



Australian Government

Australian Aged Care Quality Agency

Feros Village Wommin Bay

RACS ID 0278
McKissock Drive
KINGSCLIFF NSW 2487

Approved provider: Wommin Bay Hostels 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 18 August 2017.

We made our decision on 19 June 2014.

The audit was conducted on 27 May 2014 to 28 May 2014. 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	Quality Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

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

Standard 3: 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	Quality Agency decision
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 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	Quality Agency decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



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Audit Report

Feros Village Wommin Bay 0278

Approved provider: Wommin Bay Hostels Ltd

Introduction

This is the report of a re-accreditation audit from 27 May 2014 to 28 May 2014 submitted to the Quality 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 an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 27 May 2014 to 28 May 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. 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 1997.

Assessment team

Team leader:	Mark Rankin
Team member/s:	Lynette Harding

Approved provider details

Approved provider:	Wommin Bay Hostels Ltd
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Details of home

Name of home:	Feros Village Wommin Bay
RACS ID:	0278

Total number of allocated places:	70
Number of residents during audit:	66
Number of high care residents during audit:	38
Special needs catered for:	Residents with dementia and related conditions

Street/PO Box:	McKissock Drive
City/Town:	KINGSCLIFF
State:	NSW
Postcode:	2487
Phone number:	02 6674 4177
Facsimile:	02 6674 4171
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
Care Manager	1
Director of Clinical Services	1
Quality Systems Officer	1
Maintenance and Support Services Coordinator	1
Homemaker staff	2
Care staff	2
Registered staff	1
Residents/representatives	13
Business Executive Manager	1
Positive Living Coordinator	1
Catering Coordinator	1
Catering Staff	5
Maintenance Officer	1

Sampled documents

Category	Number
Residents' files	11
Summary/quick reference care plans	11
Medication charts	18

Other documents reviewed

The team also reviewed:

- Accident/incident forms
- Audits
- Behaviour management plans
- Bowel charts
- Care plan evaluation and reviews

- Clinical assessments
- Comments and complaints folder
- Communication diaries and whiteboards
- Compulsory reporting consolidated register
- Controlled drug register
- Customer feedback forms
- Daily security lockdown procedure
- Dietary profile and changes forms
- Duty lists
- Education schedule
- Emergency response documentation
- Falls investigation reports
- Food safety plan
- Handover sheets
- Hazard and incident register
- Infection control resource folder
- Job descriptions
- Legislative changes notification documentation
- Medication competency matrix
- Medication evidence folder
- Meeting minutes
- Memorandum
- Non programmed and programmed maintenance documentation
- Pain management charts
- Police certificates and nurse registration documentation
- Positive living activity folder
- Positive living assessments
- Recruitment policies and procedures

- Referral forms
- Registration certificates
- Resident care list
- Residents' handbook and information
- Restraint assessment and authorisation
- Risk assessments
- Roster
- Self-assessment
- Specialised nursing care folder
- Temperature monitoring records
- Weight records
- Wound management folder

Observations

The team observed the following:

- Activities in progress
- Aged care complaints scheme and advocacy information displayed
- Charter or residents' rights and responsibilities
- Cleaners trolley
- Comments/complaints forms
- Education planner
- Equipment and supply storage areas
- Evacuation signage and diagrams
- Firefighting equipment
- Hand washing facilities and antibacterial gel dispensers
- Handover processes
- Interactions between staff and residents
- Internal and external living environment
- Kitchen and Laundry

- Living environment
- Manual handling and mobility assistive devices
- Meal and beverage service
- Residents assisted with medication
- Residents, visitors, contractors sign in/out books
- Small group observation
- Staff resource folder
- Storage of medications

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of 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 quality system program, maintained by the Care Manager (CM). Improvement suggestions are captured through meetings, surveys, verbally, customer feedback suggestion, and audit results and through the improvement register. Residents unable to complete a suggestion form are assisted by staff to document and submit their suggestions and are encouraged to raise concerns at resident meetings. Feedback forms are collected, reviewed and entered into the improvement register by the CM with the CM monitoring improvements through feedback from residents, staff and meetings. The quality system is monitored by the CM in conjunction with organisational management overview with feedback provided to originators of suggestions. Residents and staff are familiar with the home's forums to initiate a suggestion and reported that management is receptive to their suggestions, gives feedback and responds to their requests in a timely manner.

