

St Catherine's Hostel Wangaratta Inc

RACS ID: 3063

Approved provider: St Catherine's Hostel Wangaratta Inc

Home address: 59-69 Ryley Street WANGARATTA VIC 3677

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 22 May 2021.

We made our decision on 04 April 2018.

The audit was conducted on 21 February 2018 to 22 February 2018. 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.

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.

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 Contenance 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 services and in the community.

- 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

- 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

Audit Report

Name of home: St Catherine's Hostel Wangaratta Inc

RACS ID: 3063

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Introduction

This is the report of a Re-accreditation Audit from 21 February 2018 to 22 February 2018 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.

During a home's period of accreditation there may be a review audit where an assessment team visits the home to reassess the quality of care and services and reports its findings about whether the home meets or does not meet the Standards.

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 this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 21 February 2018 to 22 February 2018.

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.

Details of home

Total number of allocated places: 69

Number of care recipients during audit: 69

Number of care recipients receiving high care during audit: 69

Special needs catered for: Not applicable

Audit trail

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

Interviews

Position title	Number
Care recipients	16
Representatives	5
Chief executive officer	1
Care manager	1
Finance manager	1
Administrative staff	1
Registered nurse	3
Enrolled nurse	3
Care staff	6
Lifestyle coordinator	1
Hospitality team leader	1
Maintenance	1
Catering manager	1
Catering staff	2
Laundry staff	1
Occupational Therapist	1
Wound consultant	1
Hairdresser	1

Sampled documents

Document type	Number
Care recipients' files	8
Medication charts	8

Staff files	8
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Other documents reviewed

The team also reviewed:

- Advanced care plans and end of life forms
- Allied health referral folders

Audit documentation

- Care recipients' handbook

Catering and dietary records

Cleaning documentation

Clinical observation and management documents

Comments and complaints documentation

Compulsory reporting documentation

Continuous improvement action plan

Corrective and preventative maintenance documentation

Daily care folders

Emergency management procedures

- Equipment and bed pole assessments and reviews

External contracts and associated documentation

Fire and essential services maintenance and testing records

Food safety program

- Incident reports, investigations and evaluations
- Infection control surveillance records
- Infection outbreak report

Kitchen communication book and dietary changes

- Legislative information
- Lifestyle documentation
- Maintenance and hazard reports
- Meeting schedule and meeting minutes
- Memoranda

Newsletters

Nursing registration records

Orientation and induction information

- Police certificate monitoring records
- Policies and procedures

Residential agreements

Room audits

Safety data sheets

Satisfaction surveys

- Self-assessment
- Specialist assessments and reviews

Staff education records

Staff Handbook

Work health and safety documentation

- Wound and pressure care records.

Observations

The team observed the following:

Activities in progress

Archiving system

Cleaners' rooms and chemical storage areas

Clinical supplies

Egress routes

External and internal feedback mechanisms

Fire equipment

Generator

Hand hygiene facilities, personal protective equipment, spill kits and outbreak kits

Interactions between staff and care recipients

Kitchen/catering areas including food storage

Laundry and associated equipment

Living environment

Meal and refreshment service with menu display

Medication administration, storage and disposal systems.

Noticeboards and information displays

Re-accreditation notices displayed

Short group observation during lifestyle activity.

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 services, 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 continuous improvement program includes processes for identifying areas for improvement, implementing change, monitoring and evaluating the effectiveness of improvements. Feedback is sought from care recipients, representatives, staff and other stakeholders to direct improvement activities. Improvement activities are documented on the plan for continuous improvement. Management uses a range of monitoring processes such as audits and quality indicators to monitor the performance of the home's quality management systems. Outcomes are evaluated for effectiveness and ongoing monitoring of new processes occurs. Care recipients, representatives, staff and other personnel are provided with feedback about improvements. During this accreditation period the organisation has implemented initiatives to improve the quality of care and services it provides. Recent examples of improvements in Standard 1 Management systems, staffing and organisational development are:

