



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Swan Hill District (Nyah Campus) RACS ID: 4545

Approved Provider: Swan Hill District Health

Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.

Reconsideration Decision made on 23 January 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 20 July 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 15 September 2015 to 15 May 2019.

Reason for decision Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at <http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program>.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.

This decision is effective from 23 January 2018

Accreditation expiry date 15 May 2019



Australian Government

Australian Aged Care Quality Agency

Swan Hill District (Nyah Campus)

RACS ID 4545

5 Monash Avenue

NYAH WEST VIC 3595

Approved provider: Swan Hill District Health

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 15 September 2018.

We made our decision on 20 July 2015.

The audit was conducted on 16 June 2015 to 17 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

Swan Hill District (Nyah Campus) 4545

Approved provider: Swan Hill District Health

Introduction

This is the report of a re-accreditation audit from 16 June 2015 to 17 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

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 16 June 2015 to 17 June 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Assessment team

Team leader:	Doris Hamilton
Team member:	Jim Chamouras

Approved provider details

Approved provider:	Swan Hill District Health
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Details of home

Name of home:	Swan Hill District (Nyah Campus)
RACS ID:	4545

Total number of allocated places:	15
Number of care recipients during audit:	15
Number of care recipients receiving high care during audit:	Not applicable
Special needs catered for:	Nil

Street:	5 Monash Avenue	State:	Victoria
City:	Nyah West	Postcode:	3595
Phone number:	03 5033 9317	Facsimile:	03 5030 2381
E-mail address:	lbye@shdh.org.au		

Audit trail

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

Interviews

	Number		Number
Management and administration	6	Care recipients/representatives	7
Clinical and care staff	9	Lifestyle staff and volunteers	2
Allied health	1	Housekeeping/maintenance staff	5

Sampled documents

	Number		Number
Care recipients' files	5	Medication charts	4
Care recipient agreements	3	Personnel files	3
External contracts	4		

Other documents reviewed

The team also reviewed:

- Care recipients' information pack
- Clinical records and documents
- Continuous improvement records and documents
- Environment management records and documents
- Human resource records and documents
- Infection prevention and control records and documents
- Leisure and lifestyle records and documents
- Meeting minutes
- Menu
- Newsletters
- Policies and procedures.

Observations

The team observed the following:

- Equipment and supply storage areas
- Interactions between care recipients and staff
- Internal and external living environment
- Meal service
- Noticeboards and information displays
- Short group observation.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation actively pursues continuous improvement across the four Accreditation Standards. Management identifies continuous improvement opportunities through meetings, surveys, audits, comments, complaints, suggestions and feedback from care recipients, representatives, staff and other stakeholders. The home maintains an audit schedule and continuous quality improvement plan to measure the home's performance across the Accreditation Standards. Continuous improvement is linked to the strategic plan. Management analyses results to evaluate and monitor continuous improvement processes. The organisation uses meetings, meeting minutes, memoranda, intranet, reports, newsletters and survey results to keep stakeholders informed of improvements in the home. Care recipients, representatives and staff are satisfied the home seeks the views of stakeholders and actively pursues improvement.

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

- Staff provided feedback about the amount of time it took them to record information on electronic systems at the end of their shifts. In response, management purchased portable tablet devices to enable staff to record information electronically in real time during their shifts. After some initial teething problems, staff have provided positive feedback. Evaluation of the success of using portable devices is ongoing.
- An end of year survey identified 50% of new care recipients and representatives were unhappy with the financial information they received on admission. To make the admission process and provision of information clearer, the organisation created a new flowchart outlining the admission process, developed an “expression of interest” form to capture essential details of new care recipients, and created a detailed assessment application form. Staff are more aware of the process for providing information. The organisation will use the next care recipient and representative survey to measure the success of the new 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

Management has systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The organisation maintains

regulatory compliance through subscriptions to peak body memberships, government updates and subscription to legislative update services. Management ensures updates to policies and procedures to reflect legislative changes. The organisation distributes information relating to legislation and policies and procedures to staff through appropriate mechanisms including meetings, training, communiques, memoranda and emails. All staff have access to current policies and procedures on the intranet. The home provides care recipients, representatives and other stakeholders with information through meetings, newsletters, notices and email. Management monitor regulatory compliance through audits, competency testing, observations, surveys and feedback. Staff are satisfied management keep them updated and informed of regulatory requirements.