Recent examples of improvements related to Standard 1 include:

- It was identified by management that resident files contained information not required by staff on a regular basis and that the files contained information dating years back. The home introduced a process where the resident file contains information relevant to recent months and the remainder archived into a second folder that sits next to the current working file. Staff commented that this allowed them to easily utilize the current information and have instant access to archived documentation if needed.
- As a result of staff requests to know the current status of available vacation periods and being able to see availability, management has created a wall vacation planner in the staff room. The planner lists the available and booked periods of vacation for staff with staff commenting positively on the new planner and its use.
- Management identified that night staff were not able to demonstrate visiting residents during various rounds during their shift. A new form was introduced so care staff can document which residents they reviewed during the evening with added comments regarding the resident's wellbeing.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to address regulatory compliance, identifying updates to legislation, regulatory requirements, professional standards and guidelines through involvement with professional bodies and industry memberships. Policies are written and reviewed organisationally with management communicating the information to staff using meetings, memoranda and staff education sessions. Minutes of meetings are available to staff to ensure accurate knowledge, as are copies of policy, procedure; professional guidelines and legislative requirements for example police certificates and reportable assaults. Compliance is monitored through the senior management team; the homes risk management framework, eNewsletters from aged care legal firms and observation by key personnel, incident reporting, quality systems audits and via the home’s computerised management systems.

Staff report information regarding regulatory compliance is communicated via memos, meetings and education sessions.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure that management and staff have appropriate knowledge and skills to be effective in their roles through education and ongoing staff development. The organisation encourages personal development through their Seven Star development program and reward staff for their participation through their education rewards program.

Education needs are captured using staff requests, identified skill requirements and staff appraisals with education programs implemented by management. Staff are informed of mandatory education and training records are kept on site, with attendance at mandatory sessions monitored by the CM. Additional education opportunities are available to staff on a range of topics such as compulsory reporting and documentation, designed to parallel mandatory training requirements. Evaluation of education is conducted via staff feedback and skills assessments to monitor the education and staff development program.

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

Residents/representatives and interested parties have access to internal and external mechanisms to raise issues at the home. Initiators of compliments and complaints are responded to and these are entered where appropriate in the home's customer feedback program. Residents/representatives are able to raise issues with management using written documentation and at meetings. Residents are informed of the internal and external comments and complaints mechanisms on entry to the home through verbal and written communication and at resident meetings. Information is on display internally at the home.

Residents/representatives report they are familiar with the mechanisms to raise complaints and are satisfied that issues are resolved 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

Management incorporates documented organisational values into the home's daily activities. These statements are available to residents/representatives, staff and other interested parties via a variety of information documents. The home's vision (Strategic Plan) is provided to resident/representatives in the resident information documentation and to staff during orientation. The homes vision is displayed at the entry to the home.

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

The home has human resource policies and a formal recruitment system that includes interviewing, appointment and orientation of staff. Police certificates, evidence of qualifications, and reference and registration checks form part of the recruitment process. Residents' changing care needs, staff availability and skill mix are monitored and form the basis for staff rostering. Employment contracts, position statements, the orientation process and participating in education sessions ensure new staff members are aware of the requirements of their positions. A range of strategies are used to manage staff performance and include a probationary period, ongoing performance reviews, annual staff appraisals, competency checks and supervision of staff. Residents/representatives are satisfied with the responsiveness of staff and the care residents receive.

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 systems and processes to ensure that a stock of appropriate goods and equipment is available. Input from residents and staff through meetings are included in the processes of maintaining and introducing new equipment as is organisational inputs. Storage for equipment and goods is available at the home with staff able to access storage areas.

Stock levels are ordered and monitored by key personnel and are rotated and monitored for expiry dates. Preventative maintenance schedules monitor equipment useability, including daily monitoring through corrective maintenance requests by the Maintenance Officer (MO). Faulty equipment is identified, removed from service and replaced or returned to suppliers for replacement. Staff are satisfied with the stocks of appropriate goods and equipment.

