



Australian Government

Australian Aged Care Quality Agency

Edward River Gardens

RACS ID: 0304

Approved provider: Moulamein Retirement Village Committee Inc

Home address: 38 Turora Street MOULAMEIN NSW 2733

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 March 2021.

We made our decision on 22 February 2018.

The audit was conducted on 16 January 2018 to 17 January 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	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 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



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Audit Report

Name of home: Edward River Gardens

RACS ID: 0304

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Introduction

This is the report of a Re-accreditation Audit from 16 January 2018 to 17 January 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 16 January 2018 to 17 January 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: 17

Number of care recipients during audit: 14

Number of care recipients receiving high care during audit: 10

Special needs catered for: Memory care unit (5)

Audit trail

The assessment team spent 2 days on site and gathered information from the following:

Interviews

Position title	Number
Business manager (facility manager and registered nurse)	1
Care recipients	12
Care staff	5
Catering coordinator	1
Catering staff	1
Cleaning & laundry coordinator	1
Clinical care assistant	1
Lifestyle coordinator	1
Maintenance and gardening staff	2
Representatives	2

Sampled documents

Document type	Number
Care recipients' files	4
Medication charts	4
Personnel files	4
Residential agreements	3

Other documents reviewed

The team also reviewed:

- Advanced health directive documentation
- Allied health information
- Audit documentation
- Bed pole assessments and evaluations
- Benchmarking documentation
- Care recipient and staff information handbooks
- Care recipients agreements

- Cleaning schedules and records
- Clinical documentation and charting
- Comments, complaints, suggestions documentation
- Compulsory reporting register
- Continuous improvement documentation
- Corrective and preventative maintenance documentation
- Dietary documentation and menus
- Education calendars and attendance documentation
- Electrical test and tag records
- Emergency preparedness information including care recipient list
- External contractor information
- Feedback documentation
- Fire services records
- Food safety certifications and related documentation
- Human resource management documentation
- Incident reports and analysis
- Infection control documentation
- Lifestyle documentation
- Medication management documentation
- Meeting minutes
- Pest management documentation
- Police certificate and statutory declarations
- Policies and procedures (selected)
- Respite assessment and care plan
- Rostering documentation
- Safety data sheets
- Satisfaction survey documentation
- Smoking risk assessments
- Specialised nursing care documentation

Observations

The team observed the following:

- Archive area
- Cleaning in progress
- Community activity event in progress
- Displayed accreditation information
- Emergency power generator

- Equipment, supplies and storage areas
- External complaints information (complaints scheme)
- Fire equipment, signage, lighting and evacuation kits
- Infection control equipment and waste disposal
- Interactions between staff and care recipients
- Internal and external living environment
- Internal feedback mechanisms
- Key pad locks
- Meal and refreshment services in progress and assistance to care recipients
- Medication administration
- Mission and values statement on display
- Noticeboards and information displays
- Short group observation conducted in 'memory care unit'
- The Charter of care recipients' rights and responsibilities – residential care (displayed)

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. Management has recently commenced benchmarking to assist in monitoring key quality indicator data and has introduced surveys as a monitoring tool. Observations form an active and ongoing part of the monitoring system and trigger audits where required. Improvement activities are documented on the plan for continuous improvement. Care recipients, representatives, staff and other personnel are provided with feedback about improvements.

Examples of improvements in Standard 1 Management systems, staffing and organisational development include:

- Due to the remote location of the town and an ageing population there is an ongoing challenge to attract staff. As part of the home's recruitment strategy, management engaged two trainees who are working towards a level four personal care certificate. Visiting tutors conduct the training on site. Management said this has seen positive outcomes for care recipients, as staff are carrying out their duties in a more thorough way. Management said they have noticed a more cooperative work environment as staff guide and assist the trainees.
- Management identified the need to upskill staff and build a better skills mix. A member of staff expressed an interest in studying a diploma in nursing and has been assisted by the home to do so. They are currently in the last few months of completing the course. Management has identified better decision making on site when the manager / registered nurse is not on duty as a significant benefit for the home.
- The service's vision and mission statements were reviewed to determine whether they were reflective of the home's strategic direction and intent. A set of values statements were identified that flow from refreshed vision and mission statements. The review process culminated in a 'statement of culture' which documents expectations of how staff should relate to one another and with care recipients. Management reported care recipients express satisfaction with the way staff interact with them and each other.

