



Aged Care
Standards and Accreditation Agency Ltd

Baptcare - Karana Community

RACS ID 3624

55 Walpole Street

KEW VIC 3101

Approved provider: Baptcare Ltd

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 6 May 2015.

We made our decision on 19 March 2012.

The audit was conducted on 20 February 2012 to 21 February 2012. The assessment team's report is attached.

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

This home is a 2014 Better Practice Award winner. [Click here](#) to find out more about their award.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

Standard 4: Physical environment and safe systems**Principle:**

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

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



Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

Baptcare - Karana Community 3624

Approved provider: Baptcare Ltd

Introduction

This is the report of a site audit from 20 February 2012 to 21 February 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents 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, resident 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 a site 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 Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 20 February 2012 to 21 February 2012

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of three registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Fiona Taylor
Team members:	Marg Foulsum
	Jennifer Clarke

Approved provider details

Approved provider:	Baptcare Ltd
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Details of home

Name of home:	Baptcare - Karana Community
RACS ID:	3624

Total number of allocated places:	93
Number of residents during site audit:	92
Number of high care residents during site audit:	87
Special needs catered for:	Nil

Street:	55 Walpole Street	State:	Victoria
City:	Kew	Postcode:	3101
Phone number:	03 9854 9200	Facsimile:	03 9853 0447
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Management/administration	11	Residents/representatives	15
Clinical/care/lifestyle staff	12	Medical and allied health	1
Hospitality and environment/safety staff	7	External cleaning contractor area manager	1

Sampled documents

	Number		Number
Residents' files	13	Medication charts	10
Resident agreements	10	Employee records	7
Position descriptions	4		

Other documents reviewed

The team also reviewed:

- approved provider/supplier lists
- archive register
- assessments and care plans
- audit schedule, reports and analysis
- case specific complaints management documentation
- catering/cleaning education records (external)
- cleaning frequency roster
- clinical and work skills program schedule
- comments and complaints documentation
- communication diaries
- consent documents
- continuous improvement plan and documentation
- culturally and linguistically diversity assessments
- dietary advice forms
- education flyers/newsletter/resources
- education records
- emergency procedures manual
- equipment list
- essential safety measures manual and inspection records
- external services contracts and annual compliance statements
- food safety plan
- food temperature records
- handbooks - staff and residents
- handover sheet
- hazardous substance register
- incident reports and analysis
- Infection data and associated documents
- legislated reporting structures for staff
- lifestyle documentation
- material safety data sheets
- meeting minutes

- memoranda folder
- new residents information pack
- newsletters
- nursing registrations folder
- organisational chart
- orientation documentation
- pastoral care protocols and procedures manual
- pest control documents
- police checks and statutory declarations registers
- policies and procedures
- preventative and reactive maintenance documentation
- reportable events register and supporting documentation
- resident evacuation lists
- resident meal cards
- roster and roster template
- staff competencies
- strategic plan 2011 - 2016
- surveys
- training analysis survey
- visa policies and procedures draft
- workforce plan.

Observations

The team observed the following:

- activities in progress
- archive storage room
- brochures on display
- chapel
- charter of residents' rights and responsibilities
- colour coded cleaning equipment
- designated staff smoking areas
- electrical testing tags
- equipment and supply storage areas
- evacuation maps and packs
- fire assembly areas
- information noticeboards
- interactions between staff and residents
- internal and external living environments
- kiosk
- meal service
- new respite room
- nurses' stations
- oxygen signage and storage
- personal protective equipment in use
- storage of medications.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a continuous improvement system in place that documents improvements across the four Accreditation Standards and is supported by corporate quality management. Input from staff, residents, representatives and other stakeholders is facilitated and encouraged through a variety of mechanisms such as continuous improvement request (CIR) forms, meetings, surveys and discussions. Internal assessments, external audits, incidents, observations and clinical data inform the program. Improvements are actioned and outcomes are evaluated. The plan is reviewed on a monthly basis and reported through the continuous improvement and management meeting. Feedback to stakeholders occurs through meetings, memoranda, noticeboards and other relevant forums. Staff understand their responsibilities and residents, representatives and staff confirm improvements are ongoing in the home.