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

- Management has an established system for maintaining current police certificates and statutory declarations for staff and contractors.
- Confidential documentation is stored securely.
- Management notified care recipients and representatives of the re-accreditation audit within the required period.

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 appropriate knowledge and skills required to perform their roles effectively. All staff undertake mandatory education when they commence employment and complete mandatory training on an annual basis. The organisation conducts education days monthly on a variety of topics. Management identify training requirements through needs analysis, appraisals, audits, observation of staff practices, surveys, care recipient needs and feedback. The organisation encourages and supports staff to undertake training and professional development opportunities through internal, external and online education programs. Staff are informed of training opportunities through email, memoranda, meetings and education calendars. Management record and monitor attendance at education sessions, completion of mandatory training and staff competencies. Training courses are evaluated through mechanisms including attendance records and feedback. Staff are satisfied with the education opportunities available to them.

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

- accreditation standards
- continuous improvement
- care management systems.

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, their representative and other stakeholders have access to internal and external complaints mechanisms. Staff inform care recipients and representatives of internal and external complaint and advocacy mechanisms when they enter the home. The organisation provides stakeholders with access to information through care recipient handbooks, brochures, notices, meetings and survey results. Brochures are available in other languages. Stakeholders are encouraged to make suggestions or complaints through feedback forms, correspondence, meetings, surveys, telephone or in person. Management immediately action any complaints, issue acknowledgment letters when they receive comments or complaints and provide feedback to staff. The organisation uses the quality system to record, audit and evaluate comments and complaints. Care recipients, representatives and staff are satisfied they have access to complaints mechanisms and management deals with comments and complaints appropriately.

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 vision, values and philosophy, objectives and commitment to quality throughout the service. The home's strategic plan is prominently displayed, is available for viewing by all stakeholders and clearly documents the home's commitment to quality.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Management demonstrates there are appropriately skilled and qualified staff sufficient to ensure service delivery in accordance with these standards and the residential care service's philosophy and objectives. Management use formal recruitment, selection and induction processes to ensure the recruitment of appropriately skilled and qualified staff and ensure all staff have current national criminal history checks. Position descriptions and duty statements guide staff. New staff undergo orientation and complete a probation review three months after commencement. All staff complete an annual mandatory training program. Management review staffing levels and rostering arrangements to ensure appropriate staffing levels. Casual staff and additional shifts cover staff leave requirements. Management monitor staff performance through observations, surveys, feedback, appraisals and competencies. Care recipients and representatives are satisfied with the care they receive from staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The organisation ensures stock of appropriate goods and equipment for quality service delivery is available. Management maintain a works equipment program and key personnel follow purchasing protocols and policies to purchase new equipment and maintain stock levels. The organisation has preferred suppliers and conducts trials and evaluations of new equipment prior to purchase. Electrical equipment is tested and tagged. Suppliers provide training to staff in the use of new equipment. Management conducts reviews and assesses goods and equipment by completing regular audits and obtaining feedback from care recipients and staff. The home has effective preventative and responsive maintenance programs. Care recipients, representatives and staff are satisfied they have appropriate goods and equipment to meet their needs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The organisation has effective information management systems. Management maintains established information and documentation systems. Staff access current policies and procedures on the intranet. Management provides care recipients and representatives with appropriate information on entry to the home. The organisation uses email, newsletters, memoranda, handbooks, meetings and noticeboards to provide effective ongoing communication to all stakeholders. Security of computer systems is maintained through established backup processes. Staff have individual passwords with tiered levels of access. Regular information management and documentation audits are conducted. Documents are securely stored, archived and destroyed according to legislation. Staff are satisfied they have access to the administrative, care and operational information required to perform their duties. Care recipients and representatives are satisfied they have access to information and the organisation keeps them well informed.

1.9 External services

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

Team's findings

The home meets this expected outcome

Management ensures the provision of all externally sourced services in a way that meets the residential care service's needs and service quality goals. The home contracts with a range of external providers. Contracts for external providers document the conditions of engagement, standards and obligations required. The organisation maintains a database to manage all contractor information including police checks, insurances, licences and credentials. All external contractors sign contracts prior to engagement, and are required to complete an induction program before working in the home and annually. Contractors are required to notify the home prior to arriving, and to sign in and out. Management monitors the quality of external services through audits, observation, key performance indicators,

stakeholder feedback and satisfaction surveys. Care recipients, representatives and staff are satisfied with the services provided by external 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

