



Australian Government

Australian Aged Care Quality Agency

Glenarm Nursing Home

RACS ID 3486
13 Burgoyne Street
KERANG VIC 3579

Approved provider: Kerang District Health

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 07 March 2018.

We made our decision on 06 January 2015.

The audit was conducted on 02 December 2014 to 03 December 2014. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of 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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Glenarm Nursing Home 3486

Approved provider: Kerang District Health

Introduction

This is the report of a re-accreditation audit from 02 December 2014 to 03 December 2014 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 02 December 2014 to 03 December 2014.

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

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

Assessment team

Team leader:	Ann De Pellegrin
Team member:	Margaret Edgar

Approved provider details

Approved provider:	Kerang District Health
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Details of home

Name of home:	Glenarm Nursing Home
RACS ID:	3486

Total number of allocated places:	30
Number of care recipients during audit:	28
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	N/A

Street:	13 Burgoyne Street
City:	Kerang
State:	Victoria
Postcode:	3579
Phone number:	03 5450 9200
Facsimile:	03 5450 9211
E-mail address:	glenarm@kerhosp.vic.gov.au

Audit trail

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

Interviews

Category	Number
Management and administration staff	10
Clinical, care and lifestyle staff	9
Health professionals	2
Care recipients and representatives	10
Hospitality, safety and environment staff	7

Sampled documents

Category	Number
Residents files	8
Summary/quick reference care plans	6
Medication charts	5
Residential agreements	4
Personnel files	4
External service contracts	4

Other documents reviewed

The team also reviewed:

- Adverse events reports
- Allied health referrals and reports
- Audit schedule, audits and third party audits and reports
- Cleaning schedules
- Clinical charts and management documents
- Comments and complaints and other feedback documentation
- Continuous improvement plan
- Data and trend analysis
- Education program and related records
- Emergency procedures records and essential service reports

- Food safety plan and associated records
- Handover, electronic and paper based communication documents
- Human resource records and documents
- Incident reports, analysis and trending data
- Infection surveillance records, analysis and reports
- Information handbooks/packs – residents, staff and contractors
- Lifestyle program and resident participation records
- Maintenance program records – reactive and preventative
- Mandatory reporting register
- Meeting minutes, memorandum and newsletter
- Menu planning, recipes and dietitian report
- Police certificate and statutory declarations records
- Policies and procedures
- Preferred suppliers and external contractors records
- Re-accreditation self-assessment and notice to stakeholders
- Regulatory compliance documentation
- Resident evacuation list and other related information
- Residents dietary information and summaries
- Residents survey results
- Restraint management documentation
- Roster and running sheet
- Specialised nursing care records
- Staff professional registrations and qualifications.

Observations

The team observed the following:

- Activities in progress
- Equipment and supply storage areas
- Interactions between staff and residents and staff assisting residents

- Living environment – internal and external
- Medication administration, storage and disposal systems,
- Menu displayed, meal and refreshment service
- Mission and vision statement and ‘Charter of residents’ rights and responsibilities’ displayed
- Newsletters from local communities
- Noticeboards and information displays
- Short observation in dining room.
- Staff transfer of goods and use of safety signage
- Sub-fire panel, evacuation maps and fire fighting equipment
- Suggestion box and feedback forms in the same vicinity available
- Waste management systems.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home actively pursues continuous improvement across the four Accreditation Standards. Resident and staff suggestions, management initiatives, comments and complaints, data analysis, incidents, quality activities and external review results feed into the continuous improvement process. Improvement ideas are actioned, monitored and reviewed through the electronic system. Residents, staff and other stakeholders raise continuous improvement at relevant meetings and management disseminate information through noticeboard displays, meetings and informal interaction. Residents, representatives and staff are satisfied the home actively pursues continuous improvement.