Recent improvements relevant to Standard one:

- Having recognised that equipment was ageing and beyond repair, the home conducted an equipment audit and purchased new hoists and standing machines. Evaluation confirms this has improved staff and residents' safety and residents' comfort.
- Given the large number of volunteers, a review of lifestyle staff was conducted and hours were increased to allow the lifestyle coordinator to dedicate time to volunteer coordination. This is currently being trialled for three months and will be evaluated through staff, volunteer and resident feedback.
- In response to feedback and to increase awareness of continuous improvement, in consultation with residents additional suggestion boxes and feedback forms have been located in several areas of the home. This has been well received and resulted in increased forms being submitted.

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

Organisational systems and processes ensure the home identifies and complies with relevant legislation, regulatory requirements, professional standards and guidelines across the four Accreditation Standards. Information is received through legislative update services, peak bodies, government bulletins and the organisation's legal service. Key organisational documentation is updated in line with legislative changes. Information is disseminated to managers through the continuous improvement and managers meeting and to staff through meetings, memoranda, emails and education sessions. Compliance is monitored by the organisation's compliance team and as part of the internal assessment process. Staff confirm they receive information and education in relation to regulatory compliance.

Regulatory compliance in relation to Standard one is demonstrated by:

- a system to ensure all staff, volunteers and relevant external service providers have current police checks
- completion of a statutory declaration by all staff on appointment in relation to being a citizen or permanent resident of a country/countries other than Australia since turning 16 years of age
- monitoring and maintenance of professional registrations, licences and insurance
- access to information about the Aged Care Complaints Scheme
- notification of the accreditation site audit to stakeholders.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. The education program is designed in response to an annual training needs analysis, audits, surveys, staff practices and appraisals, residents care needs, management and regulatory requirements. The education coordinator oversees and develops the organisational education program and site specific training is identified and conducted. Education is offered through face to face sessions, self directed learning packages and on line and education information is readily available. A formal orientation program is conducted for new staff, regular mandatory training in fire and emergency and manual handling is conducted and staff complete regular competencies. Staff training and attendance records are maintained and evaluations of education sessions occur. Staff confirm they are encouraged to attend the education sessions, have access to a wide range of resources and are aware of the mandatory training.

Examples of recent education relating to Standard one include:

- office managers study day
- legislative and regulatory compliance
- aged care funding instrument tool
- computer program awareness.

1.4 Comments and complaints

This expected outcome requires that "each resident (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

Internal and external complaints mechanisms are explained to residents and representatives on entry to the home and to staff on commencement. Information is included in key documents and CIR forms; envelopes and suggestion boxes are located throughout the home. Local management, supported by corporate staff, oversee the comments and complaints process. Staff assist residents to lodge complaints as required and external complaints and advocacy brochures are available in a range of languages; contact details are included on CIR forms. Discussion of comments and complaints occurs at relevant meetings. Individual feedback and strategies are implemented as required. Documentation demonstrates the home provides timely and appropriate response to issues raised. Residents, representatives and staff are satisfied with the management of comments and complaints.

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 vision, mission, values and philosophy of the organisation and a commitment to quality are evident in all key documents and brochures and posters are on display in the home. The Strategic Plan 2011 - 2016 provides information on the organisation's strategic direction. Six core values, respect, justice, commitment, integrity, accountability and cooperation, underpin activities and interactions within the home and are incorporated into the code of conduct. Core values and commitment to quality are included in the orientation and education programs and discussed at performance improvement sessions; quality improvement is discussed at all meetings. The team observed that managers and staff actively demonstrate the home's values in their day to day work.

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

A standardised recruitment and selection system is in place to ensure appropriately skilled and qualified staff are recruited. New senior staff participate in organisational orientation and all staff complete site specific induction. Buddy shifts support staff in their new roles and temporary staff and external contractors complete orientation in their work area. There is a reward and recognition program in place and performance is monitored through a range of channels including annual performance appraisal. The home is responsive to individual training needs and supports career development. The roster reflects appropriate staffing to meet the care and service needs of residents. Residents, representatives and staff confirm satisfaction with staffing levels and with the knowledge and skills of staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has processes to ensure appropriate stocks of goods and equipment are maintained. Maintenance staff and nurse unit managers assume responsibility for monitoring and ordering. Stock is rotated and processes are in place for urgent supplies and equipment. Equipment needs are identified through observation, incident and hazard reports, internal assessments and feedback. A range of aids and equipment is available to support residents. New equipment is risk assessed and trialled with training provided by the supplier as required. The preventative and responsive maintenance program ensures equipment is appropriately cleaned and maintained. Storage areas are adequate and resident areas are unobstructed by equipment. Staff, residents and representatives are satisfied with the supplies and equipment provided.