- Management implemented electronic rostering to replace the existing paper-based system. Management and staff spoke positively about the change which enables the establishment of a monthly roster and a short message alert system for unplanned leave. Management said the system ensures the rostering process more streamlined and efficient and has created greater transparency and equity in shift allocation.
- In response to ongoing challenges promoting staff attendance at training sessions, management explored options to implement an online learning framework. This led to the implementation of the Victorian Regional Health Services eLearning Network at the home. Staff through their individual logins have access to a large range of mandatory and other education topics. Management said staff enjoy the flexibility that online learning provides.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has a generally effective system to identify relevant legislation, regulatory requirements and guidelines, and for monitoring these in relation to the Accreditation Standards. Management has established links with external organisations to ensure they are informed about changes to regulatory requirements. Where changes occur, management takes action to update policies and procedures and communicate the changes to care recipients, their representatives and staff as appropriate. A range of systems and processes have been established by management to ensure compliance with regulatory requirements. Staff have an awareness of legislation, regulatory requirements, professional standards and guidelines relevant to their roles. Examples of regulatory compliance relating to Standard 1 Management systems, staffing and organisational development include:

- Processes ensure all relevant individuals including volunteers have a current police certificate check.
- Information regarding external complaint mechanisms is communicated to care recipients and representatives.
- Management has a system to undertake self-assessment.
- Confidential documentation is stored securely.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home's processes support the recruitment of staff with the required knowledge and skills to perform their roles. New staff participate in an orientation program that provides them with information about the organisation, their position, key policies and procedures and equips them with mandatory skills for their role. Staff are scheduled to attend regular mandatory training; attendance is monitored and a process available to address non-attendance. The effectiveness of the education program is monitored through attendance records, evaluation records and observation of staff practice. Care recipients and representatives interviewed are satisfied staff have the knowledge and skills to perform their roles and staff are satisfied with the education and training provided. Examples of education and training provided in relation to Standard 1 Management systems, staffing and organisational development include attending the:

- Better Practice conference
- regional forum of industry peak body.

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

There are processes to ensure care recipients, their representatives and others are provided with information about how to access complaint mechanisms. Care recipients and others are supported to access these mechanisms. Facilities are available to enable the submission of

confidential complaints and ensure privacy of those using complaints mechanisms. Complaints processes link with the home's continuous improvement system and where appropriate, complaints trigger reviews of and changes to the home's procedures and practices. The effectiveness of the comments and complaints system is monitored and evaluated. Management and staff have an understanding of the complaints process and how they can assist care recipients and representatives with access. Care recipients and their representatives interviewed have an awareness of the complaints mechanisms available to them and are either mostly or always satisfied that staff follow up when they raise things with them.

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 home's vision, philosophy, objectives and commitment to quality. This information is communicated to care recipients, representatives, staff and others through a range of documents and is displayed in the home. Ninety three percent of care recipients interviewed for the consumer experience report said they strongly agree the home is well run while the other seven percent agreed the home is well run.

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 systems and processes to ensure there are sufficient skilled and qualified staff to deliver services that meet the Accreditation Standards and the home's philosophy and objectives. Recruitment, selection and induction processes ensure staff have the required knowledge and skills to deliver services. Staffing levels and skill mix are reviewed in response to changes in care recipients' needs and there are processes to address planned and unplanned leave. The home's monitoring, human resource and feedback processes identify opportunities for improvement in relation to human resource management. Staff are satisfied they have sufficient time to complete their work and meet care recipients' needs. Care recipients and representatives interviewed are highly satisfied with the availability of skilled and qualified staff and the quality of care and services provided.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has processes to monitor stock levels, order goods and maintain equipment to

ensure delivery of quality services. Goods and equipment are securely stored and, where appropriate, stock rotation occurs. Preventative maintenance and cleaning schedules ensure equipment is monitored for operation and safety. The home purchases equipment to meet care recipients' needs and maintains appropriate stocks of required supplies. Staff receive training in the safe use and storage of goods and equipment. Staff, care recipients and representatives interviewed stated they are satisfied with the supply and quality of goods and equipment available at 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

Management and staff have access to information appropriate to their role. Policies, procedures, position descriptions, planned education, meetings, handover and electronic memoranda inform staff. Newsletters, notices, meetings, public announcements and informal discussions provide ongoing information for care recipients and representatives. Staff review clinical information regularly and demonstrate effective systems for communicating changes in care recipients' treatment and needs. Confidential information is stored and archived in line with legislated requirements. Electronic systems are password protected with information restricted to appropriate staff. Management collect, collate and analyse key information to identify potential risks and improvement opportunities. Staff said they have adequate access to information to help them perform their roles. Care recipients and representatives said they receive information regarding care recipients' care and information about activities and events in the home. Care recipients are satisfied staff take the time to explain things to them.