Recent improvements in relation to Standard 1 Management systems, staffing and organisational development include:

- Following discussions at a previous assessment contact, management consulted residents as to their understanding of continuous improvement and quality. This resulted in the development of a pamphlet dedicated to this and is now included in the residents information pack. Management and staff also promoted continuous improvement with all stakeholders. Management said and documentation shows residents are now raising suggestions at meetings and complimentary of the care, services and ongoing improvements.
- In response to the number of resident surveys returned, management discussed more effective ways to source feedback from residents and representatives. Informal discussions identified residents' preference to one-on-one explanation of the survey questions and over the phone questions to representatives. Management undertook this style for the remainder of the survey. Documentation shows previously, only 30 percent of paper surveys were completed and following the new approach another 50 percent were completed. Management said this approach has enabled residents and representatives the ability to expand on their comments providing management the opportunity to respond to any individual concerns.
- Management in preparation to the re-accreditation audit, identified several new staff and student nurses were unfamiliar with aged care accreditation. In response, management developed an information sheet and provided informal education on aged care requirements as to their role. Documented feedback shows positive comments from staff

and students regarding learning concepts and the understanding of resident focus. Management has since included this information in the staff handbook.

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 organisation supports management with systems to identify and comply with relevant legislation, regulatory requirements, professional standards and guidelines. Management receives regulatory compliance information through membership of a legislative update service, peer group networking and industry and government bodies. Changes are actioned by management with relevant information distributed to staff, residents and representatives through memoranda, newsletters and at relevant meetings. Management maintain various registers which generally assist them to monitor police certificates required for staff, volunteers and external contractors. Quality processes ensure the review of policies and procedures and monitoring through management reporting, reviews and audits. Staff and management said they receive information about regulatory changes.

Examples of regulatory compliance in relation to Standard 1 include:

- Notification to stakeholders of the re accreditation audit.
- Residents and representatives have access to information relating to external complaints and advocacy services.
- Policies, procedures and flow charts reflect professional and regulatory guidelines.
- Confidential documents are stored and destroyed securely.
- Management has a system to monitor the currency of professional registrations.

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 education and staff development program ensures management and staff have the required knowledge and skills to perform their roles effectively. Recruitment and orientation processes include identification of necessary skills and education to ensure appropriate skills and knowledge upon commencement of employment. Management identifies educational priorities through performance reviews, quality activities, feedback mechanisms and residents’ needs. The annual education planner includes online learning, allocated mandatory training days and education opportunities for management and staff. Attendance records and evaluation of education sessions monitor effectiveness. Staff and management said they have

opportunities to attend education and the organisation supports their learning and development needs.

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

- frontline management
- funding tool
- health records and privacy act
- performance management.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Each care recipient, representatives and other interested parties have access to internal and external complaint mechanisms. During the entry phase, management and staff explain the processes and which is also highlighted in relevant information packs, handbooks and resident agreements. External complaints and advocacy brochures are generally accessible and feedback forms and suggestion boxes are available for anonymous input. Management has an 'open door policy' and when comments are raised, management and staff respond to these comments, documenting action and response in care or service information.

Stakeholders have various opportunities for comments or complaints through relevant meeting groups, consultation, surveys and informal interaction. Staff are clear about their responsibilities when responding to complaints. Resident and representatives said they are comfortable in approaching staff and management with any issues.

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 has documented the organisation's mission and vision statement which they display prominently in the home and repeat this in a range of internal documents.