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 processes and procedures to ensure information is managed in a secure and confidential manner, including restricted access to service information, resident and personnel files, locking of storage areas and offices and restricted password access to computers. Clinical information is updated to guide care delivery needs of residents with back-up systems in place to prevent loss of information. Information is communicated to staff via meetings and meeting minutes, memoranda, notice boards, handover processes and residents' clinical files. Staff have position limited access to electronic information.

Management communicates with residents/representatives via newsletters, resident meetings, resident advocate, feedback sheets, suggestion box and one-to-one discussions. The home has policies in place for archiving and destroying documents.

Residents/representatives and staff are satisfied with information management provides to them.

1.9 External services

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

Team's findings

The home meets this expected outcome

External service agreements are reviewed organisationally and by the CM. The home has contracts with external services including, but not limited to, air conditioning, allied health professionals, continence products, medical and chemical supplies. Feedback from identified key personnel is provided to management to ensure quality services are maintained; feedback

on external services is also provided via resident and staff meetings as well as quality audits of external contractors. Service providers are supervised by relevant personnel when conducting services at the home with contractor sign in log located at the entrance to the home. Allied health professionals are consulted as required to ensure residents' needs are reviewed regularly. Staff and management are satisfied with the external services provided.

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

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Recent examples of improvements related to Standard 2 include:

- It was identified that visiting allied health professional information regarding resident cares was not accessible to all staff and was located in different files in the nurses' station. Management has introduced an Allied Health folder which contains both initial referral documentation and feedback and recommendations. Staff commented on the positive values of having the central location of information.
- A review of incident data on resident falls has led to the establishment of a Falls Prevention Committee which meets fortnightly. All fortnightly falls are reviewed, discussed and actioned to decrease falls at the home. Management and staff interviews and documentation review identified a decrease in resident falls at the home.
- The newly formed Falls Prevention Committee has now added a wall sticker with a small laminated orange triangle and a white exclamation mark which are placed outside resident's rooms to alert staff of those residents who are at risk of falling. Staff commented that this was a constant reminder and awareness to them when working in areas that they may not have worked for some time.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's compliance systems and processes.

In relation to Standard 2 the home maintains compliance with all aspects of regulatory compliance through monitoring, surveys, audits and observations of staff practices. Staff are aware of their responsibilities in relation to the notification of unexplained absences of care recipients.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to health and personal care. Examples include falls prevention, behaviours and blood glucose monitoring. Staff feedback demonstrated their clinical and care knowledge and responsibilities under Standard 2 outcomes.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has processes in place to meet residents’ individual clinical care needs and preferences. The CM oversees and monitors care delivery at the home. Initial and ongoing assessments are conducted by appropriately qualified staff, the care manager and registered nurses develop care plans (care at a glance) to guide staff practice. A collaborative approach to care planning is undertaken that includes the resident and/or their representative, medical officer, physiotherapist and other health professionals as indicated. Care plans are formally reviewed on a three monthly basis or as a resident’s health status changes. Processes to communicate resident information include shift handover, daily staff ‘catch up’ each morning, communication diaries, resident care plans and regular staff meetings. Mechanisms to monitor clinical care include the conducting of audits, monitoring of staff practice, resident surveys and the collection, analysis and trending of clinical incident data.

Residents/representatives are satisfied with the care provided.

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

The home has processes to identify the specialised nursing care needs of residents and care interventions are met by appropriately qualified staff. Treatment regimens guide staff practice in relation to oxygen therapy, catheter care, diabetes management, anticoagulation therapy and complex wound management. Registered staff are provided with education and training in relation to specialised nursing care and external consultative services and equipment is accessed if necessary. Care staff have an awareness of interventions such as observation and reporting responsibilities that assist registered staff and ensure the specialised nursing care

needs of residents are met. Residents requiring specialised nursing care are satisfied with the care provided.