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 generally have a system to identify, respond to and meet relevant legislation, regulatory requirements, professional standards and guidelines across the Accreditation Standards. Management interpret information received from sources that include legislative update services, industry newsletters and government departments. Policies and procedures are developed to guide staff practice. Staff are advised of regulatory compliance matters through the induction process, handbooks and meetings. Management use registers, observation of staff practice and incident reporting to monitor regulatory compliance.

Relevant to Standard 1 Management systems, staffing and organisational development:

- Management are aware of the regulatory responsibilities in relation to police certificates and maintain processes to ensure the currency of police certificates for staff, volunteers and contractors.
- Management are aware of the regulatory responsibilities in relation to notifying stakeholders of a re-accreditation audit and followed required processes within the legislated timeframes.
- Stakeholders have access to information about advocacy services and internal and external complaint mechanisms.

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

There is a system to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. The home's processes support the recruitment of staff with the required knowledge and skills to perform their roles. New staff are introduced to their position through supported shifts and an induction program. Management identifies education opportunities through observations, staff requests, changing care recipient needs, incident reports and new equipment. Management have recently restructured the monthly staff meeting forum to include half an hour of education relevant to identified issues. Management are currently strengthening monitoring processes to ensure staff complete the suite of education topics available to staff through the online learning portal. The effectiveness of the staff development program is monitored through attendance records, number of incidents 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:

- electronic care planning system as part of the induction program
- internal sessions for staff on task-centred compared to person-centred care.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Each care recipient and/or their representative and other interested parties have access to internal and external complaints mechanisms. Care recipients and representatives are

provided with information about comments and complaints processes through the handbook and are reminded at meetings to provide feedback about the care and services they experience. Information on advocacy services is displayed in the home. Pathways and forums available to stakeholders to express themselves include the care recipient meeting, feedback forms and an open door to management. Care recipients may also choose to advocate through one of the two 'resident representatives' to management or the board of governors. Complaints processes link with the home's continuous improvement system. Documentation shows comments and complaints are addressed. Care recipients, their representatives and other interested people interviewed have an awareness of the complaints processes available to them and are satisfied management attend to their concerns in a timely manner.

1.5 Planning and Leadership

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

Team's findings

The home meets this expected outcome

The organisation has documented and recently reviewed the home's vision, mission, philosophy, values and commitment to quality. This information is communicated to care recipients, representatives, staff and others through a range of documents and is displayed within the home. A statement of culture helps draw staff together to work for a common purpose.

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. Staff are satisfied they have sufficient time to complete their work and meet care recipients' needs. While all care recipients and representatives interviewed spoke very highly of the quality of care and services provided by staff, a small number interviewed as part of the consumer experience report said that on occasion staff can be slow in actioning their requests. All care recipients and representatives interviewed said the home was well run where they felt able to provide this opinion.

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

The home has systems to provide stakeholders with access to relevant information. Management and staff have access to information that assists them in providing care and services. Electronic and hard copy information is stored securely and processes are in place for backup, archive and destruction of obsolete records. The home reviews its information management systems and implements improvements as necessary. Staff interviewed are satisfied with information systems in the home. Care recipients and representatives interviewed are satisfied the information provided to them is appropriate to their needs and supports them in their decision-making.

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. Management establishes service agreements as relevant with external service providers which outline minimum performance, staffing and regulatory requirements. External contractors provide evidence of police certificates, registrations, certifications and insurance information, as relevant, as part of the contractual engagement and review process. Management monitors the quality of services by drawing on feedback from staff, care recipients and their representatives. Action is taken including changing service providers when required levels of service are not met. 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.