Documentation and reports show the organisation's commitment to quality care and service.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Management ensure there is appropriately skilled and qualified staff sufficient to ensure delivery of care and services according to the home's vision and residents' requirements. Recruitment processes include interview guidelines, reference checks and identification of qualifications and skills. New staff complete an orientation program and complete 'buddy' shifts until confident in their role. Rosters show appropriate staffing levels and skill mix with a registered nurse available for all shifts. Vacancies are managed using regular or bank staff. Management monitor staffing levels according to resident care needs. Appraisals, audits, competencies and observations monitor staff skills and practices. Staff said management support them in their roles and residents expressed satisfaction with the skills, knowledge and responsiveness 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

Management and staff demonstrate an effective system to ensure the availability of appropriate goods and equipment for service delivery. In consultation with the related departments within the organisation, management monitor inventory, equipment and asset needs. Key staff monitor stock levels, expiry dates and re-order supplies or equipment from the organisation supply department. Evaluation and trialling of new equipment occurs with input from staff with training provided on the use of the equipment. Management and staff review and upgrade goods and equipment to meet any special resident needs. Currently, the provision of goods and equipment reflect the identified needs of residents. Maintenance and cleaning programs ensure equipment is functional, hygienic and well maintained. Staff store equipment and supplies securely in designated areas with access restricted to authorised personnel. Residents and staff said adequate supplies of suitable goods and equipment are available.

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 organisational systems ensure management and staff effectively manage documented and electronic information in accordance with the legislative requirements and the organisation's policies and procedures. There are appropriate security levels to protect data integrity and maintain the privacy and confidentiality of resident and staff information. The organisation backs-up daily electronic information with archiving and document destruction of

information and records. Scheduled policy and procedure reviews and quality activities ensure information remains relevant, current and completed. Management utilise established processes to obtain relevant information and disseminate information to staff, residents and other stakeholders. These include meetings, informal discussion, letters, handover and notices. Staff said they have access to administrative, care and management information required to perform their roles. Residents and representatives are satisfied they have access to information to assist them to make decisions regarding residents' life at the home.

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 organisation engages external service providers to assist the home to meet residents and the home's operational needs and quality goals. Corporate management have procedures for establishing contracted services, selection criteria and negotiation. External service contractors sign service agreements which specify and include quality and service goals, safety, insurance, qualifications, license and generally regulatory requirements.

Scheduled reviews, evaluation and feedback from stakeholders provide input and assist with monitoring the performance of individual contractors. Corporate management manages resolution of disputes and renewal of service agreements. External service providers include allied health professionals, pharmacy, linen services, fire safety and maintenance services. Staff have access to an approved providers list which includes contact names, numbers and after hours service. Residents, representatives and staff said they are satisfied with the services provided by the current external contractors and suppliers at the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a system to support the pursuit of continuous improvement in relation to health and personal care. A range of clinical audits and clinical data is used to monitor performance and identify improvement opportunities in this area. Refer to expected outcome 1.1 Continuous improvement for details of the home's continuous improvement system and processes.

Recent improvements undertaken in relation to Standard 2 Health and personal care include:

- Following the organisation's review of the palliative care pathway, management identified nursing staff are not consistently following through with the 'after death care' checklist according to the resources provided. Management provided staff further learning opportunities regarding palliative care and focused on encouraging and documenting residents' end of life wishes. This has resulted in extended conversations between staff, residents and representatives on palliative care, further enquiries and resident's specified wishes documented. Evaluation is ongoing.
- An increase in medication signature omissions, resulted in several discussions between management and staff and more frequent medication audits. Management also introduced daily monitoring of medication charts with registered nurses from each shift checking medication charts from the previous shift. Documentation shows a significant decrease in medication omissions from 70 in July 2014 to nine in November 2014. Management said evaluation is ongoing.
- In response to a discussion, management developed a flow chart to assist all staff involved in the resident's entry process to ensure dietary information is passed onto clinical and lifestyle staff and the kitchen. The flow chart describes the process, the communication of meal requirements and changes to key areas and staff. Documentation show all departments are now informed on the day the new resident's dietary needs and/or as changes occurs. Evaluation is ongoing.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Policies, procedures and staff practice demonstrate compliance with legislation and regulatory requirements, professional standards and guidelines in relation to health and personal care. For details on the regulatory compliance system refer to expected outcome 1.2 Regulatory compliance.