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

Robust information management systems ensure residents, representatives, staff and other stakeholders have access to relevant information, opportunity for input and can make informed choices. Electronic information is password protected with restricted levels of access; back up occurs nightly to the organisation's central server. Confidential documents are securely stored and there are processes for archiving and destruction. Key information is collected to support decision making and reporting in line with legislative requirements. Documents are controlled and there are scheduled review processes in place. Management communicates with stakeholders verbally and through letters, newsletters, telephone calls, meetings, memoranda and noticeboards. Staff advise they feel well informed and receive information relevant to their roles. Residents and representatives confirm they are consulted about their care and services and are satisfied with access to information and opportunities for input.

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 established service agreements with external contractors who provide specialist care to residents and various services to the home. Corporate management supports local managers in sourcing appropriate contractors and in managing agreements. Agreements are standardised and outline the scope and quality of services expected. Evaluation occurs through verbal feedback, meetings and CIR forms, observation of performance and completion of tasks. There is a system for monitoring contractors' qualifications, registrations, licences, insurance and police certificates. Staff, residents and representatives are satisfied with the care and services provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home's continuous improvement system documents ongoing improvements in residents' health and personal care. Please refer to expected outcome 1.1 Continuous improvement for further details.

Recent improvements relevant to Standard two:

- With the entry of a new resident to the home, a competency assessment and procedure were developed to educate and guide staff in managing the resident's specialised nursing care needs. This resulted in increased resident, representative and staff confidence and ensures skilled staff are available to manage all aspects of the resident's care.
- Having recognised that some residents did not have documented evidence of dental examination in the previous twelve months, an audit was conducted to determine residents' preferences for consultation with a visiting dentist. As a result, a dental service was contracted and attended the home to review relevant residents. An ongoing schedule for treatment and review has been established. This has been well received by residents and representatives.
- To ensure all residents' foot care is undertaken in a timely manner, two care staff have been formally trained to provide this care under the guidance of the visiting podiatrist. Feedback from residents and representatives is positive and staff report these sessions provide increased personal contact and emotional support for residents.

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

Systems are in place to identify and ensure the home meets regulatory compliance requirements related to residents' health and personal care. Please refer to expected outcome 2.1 Regulatory compliance for further details.

Regulatory compliance in relation to Standard two is demonstrated by:

- policies, procedures, guidelines and education in relation to unexplained resident absence
- secure medication storage and evidence that medication is managed safely and in accordance with regulatory requirements and is overseen by a multidisciplinary medication advisory committee
- ensuring appropriately qualified staff and specialists provide specialised care to residents as required and that registered nurses oversee the care plans of residents with high level care needs.

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 processes in place to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of resident health and personal care. For a description of the home’s staff education processes refer to expected outcome 1.3 Education and staff development.

Examples of recent education relating to Standard two include:

- heat waves in aged care
- medication administration
- assessments and care plans
- oral hygiene.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Resident needs are assessed, planned and evaluated by appropriately qualified health professionals on admission and according to need. An integrated consultation process with residents and their representatives is in place to ensure that the resident’s care needs and patterns of living (prior to admission) are replicated within the home and reviewed on a regular basis. An education and competency based program is in place to ensure that all care staff have the knowledge and skills to perform their tasks appropriately. Care staff are supported in this role by a registered nurse. The home collects quality data and applies the results by implementing a change in policies, procedures or practice. Residents/ representatives state and quality activities confirm that residents are very satisfied with the level of care provided. Residents and representatives also commented on how residents are supported in maintaining the rituals of the past.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Residents’ specialised nursing care needs are identified through the admission assessment process and reviewed on a regular basis by appropriately qualified staff. Staff have access to policies and procedures, articles on best practice and professional guidelines to assist in technical nursing care. Registered nurses and external service providers with expertise in specific areas of clinical care are utilised when a need is identified. An extensive education program is also in place. Residents and representatives confirm specialised nursing care needs are met by appropriately skilled and qualified staff.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has a multi-disciplinary approach to residents’ care and health professionals work in partnership with the resident and their representative to achieve an optimal outcome. Residents are informed of the range of health services available to them within and outside the home. Consultation and support is provided by allied health specialists such as the dietician, podiatrist, physiotherapist, dental practitioner and psycho geriatric services. Information provided by the health specialist is recorded in the residents’ file and informs the care planning process. Residents and representatives confirm residents are supported in accessing allied health professionals of their choice.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Medication is managed by registered nurses. Enrolled nurses administer and personal care staff assist residents to take their medication. Medication is stored safely and correctly in line with legislative requirements. Residents’ allergies and the manner in which they take their medication is clearly described on the medication chart. An auditing and incident reporting system is used to monitor the homes performance in this area. Medication reviews are conducted by the prescribing medical practitioner and an accredited pharmacist. A competency based education program supports staff in the effective management of resident medication. Residents and representatives express satisfaction with the manner in which medication is managed.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Residents experiencing pain are identified through the admission assessment process and on an ongoing basis. A specific chart is used to assess pain levels of residents experiencing pain and the home also uses another tool in parallel to assess the needs of those residents who are unable to express their pain. Patterns of pain are identified through this process and a care plan is developed in partnership with the resident and their representative. Strategies used to minimise pain include gentle exercise, massage and heat packs. Extensive resources are available to both residents and staff on the effective management of pain. Residents who are unable to be managed by the home are referred to a pain management clinic. Residents state and audit results confirm that residents’ pain is managed effectively.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The palliative care program encourages the involvement of a resident's loved ones in the care of the terminally ill resident. Family members are provided the opportunity to spend time with their loved one and are supported during this process. Effective systems are in place to ensure that residents’ dignity and comfort during the terminal stages of life are maintained. Staff are supported in the management of residents’ palliative care needs by a registered nurse who liaises with clinical care specialists and palliative care services for additional advice or referral for management of complex care issues. A comprehensive education program supports this process. Residents and representatives spoke of, and letters of appreciation confirm, the support provided by management and staff in meeting the emotional and spiritual needs of residents during the terminal stage of their lives. Chaplaincy support forms an integral part of the palliative care program and is available to residents, representatives and staff.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents’ nutrition and hydration needs and preferences are identified on entry and forwarded to the kitchen. Residents’ weights are recorded and monitored on a regular basis. Trends or patterns of weight change are referred to the medical practitioner and/or dietician. Residents with swallowing difficulties are referred to the speech pathologist and are provided with the recommended food consistencies. Assistive devices are readily available. The home monitors its performance in this area through their quality system. Residents’ state, and audit results confirm, a heightened level of satisfaction with the meals provided. A resident driven food focus group has contributed to this result.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Skin assessments are conducted on entry and from this information a care plan is developed; if a wound is present a wound management care plan is commenced. Staff are able to explain the process of managing residents’ skin health including food supplements, pressure relieving devices, soap alternatives, emollient creams and strategies implemented when wounds occur. Effectiveness of the care provided is regularly evaluated. Residents confirm they are consulted and have input into the development of their skin care needs. The home monitors its ongoing performance in this area through audits and incident reports and opportunities for further improvement are identified.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

On entry to the home, the continence status of each resident is identified and assessed during the initial assessment period. Residents’ continence patterns are monitored. Resident care plans outline residents’ specific continence needs and preferences including appropriate aids, foods, adequate fluid intake, daily routines and interventions required to maintain skin integrity. Staff report receiving continence education from the product provider; exception reporting ensures staff are responsive to the individual needs of the resident. Audit results confirm staff compliance with documentation requirements, practices and procedures. Residents express satisfaction with the manner in which their continence needs are being met and of manner in which staff discuss this sensitive issue.

2.13 Behavioural management

This expected outcome requires that “the needs of residents with challenging behaviours are managed effectively”.