The organisation actively pursues continuous improvement across all aspects of care recipients' health and personal care. Care recipients and representatives are satisfied with the quality of care provided by staff. Refer to expected outcome 1.1 Continuous improvement for details of the service's continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 2 Health and personal care include the following:

- The home originally had four heavy folders for medication charts which were difficult to access for staff and doctors and required bending and lifting to use them. A casual staff member made a suggestion to use an indexed medication chart system on a trolley. Management implemented the new system. It has resulted in quicker and easier access to medication charts for staff and doctors, and has reduced bending and lifting. Feedback from staff has been positive.
- Management identified through incident reporting that a number of care recipients were frequently falling in their bathrooms. In response, management created a poster for bathroom doors as a prompt for care recipients to seek staff assistance when using the bathroom. Incident reports show a decrease in falls since the posters were created, and there will be ongoing measurement and evaluation. Care recipients and staff feedback is the posters are a good idea.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home's regulatory compliance system and processes.

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

- Minimum annual education standards are in place. Management ensures professional registrations of nursing staff are maintained.
- The organisation has a documented system to guide staff and management in the event of an unexplained care recipient absence.

- Staff demonstrate compliance with legislative requirements relating to medication management and storage.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

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

- continence management
- pain management
- safe medication 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

The home has systems to ensure care recipients receive appropriate clinical care. Clinical staff use initial assessments when care recipients enter the home to develop interim care plans. Clinical staff perform comprehensive assessments across all care domains and document extended care plans. Staff follow protocols for routine clinical monitoring and directions from registered nurses and medical practitioners to perform additional observations as required. Registered nurses review care plans regularly and in response to the changing needs and preferences of care recipients. A medical practitioner visits the home each week and care recipients can attend external medical clinics if desired. Staff transfer care recipients to acute care services and refer to medical specialists and allied health practitioners as appropriate. Care recipients and representatives expressed satisfaction with clinical care.

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

The home identifies and meets care recipients’ specialised nursing care needs. Registered nurses coordinate the assessment and care planning of specialised nursing care. Medical practitioners develop and review care directives. Specialised nursing care provided by the home includes diabetes management, oxygen therapy and wound care. Staff stated they have sufficient equipment and resources to provide specialised nursing care. Care recipients expressed satisfaction with their specialised nursing care.

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

Clinical staff refer care recipients to appropriate health specialists in accordance with care recipients’ needs and preferences. Allied health professionals including physiotherapists, podiatrists, dietitians, and speech pathologists visit the home regularly. Allied health professionals document and review plans of care for staff to implement. Clinical staff review care plans in response to the consultation provided by allied health professionals. Staff said communication between themselves and allied health professionals is effective. Care recipients expressed satisfaction with their access to allied health services.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ medication is managed safely and correctly. Registered nurses coordinate the assessment and care planning for medication management. Medical practitioners complete and regularly review medication charts. Pharmacies supply medications in original packaging. Medication is stored and disposed of correctly. Consultant pharmacists, in liaison with medical practitioners, regularly review care recipients’ medication regimes. Staff administer medication according to their qualifications and competency. Management monitor the system through incident reports, audits and a medication advisory committee. Care recipients expressed satisfaction with their medication management.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Management and staff ensure all care recipients are as free as possible from pain. Registered nurses coordinate the assessment, care planning, and review of pain management. Care recipients are assessed for pain on entry to the home and plans of care are documented. Staff monitor for pain and report to medical practitioners who order pain relieving medication as appropriate. Staff implement pharmaceutical and non-pharmaceutical pain relieving measures, such as heat packs and massage. Care recipients expressed satisfaction with their pain management.

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 home has systems to maintain the comfort and dignity of terminally ill care recipients. Registered nurses discuss terminal care wishes with care recipients and representatives on entry to the home and document their needs and preferences. Care consultations are held with clinical staff, medical practitioners, care recipients and representatives on deterioration of care recipients’ health status. Care recipients are referred to palliative care experts who visit the home as appropriate. Staff receive education on palliative care and pain management and have appropriate resources. Management and staff support representatives to remain with care recipients as they wish. Representatives expressed satisfaction with end of life care consultations.