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

- Medication administration and storage is in accordance with legislative requirements and staff scope of practice.
- Policies, flowcharts and incident notification processes provides staff with guidelines to manage residents’ unexplained absences.
- Registered nurses manage medications and specialised nursing care.
- Management monitors the currency of health professional registrations.

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

Management has systems to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to residents’ health and personal care. For details regarding the home’s system, refer to expected outcome 1.3 Education and staff development. Staff said they are satisfied with the education available in relation to health and personal care.

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

- catheter care
- incident management
- medication management
- palliative care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients receive appropriate clinical care. Initial and ongoing assessments identify needs and preferences and contribute to residents’ care plan development. Nursing and medical staff review residents’ care monthly and when triggered by a medical review or change in health status. Care reviews include scope for residents and representatives to have input into the care planning. Nursing staff report on clinical indicators including incidents associated with skin tears, falls, medications and behavioural issues. Staff participate in education, competency and performance development programs to ensure they maintain the appropriate skills and knowledge. Residents and representatives are satisfied with the clinical care provided for residents.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Appropriately qualified staff manage the assessment, care and review for care recipients with specialised nursing care requirements. Assessment processes ensure nursing staff identify residents’ specialised care on entry and as required. Staff have access to health specialists to assist with complex care needs. Care documentation contains information and instructions specific to the residents’ needs enabling staff to provide appropriate care. Education and competency assessments support specialised nursing care and staff have access to appropriate supplies and equipment. Residents and representatives confirmed satisfaction of staffs’ skills and knowledge and the care residents receive.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Care recipients can access health specialists according to their needs and preferences. Referral processes ensure staff identify residents requiring referral to other health professionals and includes procedures for urgent referrals. The home has access to a range of services, including a dietitian, speech therapist, podiatrist, and physiotherapist.

Assessments, progress notes and care plans include details of visits, prescribed treatment and outcomes of referrals. Staff support residents to attend external appointments if specialists are unable to attend the home. Residents said staff provide assistance with referrals to appropriate specialists when necessary.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Registered and enrolled nurses administer medications in accordance with legislative guidelines and the organisation’s medication policy and procedures. Initial and ongoing assessments identify medication requirements and preferences, allergies and assistance needed. Medication plans and charts are up to date and include clear medication orders, identification information and detail residents’ preferences for taking medication. Systems are effective for residents who wish to self-medicate ensuring safe practice. Medications are stored and managed within legislative guidelines and there are procedures to maintain supply and to dispose of unnecessary medication. Management monitor medication processes and practices through the incident reporting system, regular pharmacist reviews, meetings and audits. Residents are satisfied with the management of their medication.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Pain management and care strategies ensure all care recipients are as free as possible from pain. Initial and ongoing pain assessments identify residents’ pain experiences and coping mechanisms contributing to the development of care strategies for the management of ongoing pain. Assessment processes include monitoring to identify and manage pain for residents who are unable to verbalise their experience. Pain management strategies include medical review, medication, alternate therapies according to residents’ choice, massage, rest or exercise and specialist care. Management monitor pain management outcomes through care reviews, audits and resident feedback. Residents said they are satisfied with the care they receive to manage their pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Staff practices and care strategies ensure the dignity and comfort of terminally ill care recipients. Staff identify and document residents’ end of life wishes as soon as possible after entry to the home in consultation with the resident and/or representative. Medical practitioners and registered nurses regularly review care and have access to palliative care specialists if needed. The care plan process ensures care plans are updated to reflect changing palliative needs as the resident approaches terminal care. There are sufficient palliative care supplies and equipment and staff receive relevant education. Staff said they maintain care recipients’ comfort and dignity and respect their choices. Residents and representatives are satisfied with the spiritual and palliative care opportunities offered.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. Nursing staff complete nutrition and hydration assessments and develop a care plan, consulting with residents to ensure information remains current. The home displays the daily menu and an alternative meal is available if a resident does not want the menu choice. Catering staff confirm they receive timely notification of changes to residents’ dietary needs. The speech therapist and dietitian manage the care for residents with identified swallowing and nutrition concerns. Staff assist residents and provide adaptive cutlery and crockery to encourage independence when eating. The care review includes monitoring of residents’ weight and nutritional status and the need for referral to other specialists. Residents said they enjoy their meals, and expressed their satisfaction with the variety of food provided