Team’s findings

The home meets this expected outcome

Behavioural management at the home is effective in meeting residents’ needs. Behaviour monitoring tools and risk assessments identify triggers and trial interventions. The home recognises possible underlying factors such as urinary tract infections and pain and monitors the effectiveness of the interventions. The home liaises with aged care mental health specialists as needed and utilises a wide range of strategies to enhance the quality of life of residents with cognitive impairment. This includes music therapy, community singing, pet therapy, chaplaincy services or just sitting in the garden. The team observed residents responding to various programs, positive staff resident interaction and noted the quiet, calm environment.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home has processes in place to assess residents’ mobility and dexterity, consult with residents or their representative and the physiotherapist, and plan interventions to maintain or improve mobility and dexterity. The program that includes assessment of aids, the use of hip protectors and the development of a program which includes individual and group exercises. Falls risk, frailty, strength and balance form an integral part of the program. There are processes in place for the review and evaluation of the ongoing effectiveness of the program. The home monitors its ongoing performance in this area through audits and incident reports and opportunities for further improvement are identified. Residents spoke of the support provided by staff in maintaining their level of mobility. One resident spoke of the joy of walking around the block on a regular basis.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure that residents’ oral and dental care needs are identified and managed effectively. Residents are able to access dental health services of their choice, or alternatively, dental services are arranged by the home. Swallowing difficulties are identified and referrals made to a visiting speech pathologist as required. Resident files document assessments, reviews and management of residents oral and dental hygiene needs. The home monitors its performance in this area through their quality system. Residents state, and audit results confirm, that the residents’ oral and dental hygiene needs are met.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure that residents’ sensory losses are identified and managed effectively. Residents are referred to and encouraged to visit appropriate professionals as the need is identified. These include audiologists and optometrists within and outside the home. Care staff are aware of residents’ sensory losses, communication issues and care requirements. Alternative strategies to promote communication such as speaking clearly, large print information and enhanced lighting are also utilised. Condiments are provided to maximise taste sensation and meals are plated in the dining room to enhance olfactory senses. Residents and representatives state that staff are very supportive in assisting them to optimise their vision, hearing and sensory loss.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure that residents attain their natural sleep patterns. Care plans detail individual preferences and needs including preferred rising and settling times, individual rituals and strategies. Some of the strategies used to promote sleep include the monitoring of pain, provision of heat packs, aromatherapy and warm milk drinks. To minimise disruption to sleep, staff have also been provided with small torches and afternoon naps are encouraged. The service monitors its performance in this area through the quality system. Residents state that the home is quiet at night but if they have any problem sleeping staff make time to give them a warm drink and have a chat.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home's continuous improvement system documents ongoing improvements in resident lifestyle. Please refer to expected outcome 1.1 Continuous improvement for further details.

Recent improvements relevant to Standard three:

- To consolidate procedures for pastoral care across the organisation, a folder has been developed containing all relevant policies, protocols and information. Site specific information has been contributed by local pastoral care workers. Feedback indicates this provides a valuable resource for pastoral care workers and other staff.
- To support male residents, a men's current affairs group has been established and meets weekly with the support of a male volunteer. This is well attended and residents confirm high levels of satisfaction with this activity.
- In response to some residents becoming more agitated later in the day, a harpist has been engaged to play for residents at this time. Feedback from staff and representatives indicates this has a calming and relaxing effect on residents and data indicates a reduction in falls and incidents of challenging behaviour at this time. Management will formally evaluate this improvement in due course with a view to increasing hours.

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 resident lifestyle”.

Team’s findings

The home meets this expected outcome

Systems are in place to identify and ensure the home meets regulatory compliance requirements related to resident lifestyle. Please refer to expected outcome 2.1 Regulatory compliance for further details.

Regulatory compliance in relation to Standard three is demonstrated by:

- offering residents a residential agreement that specifies responsibilities and security of tenure in line with legislative requirements
- policies, procedures, guidelines and mandatory staff education in relation to elder abuse and compulsory reporting
- maintaining a reportable events register
- implementing procedures and practices that comply with privacy legislation and ensure confidentiality of resident information.

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 shows management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of resident lifestyle. For a description of the home's staff education processes refer to expected outcome 1.3 Education and staff development. Staff said they are satisfied with the education opportunities offered by the home.

Examples of recent education relating to Standard three include:

- lifestyle study day
- looking good/feeling good enhancing self esteem
- doll therapy in aged care
- grief and bereavement.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Each resident receives support in adjusting to life in the new environment and on an ongoing basis. Residents and their families receive an orientation to the home, information regarding the care and services and introductions to staff and other residents. The chaplain, music therapist and lifestyle staff introduce themselves and their roles in the initial entry week. A life story and assessment identify the resident's emotional care needs and support. Care plans document specific emotional care needs and are reviewed regularly in consultation with the resident and family. All staff and the chaplain monitor and provide ongoing emotional support to the residents and their families. Volunteers, community visitors and a companion program support residents in their ongoing emotional needs in the home. Residents' state staff are sensitive to their needs.