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. Clinical staff assess care recipients on entry to the home for their nutrition and hydration needs and preferences and a plan of care is documented. Care plans include dietary likes and dislikes, directions for modified textured food and fluids, allergies and assistive devices as appropriate. Staff weigh care recipients to identify changes and refer any significant variations to the dietitian. Staff consult the speech pathologist and medical practitioners to review changes in care recipients’ condition. Management monitor through regular reviews, incident reports and feedback. Care recipients expressed satisfaction with meals and drinks.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ skin integrity is consistent with their general health. Clinical staff assess needs, preferences and skin integrity risk on entry to the home and document plans of care. Staff monitor care recipients’ skin and record and report changes. Staff assist to maintain skin integrity applying moisturisers, skin protectors and by providing assistance with hygiene and position changes. Staff refer to medical practitioners and podiatrists for review and treatment. Registered nurses oversee the management of wounds and refer to wound care consultants when necessary. Management monitor skin care through regular reviews and analysis of clinical data. Care recipients expressed satisfaction with their 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

The home has systems to effectively manage care recipients’ continence. Clinical staff assess continence needs and preferences on entry to the home and develop care plans. Staff monitor to identify strategies to reduce episodes of incontinence and maintain social continence. Care recipients are referred to medical practitioners for assessment and treatment of conditions affecting continence and visit urology specialists if indicated. Staff have access to a continence advisory nurse for consultation if required. Management monitor through audits, reviews and feedback. Care recipients and representatives expressed satisfaction with continence management.

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

Management and staff effectively manage the needs of care recipients with challenging behaviours. Clinical staff assess on entry to the home using assessment tools to identify challenging behaviours and their contributing factors. Staff also assess for cognitive abilities and mood. Care plans contain strategies to manage challenging behaviours as appropriate. Staff support care recipients, offering meaningful activities and one on one interaction. The aged persons’ mental health team visit the home to provide assistance. Management monitor the behaviour management program using audits and incident reports. Care recipients said they feel safe and secure in the home.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients achieve optimum levels of mobility and dexterity. Clinical staff and physiotherapists assess care recipients for mobility and dexterity on entry to the home. Care plans include falls risk ratings and strategies to assist care recipients with mobility and dexterity. Physiotherapists review care recipients regularly, on referral and following a fall. The design of the environment and the equipment supplied by the home supports mobility and reduces the risk of falls. Staff assist care recipients to maintain mobility by following individual care plans. Management monitor incidents of falls and discuss results at staff meetings. Care recipients expressed satisfaction with mobility and dexterity.

2.15 Oral and dental care

This expected outcome requires that “care recipients’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

Management and staff have systems to maintain the oral and dental health of care recipients. Clinical staff assess care recipients’ oral and dental health on entry to the home and develop a plan of care. Care recipient care plans include oral and dental needs and preferences and the level of care required. Staff refer care recipients to medical practitioners for treatment of conditions of the mouth and gums. Care recipients are assisted to receive dental services. Management monitor oral and dental care through regular reviews and feedback. Care recipients expressed satisfaction with oral and dental care.

2.16 Sensory loss

This expected outcome requires that “care recipients’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

The home has systems to identify and manage care recipients’ sensory losses effectively. Staff assess on entry to the home for abilities regarding all five senses. Individualised plans of care include strategies to maximise senses and assist with sensory loss. Staff review care plans regularly and refer care recipients to specialists as necessary. Care recipients are assisted to receive hearing and vision services. Management provide education on care of sensory aids. Medical practitioners review care recipients and prescribe treatment for conditions affecting sensory loss. Management monitor the program to manage sensory loss through regular audits, incident reports and feedback. Care recipients expressed satisfaction with the care they receive for their sensory loss.

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 achieve natural sleep patterns. Clinical staff assess care recipients on entry to the home to establish needs and preferences for sleep. Staff document care recipients’ patterns of rest and wakefulness to ensure they are achieving adequate sleep. Staff refer care recipients to medical practitioners for strategies to assist sleep as appropriate. Care plans detail individual preferences such as preferred rising and settling times and bed time rituals. Staff assist over night by respecting individual preferences and providing physical and emotional comfort measures if care recipients are not sleeping. Management monitor results for care recipients through regular reviews and feedback. Care recipients said they get a good night’s 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 organisation actively pursues continuous improvement activities in relation to care recipients’ lifestyle. Refer to expected outcome 1.1 Continuous improvement for details of the service’s continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 3 Care recipient lifestyle include the following:

- A care recipient satisfaction survey identified a lack of variety in activities for care recipients. In response, the organisation subscribed to an online program which develops activities for the elderly, including dementia-specific activities. The home has implemented and used the program extensively, particularly for special activities such as St Patrick’s Day, activities particular to the area, and word games. The resource is available to all staff when leisure and lifestyle staff are unavailable. Care recipients have provided very positive feedback.
- The organisation identified they could improve resources for care recipients with limited cognitive function. Management conducted research and purchased a subscription to a 24 hour radio station which has programs specific for the elderly. The radio is located in one lounge area, which also includes a new rocking chair and sensory box for sensory stimulation. Records show the lounge area is being used by care recipients. There has been positive feedback from care recipients, representatives and staff.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about care recipient lifestyle. Refer to Expected outcome 1.2 Regulatory compliance for information about how the home identifies and ensures compliance with relevant legislation.