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

The home has mechanisms to identify external service needs and quality goals. The home's expectations in relation to service and quality is specified and communicated to the external providers. The home has agreements with external service providers which outline minimum performance, staffing and regulatory requirements. There are processes to review the quality of external services provided and, where appropriate, action is taken to ensure the needs of care recipients and the home are met. Staff are able to provide feedback on external service providers. Care recipients, representatives and staff interviewed stated they are satisfied with the quality of externally sourced services.

Standard 2 - Health and personal care

Principle:

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements. Recent examples of improvements in Standard 2 Health and personal care are:

- The observed benefits of the visiting nurse practitioner program led to a decision by management to increase in the program from one day a week to four hours for three days a week and an on call service. Management spoke positively about the benefits of the program which include improved clinical assessments and staff education. Care recipients and representatives spoke highly about the quality of the service. One representative said having the nurse practitioner on site has enabled their father, who is anxious about leaving the home, to receive all his care at the home.
- In response to the findings of a coronial inquest into blue reclining comfort chairs, management took a decision to phase out this equipment from use at the home. The wound care specialist and occupational therapist reviewed the seating requirements for all care recipients and made recommendations of specific pressure relieving seating for each care recipient. Management purchased alternate comfort chairs and pressure relieving cushions in accordance with the ensuing report. The occupational therapist will continue to reassess care recipients' pressure care needs as their condition changes ensuring optimum pressure care.

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 about the home's systems to identify and ensure compliance with relevant regulatory requirements.

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

- Management monitor and ensure the currency of all nursing registrations is maintained.
- Registered nurses undertake and oversee care planning and specialised nursing care.
- Medication management, administration and storage occurs in accordance with legislative requirements.

- Management have a policy and procedure for unexplained absences of a care recipient including the requirement to notify all relevant authorities.

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

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to health and personal care. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 2 Health and personal care include:

- advanced care planning
- dementia essentials
- pain management
- wound care.

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 meet their needs and preferences. Transfer data and entry assessments form the basis for an interim care plan, which provides care guidelines until staff complete all assessments and care planning. Care plans include input from other health professionals and reflect care recipients’ preferences and the assessment data. Nursing staff review care plans two monthly or when triggered by medical reviews or changes in the care recipients’ condition. A nurse practitioner is available three days each week providing support for staff and is participating in the provision of care recipients’ clinical care. Staff have access to policies and procedures and education to guide their practice. Audits, care reviews, stakeholder feedback and clinical indicators such as skin tears, falls, behavioural and medications incidents contribute to the monitoring of care outcomes. Care recipients and representatives are satisfied with the clinical care provided for care recipients.

2.5 Specialised nursing care needs

This expected outcome requires that “care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team's findings

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Registered nurses manage care recipients’ specialised nursing care completing assessments, developing care plans and evaluating specialised care regularly. Staff consult the medical practitioner and the gerontology nurse practitioner for any significant change in care recipients’ health status. Other health specialists provide care plan input and

expertise as required. Care plans contain referral outcomes and details of prescribed treatments. Specialist equipment is available and the education program provides staff with the opportunity to develop specialised skills and knowledge. Care recipients and representatives are satisfied appropriately skilled and qualified staff attend to care recipients' specialised care needs.

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 can access a wide range of health specialists according to their needs and preferences. Medical practitioners visit the home regularly and care recipients can retain their own medical practitioner of choice. Management and the medical practitioner provide care recipients and representatives with information about health specialists assisting them to make informed choices. A range of health specialists visit the home and staff assist care recipients to attend external appointments or facilitate tele-conferencing appointments with aged care specialists. Clinical documentation includes outcomes of health specialists' referrals and subsequent updates to care planning. Care recipients and representatives are satisfied care recipients receive adequate assistance to access their preferred health specialists.

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. Registered nurses, medication endorsed enrolled nurses and medication competent carers administer medications from multi dose administration aids and original packaging. Initial and ongoing assessments identify care recipients' medication requirements and preferences, allergies and degree of assistance needed. Medication charts are up to date and include clear medication orders, identification information and detail residents' preferences for taking medication. Registered nurses maintain responsibility for restricted medications and medication requiring regular dose adjustment according to the prescriber's instructions. Processes include checking of medications not included in dose administration aids and for the administration of 'as required' medications. Medications are stored securely and there are procedures to maintain supply and to dispose of unnecessary medication. Management monitors the medication system through incident analysis, pharmacy reviews, audits and medication advisory meetings. Care recipients and representatives are satisfied medication is managed safely and correctly.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