3.5 Independence

This expected outcome requires that "residents 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

Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the home and community. Residents' needs and preferences are assessed initially, annually and as their care needs change and are reviewed regularly. The physiotherapist assesses residents, develops individual exercise programs and ensures assistive and mobility aids are appropriate. Residents exercise choices in their daily routines, menu choices, participation in activities, clothing, administration of medications and finances if they wish. Resident rooms are personalised and homely and can be locked and personal telephones are available. Visitors and pets are welcome any time and time is spent in the courtyards and 'sunny' foyer area of the home. All staff assist residents to maintain their independence through exercise programs, pain management and daily routines. Residents

and representatives confirm residents are encouraged and supported to maintain their independence in a dignified manner.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Each resident's right to privacy, dignity and confidentiality is recognised and respected. The organisation provides resident and staff handbooks that contain information regarding privacy, dignity and confidentiality. The staff orientation program includes privacy, dignity and confidentiality information and handovers are conducted in private areas. Consent forms are signed for the release of information, photographs and outings and resident information is stored securely. Resident rooms are mostly single or shared with a sitting area and ensuite bathrooms and personalised to be very homely. Staff were observed knocking on residents' doors prior to entering, using the resident's preferred name and attending care needs privately and discreetly. The lifestyle, chaplain and care staff meet weekly to ensure issues of dignity, privacy and well being are maintained. Residents and their representatives state residents' care needs are attended privately and discreetly.

3.7 Leisure interests and activities

This expected outcome requires that "residents 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

Residents are encouraged and supported to participate in a wide range of activities of interest to them. The lifestyle staff and chaplain complete resident lifestyle assessments and a life story. Individual lifestyle programs are documented on the care plan and regularly reviewed in consultation with the resident and family. The weekly newsletter and noticeboards in the home advertise the lifestyle program and activities. The home has a large number of volunteers who assist with the extensive lifestyle program and run the kiosk where residents can purchase items. A music therapist and harpist regularly visit the home and this is enjoyed by all. The lifestyle program includes bus outings to areas of interest, 'chat and chew' men's group, 'grandparent buddy' program, 'nibble and natter' women's group, pet therapy, exercises, news reviews, arm chair travel, gardening and a 'wish program'. Special life story displays and individual booklets of the residents' life and interests are made to prompt conversations, stimulation and distraction for residents. Residents' comments include "I really like the bowls", "its like fellowship we all get together and support each other", "it's the highlight of my week" and "it brought back lots of memories".

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

Residents' individual interests, customs beliefs and cultural backgrounds are valued and fostered. On entry to the home a language, cultural, spiritual needs and preferences

assessment is completed and information documented on the care plan. Special events of cultural and spiritual significance are celebrated and memorial services are held in the chapel. Regular ecumenical services are held, communion is offered and denominational ministers and volunteers visit the home. The chaplain develops relationships with the residents and their family and provides emotional and spiritual support daily and in the palliative stages. Regular care plan reviews, consultation with residents and representatives, surveys, audits and meetings provide feedback in the needs of residents and their families. Cards and letters of appreciation and thanks confirm the home and staff are meeting the residents and their families spiritual and cultural needs.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident 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 each resident and/or their representative to make decisions and exercise choice are recognised and respected. Residents participate in decisions regarding their care and lifestyle preferences through the care plan reviews, meetings, complaints process and informal verbal feedback. Residents' choices in relation to their daily routines such as meals, participation in activities, medication, clothing and health practitioners are identified and documented. Residents' end of life wishes are respected and cultural and spiritual needs are cared for. Residents and representatives are informed about exercising their right to make choices in all aspects of residents' care and services on entry and ongoing. Residents state they are encouraged and supported in their choice and decisions regarding their care and daily life.

3.10 Resident security of tenure and responsibilities

This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's findings

The home meets this expected outcome

Information about security of tenure, residents' right and responsibilities, specified care and services and internal and external complaints mechanisms is provided through pre-entry consultation with management, the new residents' information pack and the residents' handbook. Relevant information is on display throughout the home and brochures are available. Residents and representatives are encouraged to discuss issues or concerns with management. Processes are in place to formally advise residents of changes in classification and implications on care and services. Consultation and support is provided when room change or alternative accommodation is required. Staff are educated about residents' tenure, rights and responsibilities and residents and representatives confirm satisfaction in relation to tenure and rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home's continuous improvement system documents ongoing improvements in the physical environment and safe systems. Please refer to expected outcome 1.1 Continuous improvement for further details.