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

- Management offer agreements to all care recipients that specify care, services, rights and responsibilities and security of tenure.
- The home has procedures and practices that comply with privacy legislation and ensure the security and privacy of confidential information.
- There are policies and procedures in place for mandatory reporting.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

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

- dementia care
- privacy and confidentiality
- aboriginal health.

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 have systems to support care recipients adjust to life in the home and receive ongoing emotional support. Care recipients are encouraged to visit the home to familiarise themselves and ask questions before they enter on a permanent basis. Staff orientate care recipients to the environment and introduce them to the home's community. Staff conduct assessments of emotional, psychological and social needs and preferences and develop individualised care plans which are regularly discussed with care recipients and representatives. Volunteers provide outings, social interactions and emotional support. Management monitor the emotional support program using post entry and satisfaction surveys. Care recipients and representatives said staff are welcoming and provide emotional support.

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 optimum independence and social connectivity. Clinical staff assess cognitive abilities, mobility, sensory loss and communication methods and barriers. Leisure and lifestyle staff discuss preferences for maintaining friendships and links with the community. Staff assist care recipients to maintain independence by facilitating regular outings, providing mobile voting booths during elections, and monitoring the environment for risks. Management monitor the home's program to promote independence through incident reports, surveys and meetings. Care recipients expressed satisfaction with the support they receive to maintain independence and community connections.

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

The home ensures care recipients' rights to privacy, dignity and confidentiality is recognised and respected. Management provide care recipients with information regarding privacy on entry to the home. Staff consult to ensure care plans are individualised to meet needs and preferences across all care domains. Staff obtain consent to display photographs and names, maintain sensitive information securely and hold confidential conversations discretely. Care recipients and representatives expressed satisfaction with privacy, dignity and confidentiality.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Management and staff support care recipients to participate in a wide range of activities of interest to them. Leisure and lifestyle staff assess for interests and hobbies and develop care plans detailing recreational activities in which care recipients participate. Lifestyle staff develop a program incorporating activities for physical, spiritual, cognitive and social needs and preferences. Staff ensure each care recipient has access to information regarding the program and encourage them to participate to the extent they wish. Staff document engagement in and enjoyment of the program and perform regular reviews. Care recipients expressed satisfaction with the lifestyle 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 value and foster the customs and beliefs of care recipients. Staff assess culture, language and spiritual beliefs on entry to the home and develop care plans in consultation. Care recipients have access to cultural and spiritual support people and organisations such as aboriginal liaison officers and church groups. Staff assist care recipients to acknowledge and celebrate cultural and religious days of significance. The home holds regular religious services in the chapel conducted by participating denominations to which all are welcome. Staff said they have access to interpreter services if required. Care recipients and representatives expressed satisfaction with cultural and spiritual life.

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

The home has systems to enable and encourage care recipients and representatives to participate in decisions about the home's services and care recipients' lifestyle. Staff assess for preferences across all care and lifestyle domains and hold care planning conferences regularly. Care recipients have the right to refuse treatment. Brochures providing information on topics such as advocacy, end of life choices and dementia are available for care recipients and representatives. Management collect and record information regarding powers of attorney and foster feedback by holding meetings, conducting surveys and providing access to comments and complaints forms. Care recipients expressed satisfaction with the opportunities they have for choice and decision-making, such as their meetings to determine the menu.

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 and staff have systems to ensure care recipients have security of tenure and understand their rights and responsibilities. Management provides each care recipient with information regarding their rights and responsibilities and displays the Charter of care recipients' rights and responsibilities. The home offers an agreement to all care recipients, which contains relevant information on security of tenure, fees and charges, rights and responsibilities and specified care and services. Management hold conferences with care recipients, representatives and medical practitioners in the event the home can no longer meet care recipients' needs and assists them to find suitable alternate accommodation. Care recipients and representatives expressed satisfaction with 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

The organisation actively pursues continuous improvement in relation to all aspects of the physical environment and safe systems. Refer to expected outcome 1.1 Continuous improvement for details of the service’s continuous improvement system.