Care recipients are as free as possible from pain. Nursing staff complete initial pain assessments identifying care recipients past and current pain experiences and commence appropriate treatments. Staff complete assessment and charting for continuing pain and use this information to develop a plan of care. Processes include monitoring of care recipients who are unable to verbalise their pain symptoms and a review for any new or altered pain. Care recipients have individualised pain programs directed by an onsite occupational therapist in consultation with the clinical staff and the care recipient's general practitioner. Staff described a range of comfort measures they use to alleviate care recipients' pain including heat and massage therapy, diversion, repositioning and medication. Management monitor for effectiveness of care using care reviews, medication, audits and feedback. Care recipients and representatives said they are satisfied with the management of 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

Care management systems and staff practices ensure the dignity and comfort for care recipients nearing the end of their life. End of life wishes are included in assessment and care planning and the nurse practitioner is assisting care recipients to complete advanced care plans. When indicated nursing staff review care and develop a palliative care plan in consultation with the care recipient, representatives and other health professionals. Palliative care strategies include symptom management, comfort measures, pain control and addressing emotional and spiritual needs. Staff consult with external palliative specialists to assist with advice and care when required. Staff described empathetic care for terminally ill care recipients including consideration of preferences, dignity, comfort and spiritual care. Care recipients and representatives are satisfied with the spiritual and palliative care available for care recipients.

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. Assessments and care plans identify allergies, details of required assistive devices, personal and cultural preferences and clinical needs. Communication processes ensure catering information reflects care recipients' needs and preferences. Staff assist care recipients at mealtimes and provide adaptive cutlery and crockery encouraging independence. Referral systems ensure the dietitian and speech therapist monitors care recipients with dietary and swallowing concerns. Staff weigh care recipients second monthly to monitor for any significant or unexplained weight variation and a small number of care recipients receive additional nutritional supplements. Monitoring of nutrition and hydration occurs through audits, weight analysis and stakeholder feedback. Care recipients and representatives spoke positively of the meals provided, saying they almost always enjoy the food offered and they can have substitute meals, a variety of drinks and snacks as they wish.

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. Initial and ongoing assessments, including a risk assessment process, identify care recipients' skin care needs and preferences and contribute to the development of the care plan. Skin care interventions include pressure relieving devices, specific hygiene and skin moisturising strategies, mobility reviews, position changes and nutritional strategies. Wound care includes appropriate wound dressings, documentation and evaluation of care and consultation with the wound care specialist when required. The wound care specialist evaluates all pressure-relieving aids for suitability and optimum pressure relieving function. Staff confirmed sufficient supplies of wound care products and availability of education resources for skin care management. Audits, stakeholder consultation, incident and care plan reviews monitor the effectiveness of care. Care recipients and representatives are satisfied care recipients receive appropriate skin care consistent with their general health.

2.12 Contenance management

This expected outcome requires that "care recipients' continence is managed effectively".

Team's findings

The home meets this expected outcome

Care recipients receive continence care appropriate to their needs, effectively managing their continence experience. Processes include continence assessments, management plans, identification and supply of appropriate aids and regular continence care review. Continence care strategies include referral to a continence adviser, establishing voiding patterns, dietary and medication interventions, mobility strategies and toileting plans. Nutrition plans include dietary measures for effective bowel management. Staff monitor for infections implementing appropriate management strategies. Care plan reviews and audits ensure sufficient and appropriate aids are available and that the program is meeting the needs and preferences of care recipients. Care recipients and representatives are satisfied staff manage care recipients' continence issues discreetly and respectfully.

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 responsive behaviours are managed effectively. Initial and ongoing assessments identify care recipients' behaviour patterns and incorporate scope for additional monitoring and review as necessary. Care plans include consideration of triggers for the behaviour whenever possible and are reviewed two monthly and when required. Medical practitioners and nursing staff assess and regularly review any practice with potential for restraint. Staff consult with behavioural and pain management specialists, dementia response teams and advisory groups as required. Staff said they are aware of the triggers associated with behaviours and we observed staff providing care, demonstrating they understood care recipients' needs. The home monitors the effectiveness of the care through audits, review of behaviour incidents, care reviews and feedback. Care recipients and representatives are satisfied the needs of care recipients with responsive behaviours are managed effectively.