Examples of improvements in Standard 2 Health and personal care include:

- Management identified the opportunity to formalise processes to manage foot care more effectively at the home. Additional hours were rostered for a member of staff to attend each fortnight to care recipient's foot care. Processes to manage visits by the podiatrist have also been strengthened and the manager sets out a schedule of appointments. Management said this has resulted in improved monitoring of foot care, skin care, pain and care recipients living with diabetes.
- Following an audit of medication administration and observation of clinical care, management intervened to strengthen staff practice in relation to a number of clinical processes such as clinical and observational charting and the recording the outcome of medication interventions for pain. Management introduced a more direct approach to following up with individuals and now discusses examples of inconsistent practice in meetings along with reminders to staff of their clinical and legislative responsibilities. Management said levels of compliance with the home's policy and procedures have lifted significantly. Monitoring is ongoing.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home generally has a system to identify and ensure compliance in relation to health and personal care. We identified the opportunity for the home to implement a process to align the home's response to unexplained absences of care recipients to the requirements of the legislation. Refer to expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements.

Relevant to Standard 2 Health and personal care:

- Management are aware of the regulatory responsibilities in relation to specified care and services.
- Management are aware of the regulatory responsibilities in relation to professional registrations.
- A registered nurse undertakes or oversees care planning and specialised nursing care.
- Medication management, administration and storage occurs in accordance with legislative requirements.

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 ensure management and staff have the appropriate knowledge and skills to perform their roles effectively 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:

- assisting a member of staff to complete a diploma in nursing
- cardiopulmonary resuscitation
- continence 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 mechanisms to ensure care recipients receive clinical care that is appropriate to their needs and preferences. Care recipients care needs are identified through assessment processes when they enter the home. The information collected during assessment is used by staff and management to form care plans. Consultation with the care recipient and their representative occurs. There are processes to ensure staff have access to current information to inform care delivery. Care recipients' clinical care needs are generally monitored through incident analysis and feedback. Changes in care needs are identified and documented and where appropriate, referrals are made to medical practitioners or health professionals. Care recipients and representatives interviewed stated they are satisfied with the clinical care being provided.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

Care recipients' specialised nursing care needs are identified through assessment and consultation processes on entry to the home. Care is planned by appropriately qualified staff. Information identified during the assessment period, together with instructions from medical practitioners and other health professionals is documented in the care plan. Care recipients have their specialised nursing care needs reviewed as part of the home's care review process. Staff have access to specialised nursing care equipment and other resources to ensure care recipients' needs are met. Care recipients and representatives interviewed said they are satisfied with how care recipients' specialised nursing care needs are managed.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients are referred to appropriate health professionals in accordance with their needs and preferences. There are a range of health professionals available in neighbouring town centres including podiatry, physiotherapy, occupational therapy and dietician services. The directives of other health professionals are communicated to staff and documented in care plans. Staff practices are monitored to ensure care is in accordance with care recipients' needs and preferences. Care recipients and representatives interviewed said they are satisfied referrals are made to the appropriate health professionals of their choice and staff carry out their instructions. Care recipients also said they are grateful for the support provided by staff with transport to external appointments using the home's bus.

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. There are processes to ensure adequate supplies of medication are available and medication is stored securely and correctly. Medical practitioners prescribe medications and a pharmacy services reviews medications periodically. Documented medication orders provide guidance to staff when administering or assisting with medications. The home's monitoring processes include reviews of medication incident data. Staff who administer or assist with medications generally receive education in relation to this. Care recipients who wish to self-administer their own medications are assessed to ensure they can do so safely. Care recipients and representatives interviewed are satisfied care recipients' medications are provided as prescribed and in a timely manner.

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' pain is identified through assessment processes on entry to the home and as needs change. Specific assessment tools are available for care recipients who are not able to verbalise their pain. Care plans are developed from assessment information and are evaluated to ensure interventions remain effective. Medical practitioners and other health professionals are involved in the management of care recipients' pain. Staff can implement a range of strategies to manage comfort levels including the use of heat packs, pressure-relieving devices and prescribed medications. Care recipients and representatives interviewed are satisfied care recipients' are as free as possible from 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 recipients and representatives are encouraged to document care recipients advanced health directives and end of life care wishes upon entering the home. Care recipient's medical practitioners are involved in all aspects of palliative care and where a need arises, external palliative care services are consulted. Lifestyle staff play a supportive role in the provision of palliative care offering support to care recipients and their family. Religious

representation can be requested for care recipients needing for these services. Care recipients and representatives interviewed said they are confident care recipients' comfort, dignity and palliative care needs will be maintained.