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

Residents are referred to specialist medical and/or allied health professionals as their assessed needs indicate. Speech pathology, dietetics, physiotherapy, dental, optometry, audiology and podiatry consultations are arranged according to residents’ assessed needs, with care interventions updated as required and documented in care plans. Indicators for referral to other health professionals are recorded in progress notes and residents are assisted to access relevant internal and/or external services. Reports from health related practitioners are documented in residents’ clinical records and conveyed verbally to care staff when required. Residents/representatives indicated satisfaction with the access to specialist and allied health services.

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

The home has processes in place to manage residents’ medication safely and correctly by appropriately qualified staff. Medication orders are prescribed by medical professionals and dispensed by pharmacy services. Medication charts reflect identification, allergies and specific administration instructions. Processes are in place to manage ‘as required’ (PRN) medications and ensure the competency of residents who self-administer their medications. The safety of the medication management system is monitored through scheduled and random audits and analysis of any medication related incidents. Staff receive education and support in medication management. Residents/representatives are satisfied with the management of medications, as well as with the assistance and support provided.

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

On entry to the home the clinical manager assesses each resident’s history of pain and residents’ experiencing acute or new episodes of pain are commenced on ongoing pain assessment. Verbal and non-verbal pain assessment tools are available for staff to use and a pain management plan is developed. Strategies to manage pain involve a multidisciplinary approach with assistance and advice from the medical officer. Interventions include medication, massage, heat therapy, transcutaneous electrical nerve stimulation (TENS), repositioning and exercise. Staff monitor and document residents’ responses to pain

management. Staff have access to information on the home's pain management approaches and demonstrate knowledge of specific pain management interventions for residents.

Residents are satisfied that their 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 home has processes in place to meet the medical, physical, spiritual, emotional and comfort needs and preferences of residents who are at the end stage of their life. Specific palliative care planning is implemented and interventions communicated to relevant staff. Resident's representatives are supported to maximise their time together, regular consultation with the health care team informs and assists in meeting the comfort and dignity needs of the resident. Specialised equipment can be accessed when required to maintain residents' comfort and staff are appropriately qualified.

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

The home has processes in place to identify residents' individual dietary needs and preferences. Communication processes between nursing and catering staff are effective in maintaining current resident dietary information and ensuring residents receive the appropriate textures and diets. Residents are regularly weighed and residents with significant weight loss or gain are reviewed, care plans are modified and interventions (including supplements, textured or modified diets and more frequent weighs) for weight loss or gain are implemented. Residents are referred to their medical officer, speech pathologist or dietician for assessment when the need is identified. The effectiveness of nutrition and hydration is reviewed during residents' meetings, through audits and monitoring of clinical information and observation of residents. Residents/representatives are satisfied that the home provides adequate food and fluids.

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

Residents' skin integrity and associated risk factors are assessed on an ongoing basis and care interventions direct staff practice. Preventive measures implemented include the application of moisturisers, skin protective aids, specialised equipment (mattresses and chairs) repositioning, high protein diets where risk indicates. Staff receive training in safe and correct manual handling procedures. Registered staff are responsible for wound management,

completion of treatment records, documenting interventions and wound monitoring; an external wound specialist is also consulted when required.

Residents/representatives are satisfied with the assistance provided to maintain residents skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The continence needs and preferences of residents are identified through the use of focussed assessment. Care plans are developed that reflect individual continence management strategies to guide staff practice. Care plan review processes ensure regular monitoring of the effectiveness of residents’ individual continence program. Strategies include scheduled toileting, implementation of continence aids and bowel management regimes; these are recorded and evaluated for effectiveness. A registered nurse monitors the day to day usage and assessment of residents to ensure residents are provided with an adequate supply of appropriate continence aids to meets their individual needs. Staff demonstrated an awareness of residents’ individual continence requirements. Residents advise staff maintain their privacy when attending to their continence needs and that this is provided in a timely manner.

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

Residents are assessed on entry to the home and actual or potential indicators for challenging behaviours are identified. Care staff monitor and chart challenging behaviour to enable assessment by the registered staff and the development of care plans that identify risks, triggers and the effectiveness of interventions. Staff are knowledgeable of individual resident needs and risks. Care and lifestyle staff support residents in maintaining their abilities and interests as well as providing distraction and one-on-one support when needed. The effectiveness of strategies used by various staff members to assist residents with challenging behaviours is discussed during handover processes and communicated in progress notes. Residents requesting or requiring protective assistive devices have relevant authorities which are reviewed regularly. Residents are satisfied with the way challenging behaviours are managed; staff are discreet and supportive in their interventions.