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

Care recipients' optimum levels of mobility and dexterity are achieved. An onsite occupational therapist is actively involved in the assessment and development of personalised programs for care recipients ensuring optimal levels of mobility, dexterity and risk minimisation. Care plans include strategies to promote independence and minimise fall risks. Appropriate transfer equipment, assistive devices and mobile chairs are available. Education programs provide training for incident management, manual handling and safe transfer techniques. Audits, care plan reviews, observation and stakeholder feedback monitor the effectiveness of care. Care recipients and representatives are satisfied with the care provided to maintain care recipients' mobility and dexterity.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Care recipients' oral and dental health is maintained. Assessments, care plans and regular evaluations identify care recipients' dental status, preferred care options and the level of assistance required. Nursing staff and the medical practitioner monitor oral and dental health referring care recipients to allied health specialists such as the dietician, speech therapist and dental services when required. A dental clinic visited recently completing dental checks, hygiene care and simple treatments. Staff assist care recipients to attend external services for more complicated treatments. Dental care equipment is checked regularly, readily available and replaced according to a seasonal schedule. Care plan reviews ensure dental care and preferences are addressed effectively. Care recipients and representatives are satisfied with the assistance care recipients receive to maintain their 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

Care processes address the effective identification and management of care recipients' sensory losses. Assessment and care planning identify care recipients' sensory needs for vision, hearing, communication, sensation, taste and tactile experiences. Care plans detail the level of assistance required, care of aids and strategies to optimise sensory function. Staff notify the medical practitioner of any concerns and referral to specialists such as audiologists and optometrists occurs. Lifestyle activities include a range of sensory enhancing opportunities such as interactive lifestyle events, music, massage and tactile therapies. Monitoring systems include audits and stakeholder feedback. Care recipients and representatives are satisfied with the support given to care recipients to enhance their sensory experiences.

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

Sleep management strategies assist care recipients to achieve and maintain natural sleep patterns. Assessments identify care recipients' usual sleep patterns preferences for day and night rest. Care plans detail preferences for retiring, waking and strategies to promote sleep, such as attending to physical care needs, leaving a light on, pain management and specific comfort measures. Staff demonstrated knowledge of care recipients' individual settling routines and day rest requirements. Management monitor care recipients' sleep requirements by audits and stakeholder feedback. Care recipients and representatives are satisfied staff respect and accommodate care recipients' preferences for sleep and rest.

Standard 3 - Care recipient lifestyle

Principle:

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

3.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements. Recent examples of improvements in Standard 3 Care recipient lifestyle are:

- Due to the success of the home's creatively managed entertainment program where management has attracted quality acts from across Australia, including Karmal and Tom Burleson, the board of governors have committed a \$50 000 budget each year to ensure the continuity of professional entertainers. Entertainment and cabaret evenings are very well attended by care recipients and the occasion is enhanced with the chef prepared three-course meal to suit the setting.
- To support care recipients with low vision the lifestyle program is now provided in large print. The menu board in the dining room and the day's activities are written in large font for all care recipients to see. Staff said this has increased care recipients' independence and participation in 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 about the home's systems to identify and ensure compliance with relevant regulatory requirements. The home has processes to guide management and staff in the event of a compulsory reporting incident, however, we identified on one occasion management did not apply these guidelines effectively. When we raised it with management, they took steps to report the incident to the appropriate regulatory authorities.

Other examples of regulatory compliance relating to Standard 3 Care recipient lifestyle include:

- There are policies and procedures available in relation to privacy and confidentiality of care recipient and staff information.
- The Charter of care recipients' rights and responsibilities - residential care is displayed.
- Care recipients and/or their representatives receive a residential agreement upon entry which outlines obligations, rights, services, responsibilities and fees.

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

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to care recipient lifestyle. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 3 Care recipient lifestyle include:

- 10 tips for caring for a person living with dementia
- elder rights advocacy
- protecting elder people from abuse
- respecting choices.

3.4 Emotional support

This expected outcome requires that "each care recipient receives support in adjusting to life in the new environment and on an ongoing basis".

Team's findings

The home meets this expected outcome

Management and staff provide support for care recipients to adjust to their new environment when moving into the home and on an ongoing basis. Care recipients and/or representatives receive pre admission and entry information packs and management provides an informative tour of the home. Staff encourage and assist care recipients to personalise their rooms and representatives are invited join in activities and maintain close relationships. Care and lifestyle assessments identify care recipients' emotional needs and contribute to the development of a supportive care plan. Regular care plan reviews capture any changes and activity staff schedule individual empathetic time with care recipients. While most care recipients interviewed agreed or strongly agreed there are staff they can talk to when sad or worried, one in five responses chose a neutral response saying they would rather call on their family if needed. Representatives spoke highly of the emotional support provided to care recipients at entry and on an ongoing basis.