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' nutrition and hydration requirements are identified in consultation with care recipients and their representatives when they enter the home. There are processes to provide catering and other staff with information about care recipients nutrition and hydration needs. Staff monitor care recipients' nutrition and hydration and identify those with swallowing difficulties and weight loss. The home provides equipment, special diets and dietary supplements to support care recipients' nutrition and hydration. The home can access dietician and speech pathologist support as needed. Care recipients and representatives interviewed are satisfied care recipients' nutrition and hydration requirements are met.

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 care requirements are identified and assessed in consultation with care recipients and their representatives when they enter the home. Wound care charts reflect the presence of wounds and skin tears and contain strategies to maintain care recipients' skin integrity. Support for wound care is provided from medical practitioners. Staff promote skin integrity through the use of moisturisers, pressure relieving devices and pressure area care. Care recipients and representatives interviewed said they are satisfied with the assistance provided to maintain skin integrity.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Care recipients' continence needs and preferences are identified through assessment processes and in consultation with care recipients and their representatives. Where applicable there are strategies to manage care recipients' continence care needs and information to support this is documented in care plans. Staff have an understanding of individual care recipients' continence needs and how to promote privacy when providing care. Equipment and supplies such as continence aids are available to support continence management. Care recipients and representatives interviewed said they are satisfied with the support provided to care recipients in relation to 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

Care recipients behavioural care needs are identified through assessment processes and in consultation with the care recipient, their representative and health professionals. Individual strategies to manage challenging behaviours are identified and documented in care plans. The home has a dedicated five bed memory care unit. Management and staff identify opportunities for improvement relating to behaviour management through feedback and review of incidents. Staff have an understanding of how to manage individual care recipients' challenging behaviours, including those care recipients who are at risk of wandering. The home does not use physical restraint. Care recipients and representatives said staff are responsive and support care recipients with behaviours which may impact on others.

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' mobility, dexterity and rehabilitation needs are identified through assessment processes and in consultation with the care recipient and their representative. Strategies to manage care recipients' mobility and dexterity are documented in care plans. Where a need is identified, referrals are made to health professionals including medical practitioners and a visiting physiotherapist. Mobility, dexterity and rehabilitation is enhanced through the home's lifestyle program. Care recipients and staff have access to a variety of equipment to assist with care recipients' mobility, dexterity and rehabilitation needs. Care recipients and representatives are satisfied with the support provided for achieving optimum levels of 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 needs are identified through assessment processes and in consultation with the care recipient and their representative. Care strategies are documented in care plans. Equipment to meet care recipients' oral hygiene needs is available. Staff provide assistance with oral and dental care and where necessary referrals are made to health specialists such as dentists in neighbouring town centres. Care recipients and representatives are satisfied with the assistance given by staff to maintain care recipients' teeth, dentures and overall oral hygiene.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Care recipients' sensory losses are identified through assessment processes and in consultation with the care recipient and their representative. Care recipients individual sensory needs are documented in care plans and staff refer to these for instruction in the correct use and care of sensory aids. Audiology and optometry services visit the home periodically and staff also assist care recipients with referrals and transportation to these services in neighbouring town centres. Care recipients and representatives are satisfied with the support provided to manage care recipient sensory needs.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Care recipients' sleep patterns, including settling routines and personal preferences are identified through assessment processes on entry to the home. Care plans are developed and reviewed to ensure strategies to support natural sleep reflect care recipients' needs and preferences. Each care recipient currently has their own room which provides privacy and a quiet environment to promote undisturbed sleep. Care recipients experiencing difficulty sleeping are offered a range of interventions to promote sleep. Care recipients and representatives interviewed are satisfied support is provided to care recipients and they are assisted to achieve natural sleep patterns.

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.

Examples of improvements in Standard 3 Care recipient lifestyle include:

- In response to observations of ongoing non-compliance by a member of staff to the home's requirement that staff knock and await authorisation from the care recipient before entering their room, management explored strategies to ensure this privacy requirement is adhered to by staff. This led to the introduction of a reversible colour-coded card that hangs over the door handle to a care recipient room, which either reminds staff of their responsibility to knock before entering or displays the message 'Do not enter: care in progress'. Management said this has led to a greater awareness of care recipient rights to privacy and greater compliance by both staff and visitors. Care recipients spoke positively about how staff respect their right to privacy.
- Management recognised the importance of promoting engagement with the 300 strong local community and realigning their perceptions of residential aged care. Management implemented strategies to promote engagement with the community at the home. To this end, the home has stepped into the breach where there has been a loss of services within the broader community. This has included the following:
 - There are currently no local ministers to operate either of the two local churches. To fulfil care recipient needs, management have arranged for a fortnightly multid denominational church service to take place at the home. This is run by a visiting minister from Barham. This service is attended by care recipients wishing to do so and regular visitors from the community.
 - As a result of the withdrawal of funding for the local community day centre, care recipients are unable to use the centre to meet and socialise with long standing friends in the local community and surrounding district. Members of the community that used the service now meet at the home instead and Edward River Gardens hosts six to eight locals each week.
 - Ninety-seven persons from the local community attended the home's Christmas party.
 - Management said these initiatives have promoted friendships, built a sense of belonging among care recipients and are resulting in a better understanding of the role of residential aged care as an extension of the local community. Management provided specific examples of how care recipients living at the home have benefitted from these initiatives.

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.

Relevant to Standard 3 Care recipient lifestyle:

- Management are aware of the regulatory responsibilities in relation to elder abuse and compulsory reporting and there are processes to make staff aware of their responsibilities.
- Management are aware of the regulatory responsibilities in relation to privacy and confidentiality and there are processes to make care recipients, representatives and staff aware of care recipients' rights.
- Management are aware of the regulatory responsibilities in relation to user rights and care recipients are informed of their right to security of tenure. The 'Charter of care recipients' rights and responsibilities – residential care' is displayed within the home.
- Management offer a residential agreement to the care recipient or their nominated representative at entry.

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 the knowledge and skills of staff members 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:

- a session for care recipients by an external body on advocacy was attended by three members of staff
- person-centred care
- the home is supporting a member of staff to complete a diploma in dementia.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Care recipients' emotional support needs are identified on entry to the home and on an ongoing basis. Processes to assist care recipients include the provision of information prior to entering the home, staff and volunteer support during the settling in period and the involvement of family and significant others. Support is provided to care recipients on an ongoing basis and if concerns relating to emotional health are observed care recipients can be referred to more appropriate support services should this be required. Care recipients and representatives said management and staff are friendly and show a willingness to 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

Care recipients' preferences in relation to privacy, dignity and confidentiality are identified on entry to the home and on an ongoing basis thereafter. The home is small and community like and many care recipients spoke of the close relationships and friendships they share with longstanding staff and volunteers. The living environment supports care recipients' need for personal space and provides areas for receiving guests and relaxing. Staff demonstrated they are familiar with the individual needs of care recipients. Care recipients interviewed said staff are kind, courteous and respectful in their interactions with them and they are satisfied with the information and assistance provided to achieve their desired level of independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Care recipients' preferences in relation to privacy, dignity and confidentiality are identified on entry to the home and on an ongoing basis thereafter. When care recipients enter the home management provide information to them regarding their right to privacy and confidentiality. Care recipient information is stored securely in staff work areas and management seek consent to display lifestyle photos in communal areas. There are sufficient facilities to support appropriate and dignified staff practices. Staff said they provide care in a discreet manner to maintain care recipient's privacy and dignity. Care recipients and representatives expressed satisfaction with the manner in which staff support their privacy and dignity.

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' interests and activities of choice are identified through assessment processes when they enter the home. This information is documented in care plans and regularly updated to inform staff of care recipients' current preferred leisure choices. A varied program of activities is available and is reviewed and evaluated to ensure it continues to meet the needs and preferences of care recipients. The activities program respects care recipients' varied needs and includes group, one-on-one and community activities. Staff encourage and support care recipient participation. Care recipients interviewed were satisfied with activities and confirm they are supported to participate in activities of interests to them.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Individual care recipients' customs, beliefs and cultural backgrounds are respected. Relevant information relating to care recipients' cultural and spiritual life is documented in care plans. Care recipients' cultural and spiritual needs are considered in all aspects of care and service delivery. The home's monitoring processes identify opportunities for improvement in relation to care recipients' cultural and spiritual life. Care recipients have access to religious services at the home and a range of commemorative days are celebrated. Care recipients interviewed said their individual interests, customs and beliefs are supported and respected.