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. Staff complete assessments to identify skin care risks and potential for pressure injury. Skin care plans include strategies such as using skin lotions, specific hygiene care, regular position changes, limb protectors and manual handling instructions. Wound care charting and management plans detail care and specific wound dressing products for residents with skin integrity breakdown. Audits, resident consultation, incident and care plan reviews monitor the effectiveness of care. Residents and representatives are satisfied with the care residents receive to manage their skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care recipients receive continence care appropriate to their needs and preferences. Processes include continence assessments, care planning and ongoing review of residents’ needs. Care planning includes identifying individual needs and preferences, establishing toileting patterns, dietary needs, medication strategies and the use of the appropriate aids. Staff confirm access to education and sufficient supplies of equipment and aids to meet care needs. Care plan review and program evaluation include audits, monitoring of infection data and obtaining feedback from residents and staff. Residents confirmed staff manage continence issues discreetly and respectfully.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Care and nursing processes ensure the needs of care recipients with challenging behaviours is managed effectively. Nursing staff assess residents’ behaviour patterns on entry to the home and complete additional monitoring and review as required. Care plans describe the type of behaviour, triggers to behaviours and include the consideration of past history and clinical issues such as infection and pain. Residents are encouraged to participate in activities and can access various living spaces for a change of environment. Staff receive education in managing challenging behaviours and gave examples of strategies to assist in modifying residents’ behaviours. Management monitor care through audits of incidents associated with behaviours, care plan reviews and feedback from residents, representatives and staff. Residents said they are unaware of incidents of challenging behaviours and staff are on hand to manage any situation.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Care recipients have access to care and equipment to maintain optimum levels of mobility and dexterity. The physiotherapist and nursing staff complete assessments and care plans identifying assistance and strategies to maintain residents’ mobility and dexterity. Care plans detail exercise activities, falls risk management, assistance required and the use of assistive devices such as walking aids and mobile chairs. Appropriate transfer equipment is available and staff reported they have received education in manual handling and transferring residents safely. Management monitors care through audits of incidents, care plan reviews, observation and feedback from care recipients. Residents said they are satisfied with the assistance they receive to maintain their mobility skills.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Care recipients receive oral and dental care appropriate to their individual needs and preferences. Nursing staff complete initial and ongoing assessments to develop an oral health care plan in consultation with the resident and/or their representative. Dental care planning includes assessing the state of the resident’s teeth, assistance required and residents’ preferred practices. Staff assist residents to access their local dentist and referral processes ensure the effective management of urgent care. Care plan reviews include consultation with residents and/or their representatives, replacement of dental care products and referrals to

other specialists. Residents said they are satisfied with the assistance they receive to manage their dental care.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Assessment and care planning processes ensure care recipients’ sensory losses are identified and management effectively. Sensory care plans detail specific individual strategies and include the level of assistance required, care of aids and strategies to enhance function. Staff assist with referral to specialists including audiologists, optometrists or other services. Evaluation occurs through care plan reviews, audits and stakeholder consultation. Residents are satisfied with the support and care provided to manage their sensory experience.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients are assisted to achieve natural sleep patterns. Nursing staff identify resident sleep needs and preferences using entry and ongoing assessments, observation and resident feedback. Care plans detail individual preferences and needs including comfort measures to promote sleep, individual rituals and preferences for day rest, retiring and waking. Staff described residents’ sleep needs providing specific examples of individual night care and sleep preferences. Audits, handover and care plan reviews monitor the night time environment and resident satisfaction. Residents said they sleep fairly well and staff provided assistance as needed.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a system to support continuous improvement in relation to care recipients’ lifestyle. A range of audits, activity evaluations and a resident survey is used to monitor performance and identify improvement opportunities in this area. Refer to expected outcome 1.1 Continuous improvement for details of the home’s continuous improvement system and processes. Residents are satisfied with their input into the activities program and choices available to them regarding their lifestyle.

