events. Management said a new central kitchen and laundry will open soon and new furniture and bain-maries have been ordered. There has been positive feedback from care recipients, their representatives, staff and other stakeholders who enjoy the new areas.

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 regarding the home’s regulatory compliance system and processes.

Examples of regulatory compliance in relation to Standard 4 Physical environment and safe systems include:

- There is a food safety program and current third party audits.
- The home has infection control guidelines in the event of an outbreak.
- There are processes to provide a safe working environment to meet regulatory requirements.
- Management have a system to demonstrate compliance with fire safety regulations.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively in the area of physical environment and safe systems. For a description of the system, refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 4 Physical environment and safe systems include:

- chemical handling
- fire and safety
- food safety
- infection control
- influenza outbreak.

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 of the residential care service is actively working to provide a safe and comfortable environment consistent with the needs of care recipients. Rooms are single occupancy with private ensuites. There is safe access to clean, comfortable and well-maintained communal and private living areas, dining rooms and gardens. All areas are appropriately furnished and the internal living environment maintained at a comfortable temperature. Relevant staff monitor the comfort and safety of the home through preventative and routine maintenance. Staff assist care recipients to remain safe and comfortable by ensuring access to items such as call bells and mobility aids. Care recipients and their representatives said they are satisfied care recipients feel safe and comfortable.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management actively work to provide a safe working environment that meets regulatory requirements. Nominated occupational health and safety (OHS) representatives are appropriately trained and undertake responsibilities that include monitoring staff practice and the environment and supporting staff with workplace health and safety issues. There are policies and procedures to support safe work practice and staff are trained in manual handling, infection control and fire and emergency management. Relevant equipment and work tasks are risk assessed and there are processes for alerting staff about hazards and unsafe equipment. Staff have access to personal protective equipment and specialised equipment for the safe delivery of care. The OHS committee meet monthly and report to the quality and clinical governance committee. Management monitor safety through audits, observation, surveys, feedback and surveillance systems. Staff said they are well trained, kept informed and know how to report workplace incidents and hazards.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff actively work to provide an environment and safe systems of work that minimise fire, security and emergency risks. External specialist services inspect and test fire detection, isolation and fire fighting equipment and other essential services in line with the preventative maintenance program. Management display emergency evacuation plans and ensure emergency exits and egress routes are visible and free from obstruction. There are

effective processes to maintain a current care recipient evacuation list. All staff complete annual mandatory fire and emergency training and care recipients have signs in their rooms to inform them of what to do in the event of an alarm sounding. There is an emergency generator for power outage and a number of contingency plans in place for other potential emergencies. There are processes to ensure a secure environment. Care recipients and their representatives said they are satisfied the home provides a safe and secure environment.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

There is an effective infection control program in place. Infection surveillance is undertaken and results are evaluated by key clinical staff and discussed at relevant staff meetings.

Policies and procedures including outbreak procedures are available for staff to follow. Hand hygiene, personal protective equipment and appropriate waste disposal systems are in place throughout the facility. Care recipients are assessed and monitored for the risk of infection and medical practitioners and nursing staff monitor response to treatment. There is a planned pest control program. Catering, cleaning and laundry procedures follow infection control guidelines. There is a food safety program and current council and external audit certification. Cleaning schedules are in place and environmental audits are undertaken.

Vaccinations are offered to care recipients and staff.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment".

Team's findings

The home meets this expected outcome

Hospitality services are provided in a manner which enhances care recipients' quality of life and the staff's working environment. Meals are prepared with care recipient allergies, likes and dislikes taken into account. Staff provide cleaning according to a schedule with processes for any extra cleaning tasks as required. Laundry staff process all care recipient clothing and sundry items on site with provisions for labelling of care recipients' clothes to assist in the prevention of lost items. An external commercial service launders all other linen. Management monitor hospitality services through internal and external audits with the provision of regular staff education including chemical handling and infection control. Care recipients, their representatives and staff said they are satisfied with the home's catering, cleaning and laundry services.