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 processes to ensure care recipients and their representatives are provided with information about their rights and responsibilities when they enter the home. The home assesses each care recipients' ability to make decisions and identifies authorised representatives where care recipients have a reduced capacity to make decisions for themselves. Staff are provided with information about care recipients' rights and responsibilities and provide opportunities for the care recipient to exercise choice and make decisions when providing care and services. Staff demonstrated an understanding of how they can support care recipients with their choice and decision making. Care recipients are satisfied they can participate in decisions about the care and services they receive.

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. 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.

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

- Management identified the potential risk to a new care recipient with reduced vision who loves spending time walking around outside. Management requested their physiotherapist to conduct a trip hazard audit of the home's gardens and nature strip areas surrounding the home. As a result of this audit, management arranged to address a number of potential trip hazards and identified the opportunity to cover a protruding water mains pipe risk in wood and create a bench seat for care recipients to use. Management said that in addition to their key aim in making the external environment safer, a number of care recipients are now using the new bench to sit on and chat to friends and visitors.
- As a consequence of the audit, the local shire repaired the variances in the paved walk way on the nature strip that surrounds the home. Management are satisfied care recipients have a safer path of travel when walking to the local places they visit.
- A care recipient entered the home having had a complex previous lifestyle. The care recipient targeted the fire extinguishers within the wing during displays of unsettled behaviour. To ensure the safety of the care recipient and others in the wing, management arranged to install security covers over the fire extinguishers. Management said the fire extinguishers are now no longer targeted by the care recipient.

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.

Relevant to Standard 4 Physical environment and safe systems:

- Management are aware of the regulatory responsibilities in relation to work, health and safety.
- Management are aware of the regulatory responsibilities in relation to fire systems.
- Management are aware of the regulatory responsibilities in relation to food safety.
- Management are aware of the regulatory responsibilities in relation to storage of chemicals.

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 generally has a system to monitor the knowledge and skills of staff members to enable them to effectively perform their role in relation to the 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 emergencies
- food safety completed by the chef.

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. This includes 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 requested and observations by staff and management. 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 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 is a system to support a safe working environment. Management informs staff about their workplace health and safety rights and responsibilities during the induction process through policies and procedures and in handbooks. Sufficient goods and equipment are available to support staff in their work and minimise health and safety risks. Management and maintenance staff attend promptly to deficits identified through observations, incidents and maintenance requests. Health and safety issues are discussed at staff meetings. Staff incidents and accidents are reported and acted upon. Monitoring processes include supervision of staff practice and staff feedback. Staff said they are satisfied management actively work to create a safe work environment and are responsive to any issues raised. Management have identified the need to strengthen processes to refresh staff knowledge in infection control and manual handling.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff actively work to provide an environment and safe systems of work that minimise fire, security and emergency risks. Procedures relating to fire, security and other emergencies are documented and accessible to staff. The home has equipment to ensure continuity of supply in the event of a power outage and cooling systems that enable comfort during prolonged periods of extreme heat. 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. Emergency exits and egress routes are free from obstruction and assembly points clearly identified. There are arrangements to provide a secure environment. Care recipients and representatives interviewed are aware of what they should do on hearing an alarm and 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 are infection control processes and guidelines to assist management and staff in identifying, managing and seeking treatment for care recipient infections. Additionally, there are infection control guidelines and processes in which catering, cleaning and laundry staff adhere too. The home has a vaccination program with high rates of coverage for both care recipients and staff. Staff have access to adequate stocks of infection control and personal protective equipment. The home has a food safety plan and clinical waste facilities. Our interviews with staff indicated some knowledge deficits in relation to infection control precautions. Management said they are planning future improvements in infection control relating to education and documentation processes.

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

Management and staff identify care recipients' needs and preferences relating to catering and domestic services when they enter the home. This process is supported by assessments and direct consultation with the care recipient and their representative. Personal laundry is cared for onsite and facilities are available for naming clothing and ironing of selected garments. There are cleaning schedules that meet individual care recipient and service needs. Care recipient meeting forums provide care recipients with the opportunity to have input into the catering and domestic services provided in the home. Catering and domestic staff have access to relevant information about care recipient preferences and receive feedback about services provided. Care recipients and representatives interviewed are satisfied the catering and domestic services meet their needs and make their stay more enjoyable.