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

Staff assist care recipients to maximise their independence, maintain community contacts and continue with their personal and social friendships. Assessment and care planning processes identify care recipients' cognitive, mobility and dexterity levels, any risk taking behaviours and preferences for social interaction. Staff assist care recipients to vote in elections, manage their finances and continue with community activities according to their capabilities and preferences. Specialised equipment, aids and utensils encourage independence and audits ensure the environment is free of hazards. All care recipients interviewed as part of the consumer experience report either agreed or strongly agreed they

are encouraged to as much as possible for themselves. Representatives are highly satisfied with the assistance care recipients receive to promote their independence and lifestyle opportunities.

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

Each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Management informs staff of their obligations at orientation and privacy information is included in employment and education programs, staff handbook and brochures. Care recipients reside in single rooms with private en-suites and can lock their room. Care plans record care recipients' wishes, preferences and include consent for the use of their records and publication of identifying information. Files are stored securely and handover occurs privately. We observed staff maintained care recipients privacy and dignity by knocking on doors prior to entering rooms and addressing care recipients with courtesy using their preferred name. Audits, observations and feedback monitor staff practice and respect for care recipients. Care recipients and representatives interviewed all said staff mostly or always treat them with dignity and respect care recipient privacy.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide and diverse range of activities and to contribute to the development of the lifestyle program. Staff consult with the care recipient or representative to identify leisure and activities interests and incorporate this information into an individualised lifestyle care plan. Care recipients receive the monthly lifestyle calendar to keep in their room and posters displayed throughout the home inform and encourage participation by care recipients and visitors. Lifestyle staff maintain records of participation, review care plans regularly and spend time with individual care recipients to ensure no one feels lonely or isolated. The lifestyle program includes the placement of resources in communal areas enabling care recipients to self-initiate activities such as jigsaws or artistic endeavours. Special celebrations, visiting entertainers, evening cabarets, outings, family barbeques and social events add to the diversity of the program. Care recipients and representatives are satisfied care recipients are able to participate in a wide variety of activities of interest to care recipients.

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 ensures care recipient's individual customs, beliefs and cultural backgrounds are fostered and valued. Initial assessments and care plans document preferences including celebratory days, social contacts, cultural and ethnic needs and palliative care wishes. Special events and significant days are celebrated. Members of religious communities visit regularly and care recipients have the opportunity to receive communion and attend prayers and services in the Delaney Chapel accessed via a small passageway in the home. Lifestyle staff organise cultural and theme events and maintain a register of care recipients who wish to celebrate special significant events such as birthdays and anniversaries. Staff can access cultural care kits and interpreters when required. Care recipients and representatives are satisfied care recipients' spiritual and cultural preferences are valued and supported.

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 rights of care recipients to make decisions and exercise choice and control over their lifestyle is recognised and respected. Management provides care recipients, and/or representatives with information regarding rights and responsibilities, advocacy and complaints and feedback mechanisms available to them. Care and lifestyle plans detail individual preferences and staff consult with care recipients and/or representatives regularly to identify any changes in preferences and satisfaction levels. Care recipients participate in choice regarding pharmacy, health specialists, lifestyle activities, health and personal care and menu options. Management ensure authorised representatives act for care recipients who are unable to participate in decision-making. Care recipients and their representatives are satisfied staff acknowledge and respect the preferences and choices of care recipients.

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

Care recipients and their representatives are provided with information about care recipients' rights and responsibilities, the terms and conditions of their tenure, any limitations to care provision within the home, fees and charges and information about complaints, when they enter the home. This is achieved through meetings at entry, a signed residential agreement, handbooks and display of the Charter of care recipients' rights and responsibilities - residential care. Changes to care recipients' security of tenure or rights and responsibilities are communicated to care recipients and/or their representative. If a change in care recipient health requires a room change or transfer to another home, this is discussed with the care recipient and/or their representative. The home's monitoring processes, including feedback, meetings and care reviews, identify opportunities for improvement in relation to care recipient rights, responsibilities and security of tenure. Staff demonstrate an understanding of care recipient rights. Care recipients and representatives interviewed are satisfied care recipients have secure tenure within the home and understand their rights and responsibilities.