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 optimise residents’ mobility and dexterity. All residents are assessed by a physiotherapist on entry to the home and as needs change. Individual passive/active exercise programs and group exercise sessions are provided for residents on a regular basis. Mobility aids and specialised dietary aids are provided for residents as required. All staff attend manual handling education annually or when required. Monitoring mechanisms include the analysis and trending of resident falls data, audits and monitoring of staff practice. Residents with identified mobility and dexterity issues are satisfied with the exercise programs and the assistance provided to optimise their mobility and dexterity.

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

On entry to the home residents’ dental history, preferences relating to management of their teeth and dentures and other oral/dental care needs are identified through interview and assessment of their oral health status. Care staff monitor residents’ ability to self-manage their oral care and assist when required. Residents are assisted to attend dental appointments when the need is identified, the home utilise the services of a mobile dental technician for residents’ who either choose not to or are unable to travel to a dentist.

Equipment to meet residents’ oral hygiene needs is provided to residents. Residents are satisfied with the assistance provided by staff in relation to the maintenance of their oral health and dental needs and access to oral care supplies.

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

Information about each resident’s care needs in relation to hearing, vision and speech is collected through the initial and ongoing assessment processes. Care interventions reflect identified personal preferences and sensory needs and are linked with other relevant care plans such as hygiene and leisure activities. Residents are referred to specialists including audiologists, optometrists and speech pathologist as needs indicate and in consultation with the resident/representative. Residents with identified sensory loss issues are satisfied with the individualised management strategies and the assistance provided by staff.

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

Residents’ normal sleep patterns and assistance required to achieve natural sleep are identified and assessed in consultation with the resident/representative. Care strategies are developed, communicated to staff and implemented in response to residents’ needs and preferences. Staff provide assistance when residents have difficulty sleeping which includes the provision of refreshment and snacks, attending to hygiene cares and re-positioning if required. Pharmacological intervention is available as prescribed by the residents’ medical officer. Residents report that they sleep well and are satisfied with the assistance that staff provide during the night if this is required.

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

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

Recent examples of improvements related to Standard 3 include:

- The Positive Living Team in conjunction with the physiotherapist have added two sessions of Tai Chi and two sessions of strength and balance classes per week to the home. These sessions are held at opposite ends of the home to encourage more residents to attend. Observation of resident participation and involvement in activities confirmed that the sessions are widely attended with residents commenting positively on the increased wellbeing they feel as a result of the sessions.
- It was identified that not all residents could attend bus outings to shops to purchase items that they may wish to have. The home has introduced an onsite mobile shop that is located in various parts of the home. Residents said that this enabled them to buy items that they would normally not be able to have and looked forward to their weekly shop.
- As a result of consultation with the organisation’s two other homes, it was established that if they pooled their resources and workloads to present special events then they could really put on an excellent event of a higher standard than if the whole process was the responsibility of one home. So an event is decided upon with the workload divided by three and once each home has completed their responsibility then the event is combined and actioned at each of the three homes. Recently the home held a Gatsby styled Special Events Day with documentation, staff and resident interviews confirming great success and feeling of accomplishment by both staff and residents.

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

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s compliance systems and processes.

In relation to Standard 3 the home maintains compliance with all aspects of regulatory compliance through monitoring, surveys, audits and observations of staff practices. Staff interviewed are aware of their responsibilities in relation to alleged and suspected reportable assaults.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to supporting residents’ lifestyle requirements. Examples include emotional support, independence and lifestyle choices. Staff feedback demonstrated their knowledge and responsibilities under Standard 3 outcomes.

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

Processes are in place to support residents to adjust to their new environment and on an ongoing basis. Residents’ emotional, cultural and spiritual needs are assessed during the settling in period through one to one consultation and assessment processes. Residents have access to support services such as counsellors, pastoral care and community visitors who regularly attend the home. Changes in resident’s emotional support needs are managed by the care staff, positive living staff and in consultation with the resident’s families or representatives. Residents/representatives are satisfied with the emotional support provided by the home on entry and on an ongoing basis.