Recent improvements in relation to Standard 3 Care recipient lifestyle include:

- Following stakeholder feedback, lifestyle staff now print out the weekly activities calendar on A3 paper and the wording in a larger font size. Staff further identified from residents’ the inclusion of symbols on the planner to highlight the favourite activities of several residents. Management said informal feedback has been positive. Staff said residents are now asking them for assistance in getting to particular activities. Whereas before, this did not occur and residents were often disappointed when they missed out.
- An informal discussion between a resident and staff, highlighted the resident’s close connection and past involvement to a local small farming community. This resulted in staff sourcing and providing the newsletter of that area with other community newsletters provided to residents from other areas. Staff said the residents who read the newsletters are enthralled in reading the latest news and events of those areas. Several residents now speak happily of their previous life and show contentment.
- In response to a complaint regarding a change in the bed layout in a shared bed room management consulted residents in the room to ensure satisfaction as to their personal space. Management said residents are satisfied with the original layout of the beds and identified several suggestions for bedrooms for the new aged care complex. Staff said management has discussed the importance of consultation and consideration of residents’ rights and responsibilities, privacy and personal space which has increased staff awareness of these concepts.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Policies, procedures and guidelines demonstrate compliance with legislation and regulatory requirements professional standards and guidelines in relation to resident lifestyle. For details on the regulatory compliance system, refer to expected outcome 1.2 Regulatory compliance.

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

- Policies and procedures on elder abuse inform and guide staff regarding mandatory reporting.
- Resident agreements specify care, services, rights and responsibilities and security of tenure in line with legislative requirements.
- The Charter of residents’ rights and responsibilities is displayed and included in resident and staff information.
- The organisation has policies and procedures for privacy and 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

Management support staff with an education program to ensure they have the required knowledge and skills in relation to residents’ lifestyle. For details regarding the home’s systems, refer to expected outcome 1.3 Education and staff development. Staff said they are satisfied with the educational and training opportunities available in relation to their role and resident lifestyle.

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

- depression and dementia
- elder abuse
- intimacy and sexuality in aged care
- story telling.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Management and staff support each care recipient in adjusting to life in the home and on an ongoing basis. Assessment of residents' emotional support needs and preferences occur upon entry to the home and staff develop care plans to communicate residents' needs.

Review of residents' emotional support needs occurs on a regular basis by nursing and lifestyle staff, who update care plans as required. Contact with family members is encouraged and residents receive support to maintain contact or establish links with the community outside the home. Staff may contact support services such as health professionals and/or religious support, if indicated. Residents are satisfied with the initial and ongoing emotional support they receive at the home.

3.5 Independence

This expected outcome requires that "care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's findings

The home meets this expected outcome

Management and staff provide support to care recipients to achieve optimal independence, maintain friendships, family connections and community links. Assessment and care planning processes, plan and identify strategies for maximising residents' individual level of physical, social, civic, cognitive and emotional independence. Staff encourage residents' physical independence through regular exercise programs, walks and physiotherapy sessions. Referrals to allied health practitioners occur and staff provide aids as recommended to enable residents retain independence during meals and daily activities.