Recent improvements relevant to Standard four:

- To improve facilities for respite residents, a new respite room that includes ensuite facilities has been built. Feedback from residents, representatives and community staff is very positive and management reports greater synergy between community and aged care services within the organisation.
- A food focus group has been established in response to complaints associated with the meal service. This empowers residents and provides opportunity for resident input into the menu. As a result, the menu has changed and includes more 'user friendly' terminology. Complaints have reduced and relevant issues are now addressed by this group.
- Management observed that during fire drills staff were unsure and anxious about actions to take at the fire panel. A colour coded dot system was developed and provides clear instructions for staff at the panel. This has reduced staff anxiety and been very positively received. As a result, the system has been adopted across the organisation.

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

Systems are in place to identify and ensure the home meets regulatory compliance requirements related to the physical environment and safe systems. Please refer to expected outcome 2.1 Regulatory compliance for further details.

Regulatory compliance in relation to Standard four is demonstrated by:

- secure storage of dangerous good such as chemicals, oxygen and hazardous items
- access to material safety data sheets
- appropriate recording and reporting of infectious illnesses
- independent auditing of compliance with food safety regulations
- staff education, inspections and testing to ensure compliance with fire safety regulations.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home ensures management and staff have the appropriate knowledge and skills to effectively perform their roles in the area of physical environment and safe systems. For a description of the home's education and staff development processes refer to expected outcome 1.3 Education and staff development.

Examples of recent education relating to Standard four include:

- back attack training
- food safety/handling
- occupational health and safety course
- chemical handling.

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 residents' care needs".

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable 'home like' environment consistent with residents' needs. An effective preventative and responsive maintenance system ensures a safe, well maintained environment. Workplace inspections, audits, incident and hazard reports provide opportunities for improvement in maintaining a safe and comfortable environment. The internal courtyards are well maintained and provide lovely, private and secure areas for residents and their families. Keypad access provides a secure internal and external environment for all stakeholders. Resident rooms are 'home like' with their personal items and keys available if they wish to be locked. Residents and representatives state the home is comfortable, clean and quiet.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. The occupational health and safety committee meets regularly to monitor incidents, near misses and hazards data and trends, workplace inspections and audits results. Staff attend compulsory education and training in manual handling, fire and emergency and infection control. A 'back attack' mentor works in the home and ensures all staff adhere to safe manual handling practices. Staff state new equipment is trialled and training provided in the safe use. Staff are aware of the occupational health and safety representatives from all areas of the home and maintenance requests are attended in a timely manner.

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 are actively working to provide a safe environment and the maintenance of systems that minimises fire, security and emergency risks. Fire and emergency and evacuation training is compulsory for all staff upon orientation and an ongoing basis. An accredited external contractor monitors and maintains the safety and function of the fire and emergency equipment. The fire panel has a dot system to follow in the event of an emergency and fire warden training is conducted. Evacuation plans and procedure charts are located throughout the home. Staff are aware of the evacuation packs and resident information lists are regularly checked. Clear instructions are provided to staff, residents and visitors in the event of an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home's infection control program consists of data collection, surveillance programs, internal and external audits, staff orientation and ongoing education sessions. A staff and resident vaccination program, pet management program, waste management, pest control and a food safety program are also in place. Processes monitor the supply of appropriate equipment and stock including single use items and personal protective equipment. There are appropriate facilities, equipment and stock, policies and procedures in place for staff to perform their roles within the infection control program across clinical and non-clinical areas. The home has an outbreak management plan and resources. Standard precautions are implemented and understood by staff. The home reviews infection rates and implements improvement plans to reduce the risk of further infection.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home has systems in place to ensure hospitality services are provided according to the residents' needs and preferences. An external contractor cooks all meals on site from a rotating and seasonal menu. A food focus group meets regularly with the chef to provide feedback regarding the meals that has been positively received by residents. Laundry and cleaning services are provided by an external contractor and follow policies and procedures to maintain quality services. Cleaning schedules are followed in all areas of the home and colour coded equipment is used. Residents and representatives are satisfied with the home's catering, cleaning and laundry services.