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

The home has processes in place to assess residents' needs in regard to optimising physical, emotional, social, cultural and financial independence. Care planning processes with regular review ensure residents receive the required assistance to maximise physical and emotional independence. Residents are supported and encouraged to form new friendships within the home and maintain existing friendships and involvement in external community groups. Community group visits and group outings are part of the activity program. Staff recognise individual resident's needs for independence and assist them to achieve this as part of their daily routines. Residents/representatives are satisfied with the assistance that the home provides to ensure independence.

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

The home has systems and processes in place to ensure that the privacy and dignity of residents is maintained. Residents' consent is obtained for the release of information to other health professionals involved in their care. Strategies are implemented by care staff to ensure that residents' privacy and dignity are maintained while entering residents' rooms and conducting personal care for the residents. Residents' confidential information is stored in secure locations in the clinical and administrative areas of the home with coded access and electronic information is password protected with varying levels of staff authorisation. Staff are aware of the strategies they use to maintain resident's privacy and dignity.

Residents/representatives are satisfied residents' privacy, dignity and confidentiality is recognised and respected in accordance with their needs and preferences.

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' care and lifestyle needs and preferences are identified and assessed. This information supports the monthly positive living program. Individual care plans are developed and interventions consider the resident's interests and their physical, cognitive, sensory, cultural, social and emotional needs. Activities displayed in the monthly positive living program include a wide range of individual, group and community events. Monitoring mechanisms include feedback from residents on an individual basis, through group feedback at residents'

meeting, surveys and via activity evaluation records. Residents/representatives are satisfied with the variety of leisure activities offered, and the support provided by staff to enable residents to participate in activities of interest to them.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents' preferences in relation to cultural and spiritual needs are identified and information is communicated to staff to ensure that these preferences are reflected in the delivery of care, leisure pursuits and other services. Church services of various denominations are held on a regular basis and one on one spiritual support is provided by the home's counsellor and pastoral care visitors. The individual beliefs and customs of residents are observed and known by staff. The home celebrates days of cultural significance and when required is able to meet residents' specific dietary considerations. Residents/representatives are satisfied that residents cultural and spiritual needs are being met at the home.

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

Residents are enabled and encouraged to participate in decisions about their care and services through information provided at the time of entry to the home, assessment and care planning processes, case conferences, meetings, comments and complaints mechanisms and surveys. Resident's appointed decision-makers are identified and are accessed as required. Staff interactions with residents support residents to make choices and decisions within their capacity regarding activities of daily living. Residents have access to information regarding advocacy services if required and are aware of their rights and responsibilities.

Residents/representatives and are satisfied with residents involvement in decision-making.

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

On entry to the home residents/representatives are informed through interview and via the resident information handbook about security of tenure. The residential care agreement offered to new residents contains information about residents' rights and responsibilities, the terms and conditions of their tenure and fees and charges. Consultation occurs with the resident and or their representative if any change in security of tenure is considered by the

home. Residents/representatives report satisfaction with the security offered by the home and understand residents 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

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

Recent examples of improvements related to Standard 4 include:

- It was identified by management contracted dementia care specialists that the secure area of the home could be improved for residents. Improvements that have been completed have been a change in hand rail colour which has improved safety and increased utilisation by residents and a joining staff training room has been converted into a resident quiet room. Observations during the reaccreditation visit confirmed residents’ utilising the new room and using the hand rails for assistance.
- It was identified that staff who were injured during work were not efficiently being integrated back into the workplace in a manner in which allowed them work in limited capacities during their rehabilitation. The organisation has now established a dedicated Return to Work Coordinator with information available to all staff, with an increased awareness of the function of return to work after an injury.
- As a result of recent storm and cyclone activity, the outside café style eating, sitting and relaxation area has been improved with new higher storm resistant shades and new table and chairs, creating an area for residents and families to enjoy as an alternative to indoor areas. Residents commented positively on this area to sit and relax.

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 compliance systems and processes.