Examples of recent improvements undertaken or in progress that relate to Standard 4 Physical environment and safe systems include the following:

- The home identified an opportunity to improve security in the car park. Management implemented a range of measures, including the installation of additional sensor lighting, to increase car park security. No security breach incidents have occurred following the improvement initiative and staff feel more secure.
- Staff and visitors provided feedback the carpet in the main lounge area looked stained and uninviting despite regular cleaning. Management replaced the carpet in the lounge area with easy to maintain vinyl and floorboards. There has been positive feedback from care recipients, visitors and staff regarding the appearance and cleanliness of the new floor coverings.

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 organisation’s management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems. Refer to Expected outcome 1.2 Regulatory compliance for information relating to the service’s systems for identifying and ensuring compliance with legislation.

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

- Chemicals are stored appropriately and current material safety data sheets are available.
- There is ongoing monitoring and maintenance of fire and emergency equipment.
- The home has a food safety program with current kitchen external third party audit and certification.
- The organisation promotes workplace health and safety.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

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

- no-lift education
- hazard identification
- infection control
- emergency procedures.

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 is actively working to provide a safe and comfortable living environment consistent with care recipients' care needs. Accommodation is predominantly single rooms with ensuites. Care recipients are encouraged to personalise their rooms with their own personal items and furniture. Care recipients' comfort is maintained with heating and cooling systems, and they have access to lounge areas, sitting areas, kitchenettes, garden areas and courtyards. The organisation ensures routine and preventative building and equipment maintenance is regularly completed. Designated staff conduct routine inspections and regular environmental and occupational health and safety audits. Management encourage feedback from care recipients, representatives and staff through meetings, feedback and surveys. Care recipients, representatives and staff are satisfied the home provides a comfortable, safe and secure environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Staff complete orientation and induction programs and mandatory training and are guided by policies and procedures. The home has a trained occupational health and safety representative. Chemicals are stored safely and safe chemical use includes provision of material safety data sheets. The home provides staff with appropriate protective equipment. Regular meetings are held and the occupational health and safety representative and staff have regular opportunities to provide input into the system. All incidents are reported to management through appropriate channels. Management and occupational

health and safety representatives monitor the safety of the environment through area safety and workplace inspections, observation, pro-active risk management and audits. Staff are satisfied management provide them with a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff actively work to maintain a safe environment that minimises fire, security and other emergency risks. The home has an emergency response plan detailing emergency procedures. Emergency and evacuation plans are on display throughout the home, emergency exits are illuminated and exit doors are free from obstructions. Accredited external contractors conduct fire safety audits and monitor and maintain the functioning and safety of the fire and emergency equipment. Fire safety systems include alarms, sprinklers, and firefighting equipment. Staff complete annual mandatory training in addition to bushfire and extreme weather training. Key staff complete specialised fire warden training. Staff said they know what to do in the event of an emergency. Care recipients and representatives are satisfied the home has safe systems in the event of an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program. The infection control program is supported by the wider organisation's quality and safety framework. Clinical staff identify infections when present and refer to medical practitioners for treatment. Management promote immunisation programs for staff and care recipients. There are effective cleaning programs throughout the home, a pest control program and a food safety plan. Staff receive mandatory infection control education and have guidelines for outbreaks of infectious diseases and infection control. Personal protective equipment, hand washing facilities and waste disposal systems are available for staff. Monitoring of the program includes regular audits and the analysis of rates of infection, which are discussed at relevant meetings. Care recipients expressed satisfaction with infection control.

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 organisation provides hospitality services in a way that enhances care recipients' quality of life and the staff working environment. Staff provide food services in accordance with the home's food safety plan and care recipients' needs and preferences. All food is prepared onsite. Care recipients' preferences and needs are assessed and reviewed as required. The home has a rotating menu which is responsive to individual needs and specialised dietary and beverage needs. Staff follow documented procedures for maintaining the cleanliness of the environment. Care recipients' personal laundry and linen is cleaned off-site and there is a

domestic laundry for care recipients to use if they wish. Chemicals are stored safely and adequate cleaning and laundry supplies and equipment are available. Management conducts regular audits and encourages feedback in relation to all hospitality services. Care recipients and representatives are satisfied with the catering, cleaning and laundry services at the home.