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 about the home's systems to identify and implement improvements. Recent examples of improvements in Standard 4 Physical environment and safe systems are:

- In response to management observations of a dated and increasingly cramped dining area, a project was commenced to carry out a major refurbishment of this area. The dining room was extended through remodelling adjoining areas, a contemporary wood style floor covering was installed throughout the dining room, and, coffee bar installed across one wall. Retractable blinds replaced dated curtains. Care recipients and representatives spoke positively about the change. We observed large numbers of care recipients enjoying the dining area, which also accommodates visiting entertainers.
- In response to stakeholder feedback, management implemented a major review of the catering department. This resulted in a restructure of the catering staff roster and catering practices. The chef now works from 8am to 6 pm which enables the chef to plan and be present to oversee each of the three meals provided during the day. The home implemented a fresh cook menu for both the lunch and evening meals. Care recipients and representatives spoke highly about the quality, variety and presentation of meals.

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 about the home's systems to identify and ensure compliance with relevant regulatory requirements.

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

- Chemicals are stored appropriately.
- There is a system to ensure compliance with fire safety regulations.
- There are infection control policies and a system for managing and reporting outbreaks.
- Management has a food safety program that is regularly reviewed.

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

The home has a system to monitor the knowledge and skills of staff members and enable them to effectively perform their role in relation to physical environment and safe systems. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 4 Physical environment and safe systems include:

- chemical handling
- fire and emergency
- understanding the coroner inquest finding on princess chairs
- workplace bullying.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home's environment reflects the safety and comfort needs of care recipients, including comfortable temperatures, noise and light levels, sufficient and appropriate furniture and safe, easy access to internal and external areas. Environmental strategies are employed to minimise care recipient restraint. The safety and comfort of the living environment is assessed and monitored through feedback from meetings, surveys, incident and hazard reporting, audits and inspections. There are appropriate preventative and routine maintenance programs for buildings, furniture, equipment and fittings. Staff support a safe and comfortable environment through hazard, incident and maintenance reporting processes. Care recipients and representatives interviewed are all satisfied the living environment is 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

There are processes to support the provision of a safe working environment, including policies and procedures, staff training, routine and preventative maintenance and incident and hazard reporting mechanisms. Opportunities for improvement in the occupational health and safety program are identified through audits, inspections, supervision of staff practice, and analysis of incident and hazard data. Sufficient goods and equipment are available to support staff in their work and minimise health and safety risks. Staff have an understanding of safe work practices and are provided with opportunities to have input to the home's workplace health and safety program. Staff were observed to carry out their work safely and

are satisfied management is actively working to provide 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

Policies and procedures relating to fire, security and other emergencies are documented and accessible to staff; this includes an emergency evacuation plan. Staff are provided with education and training about fire, security and other emergencies when they commence work at the home and on an ongoing basis. Emergency equipment is inspected and maintained and the environment is monitored to minimise risks. Staff have an understanding of their roles and responsibilities in the event of a fire, security breach or other emergency and there are routine security measures. Care recipients and representatives interviewed are aware of what they should do on hearing an alarm and said they always feel safe and secure in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

There is an effective infection control program to detect and manage infections. Senior staff oversee infection control ensuring infection control policies and relevant information is available to guide staff practice. Orientation and annual education programs incorporate infection control and hand hygiene. Nursing staff complete an infection record for care recipients' infection events and record when the infection is resolved. There are supplies of protective clothing and equipment and a process for the disposal of sharps and infectious waste. Management offers care recipients and staff the opportunity to receive the flu vaccination each year. Food safety, pest control programs and environmental services comply with legislation and infection control guidelines. Staff demonstrated an awareness and knowledge of appropriate infection control practices relevant to their duties.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home identifies care recipients' needs and preferences relating to hospitality services on entry to the home through assessment processes and consultation with the care recipient and their representatives. There are processes available that support care recipients to have input into the services provided and the manner of their provision. The home's monitoring processes identify opportunities for improvement in relation to the hospitality services provided; this includes feedback from care recipients and representatives and monitoring of staff practice. Hospitality staff interviewed said they readily have access to information about care recipient preferences and invite feedback about services provided. Staff are satisfied the hospitality services enhance the working environment. Care recipients and representatives

interviewed spoke highly about the quality, variety and presentation of meals. Care recipients and representatives are satisfied with cleaning and laundry services.