In relation to Standard 4 the home maintains compliance with all aspects of regulatory compliance through monitoring, surveys, audits and observations of staff practices. The home’s food safety program has been accredited by Council and external audits conducted; a Food Safety Supervisor and a Fire Safety Officer are available to guide staff.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 4 Physical environment and safe systems, education is provided to staff to ensure that residents have a safe and comfortable living environment that supports the quality of life and welfare of residents, staff and visitors. Examples include infection control and hazard identification with staff feedback demonstrating their knowledge and responsibilities under Standard 4 outcomes.

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

The home has processes to provide a safe and comfortable environment both internally and externally, with residents encouraged to maintain their independence and have access to appropriate equipment. Cleaning and monitoring processes ensure the continued safety and cleanliness of the environment and prevention of clutter. Work instructions detail the frequency of cleaning programs and cover all areas of the home; effectiveness of cleaning is monitored through audits and surveys with deficiencies addressed. Identified hazards are risk assessed and actions taken through the plan for continuous improvement. Preventative and corrective maintenance is conducted by the MO and external contractors. Consent and authorisation is obtained for those residents who may require protective assistance with residents individually assessed for risk in relation to their safety and appropriate preventive and/or corrective actions are taken. Staff are aware of practices that ensure the safety and comfort of residents. Residents/representatives are satisfied with the living environment of the home.

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

Work health and safety policies and procedures, risk assessments and audit tools are used to guide the home's safety system with this monitored by the Human Resource and Work Health & Safety Governance Committee. The home has a designated staff member with the safety system including hazard/incident reporting, risk assessments, staff training and maintenance activities; residents are informed about the safety system through regular meetings. Risk assessments are conducted and control measures are implemented by relevant staff. Incidents are documented and reviewed by the CM and discussed at meetings. Staff has

access to hazard/incident reporting forms; safety training is provided to staff during orientation; workplace health and safety is part of the home's training program. Staff are satisfied that management provides a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home actively works to provide an environment and safe systems of work that minimise fire, security and emergency risks through the use of an external provider monitoring all fire and safety processes. Emergency exits are clearly marked, pathways to exits were observed to be free of obstructions with exit doors operating as designed. Electrical equipment is inspected by the MO with equipment tagged as required. The home maintains a smoking policy for staff and residents. Staff are provided with fire safety education at orientation and annually. Fire safety is part of the home's orientation and mandatory training programs and fire drills are conducted regularly. Staff have access to resident emergency lists, emergency plans/procedures and firefighting equipment. Evacuation diagrams are displayed in public areas throughout the home. Work instructions for night duty staff include lock up procedures, and visitors/contractors are required to sign a register when arriving on site. Staff and residents demonstrate knowledge of the home's fire and emergency procedures with residents feeling safe at 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

The home has an infection control program in place to identify, contain or prevent potential and actual sources of infection including a plan in the event of an outbreak. Education is provided for staff in infection prevention and staff demonstrated an understanding of infection control practices relating to their area of work. Processes are established for the identification of resident infections and staff are kept informed of infection incidence through the communication book, handovers, staff room notice board and at meetings. Hand washing facilities and personal protective equipment are available for use by staff. Systems for waste management, spills, sharps disposal and effective pest control are in place. Temperatures of equipment for cold food storage and medication refrigerators are monitored to minimise the risk of contamination.

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

Catering services are provided to meet residents' dietary needs and preferences that are identified on entry and an ongoing basis. Meals are prepared on site and served in kitchenettes and transported to rooms as required. Residents have input into the menu verbally, via feedback forms, and the residents' meetings. The home's kitchen have monitoring systems to ensure that food is stored at the correct temperature; stock is dated and rotated, and food is served within safe temperature ranges. Cleaning schedules are used to ensure that resident rooms, common areas and service areas are cleaned on a regular basis and all laundry is done on site. Laundry is delivered on a trolley in individual baskets promoting privacy and dignity to each resident. The home monitors the effectiveness of hospitality services through resident/representative feedback and regular control audits and identified deficiencies are actioned in a timely manner. Residents are satisfied with the catering, cleaning and laundry services provided by the home.