Visitors are welcome and residents are encouraged to maintain their individual friendships and community involvement. Residents are satisfied with the way staff encourage and support them to achieve maximum independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff ensure each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Resident information packs, handbooks and agreements outline these concepts. In consultation with the resident and/or their representative, staff identify each resident's wishes for privacy in respect to personal space, the delivery of care and ways staff can support their autonomy and dignity. Residents are encouraged to personalise their

rooms and are free to welcome guests at any time. Staff maintain residents privacy and dignity by knocking on doors prior to entering, drawing privacy curtains when assisting with care and addressing residents by their preferred name and in a courteous manner. Residents are satisfied with the way staff respect their privacy and dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Management and staff encourage and support care recipients to participate in a range of interests and activities of interest to them. Staff identify residents' individual leisure and lifestyle needs in consultation with the resident and/or their representative initially and following assessment, develop a care plan. Regular review occurs that incorporate the resident's social and human needs, self-expression, sexuality, sensory, emotional, cognitive, and mobility needs. Lifestyle staff plan and advertise weekly activities in both group and individual settings. These include intergenerational programs, entertainers, various multi-sensory therapies, the men's group, bus outings, cultural and special events. Volunteers assist with the lifestyle program on a regular basis. Lifestyle staff evaluate and redesign programs as necessary based on resident feedback and participation, meeting forums, informal discussions and satisfaction surveys. Staff encourage family and friends to be involved in residents' lives at the home and to join in activities. Residents are satisfied with the range of activities offered and that staff assist them to attend as requested.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Management and staff demonstrate they foster and value residents' cultural and spiritual lives. Initial assessments and care plans document preferences including celebration days, beliefs, religious choices, cultural preferences and palliative care wishes. Staff have access to cultural care information and interpreters if needed. Various denominations hold religious activities in the home and community visitors are welcome. Staff, volunteers and family members assist residents to attend events out in the community. Special events and significant days are celebrated and hospitality services cater for residents' cultural dietary preferences or service needs. Residents are satisfied with the support provided to meet their cultural and spiritual needs.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's findings

The home meets this expected outcome

Care recipients and/or their representative have many opportunities to exercise choice and decision making regarding services at the home while not infringing on the rights of other people. Care plans reflect resident choices in relation to care delivery, lifestyle activities and hospitality services. Staff encourage residents to make choices and assist where possible to achieve them based on their individual preferences. These may include retiring and rising times, menu choices, activity participation, choice of general practitioner and/or allied health services. Monitoring processes include care plan reviews, informal interaction and communication with residents and representatives. Staff are familiar of resident's individual choices and decisions. Residents and representatives are satisfied that their decisions are respected and followed through by staff.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The organisation has a system to ensure care recipients and/or their representatives have secure tenure within the home and understand their rights and responsibilities. Prior to and during the entry phase, management consult with residents and/or their representatives, provide an information pack and further explanation and a residential agreement. This includes details of care and specified services provided, fees and charges, the complaint and advocacy mechanisms and the 'Charter of residents' rights and responsibilities'. Any changes to fees and other arrangements are communicated to parties concerned through processes such as resident meetings, consultation and personal letters as appropriate. Staff said management keep them updated of any changes to resident tenure. Residents and representatives said residents have secure tenure within the home and are aware of residents' rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a system to support the active pursuit of continuous improvement to ensure residents live in a safe and comfortable environment. A range of audits and occupational health and safety data is used to monitor performance and identify improvement opportunities in this area. Refer to expected outcome 1.1 Continuous improvement for details of the home’s continuous improvement system and processes.

Recent improvements in relation to Standard 4 Physical environment and safe systems include:

- Following storm damage to the exterior blinds, management reviewed all living areas and bedrooms as to additional blinds required for the comfort of residents. Management sort resident input with preference chosen to an internal pull down blind. These were purchased where required including a split system in the sun-room. Management said and documentation shows resident feedback has been positive as to the changes. Staff said they have noticed more residents and visitors are using the sun-room as it’s cooler and accommodates all temperatures throughout the year.
- In response to survey comments, management sort resident feedback in regards to the temperature of meals served and identified residents unfamiliar with the terminology of menu dishes. This resulted in a discussion with staff and ensuring resident satisfaction as to meal temperatures. Catering services developed a menu book with a description of the meals provided. Staff said the book has been helpful when explaining meal dishes to residents. Residents said they are very happy about the menu information provided and satisfied with the temperature of meals.
- A special breakfast treat introduced, resulted in an ongoing and monthly ‘hot breakfast’ for residents in the dining room. Staff advertise and remind residents of the special breakfast with all staff assisting residents to the dining room, taking orders, assisting with partial cooking and meal service. Documentation shows residents’ compliments regarding the breakfast and their choice breakfast items. Staff said residents are happy and engage more in social chatter and have also asked for second serves. Management said they are currently promoting family members and visitors to have breakfast with residents. Evaluation is ongoing.

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

Policies, procedures and guidelines demonstrate compliance with legislation and regulatory requirements professional standards and guidelines about physical environment and safe systems. For details on the regulatory compliance system, refer to expected outcome 1.2 Regulatory compliance.

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

- The home has appropriate infection control and outbreak policies and reporting procedures.
- The kitchen has a current food safety program and certification by external authorities.
- There is effective monitoring and maintenance for emergency and essential service systems.
- The organisation actively promotes and monitors workplace health and safety.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management has systems to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to physical environment and safe systems. For details regarding the home’s systems refer to expected outcome 1.3 Education and staff development. Staff said they are satisfied with the education available in relation to the provision of a safe and comfortable environment.

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

- fire and emergencies
- food safety
- hand hygiene
- manual 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 care recipients' care needs".

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide a safe and comfortable environment consistent with care recipients' care needs. The home accommodates residents in shared bedrooms with either an adjoining ensuite or communal showers and toilet amenities. Staff encourage residents to personalise their rooms with personal mementos. Residents have access to a community dining area with a lounge room, sun room and various outdoor veranda areas. The home presents as clean, uncluttered and maintained with comfortable temperatures in rooms and living areas. Scheduled programs include the safety, security, maintenance and cleaning of the home and other reactive processes. Management routinely monitors the living environment through quality activities, regular inspections, observations and stakeholder feedback. Staff expressed knowledge and a proactive approach to ensure a safe environment and in the reporting of near misses, potential hazards or incidents. Residents and representatives expressed satisfaction with the comfort and safe environment provided to meet residents' needs.

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 and staff demonstrate they actively work to provide a safe working environment consistent with the organisation's policy, regulatory requirements and industry guidelines.

Processes that reinforce occupational health and safety include policies and procedures, meetings, hazard and incident reporting, maintenance requests, risk assessments, quality activities and monitoring by safety representatives. Staff have access to appropriate inventory, equipment, education and information resources to promote safe work practice. The occupational health and safety staff meet regularly and is comprised of staff from various work areas. Minutes of meetings show actions are taken as a result of feedback and reporting mechanisms. Staff store chemicals safely in secure storage areas and have access to current material safety data sheets. Staff expressed knowledge of safe work practices and said they actively participate in ensuring a safe work environment for all.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff actively provide a safe environment and incorporate safety services and practices to minimise fire, security and emergency risks. Maintenance and specialist services regularly service, test and maintain emergency and fire fighting equipment. Egress areas are free from obstruction, exit signage and evacuation maps are identified. Staff complete fire and emergency education at orientation and annually. Staff have access to an evacuation kit and a current resident list with documented emergency procedures for internal and external threats. The home has keypad security with perimeter doors checked at night by staff and a contracted service. Management utilise stakeholder feedback, internal and external audits and inspections to identify risks and ensure a safe and secure environment. Staff are satisfied with the home's management of fire, security and emergency risks and demonstrated appropriate knowledge of emergency procedures. Residents said they feel safe and aware of what to do 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

There is an effective infection program to identify and manage infection risks. The program includes an infection surveillance program, data collection, review and actioning of identified trends, audits, staff orientation and ongoing staff education and competency programs.

Policies and procedures including procedures for gastroenteritis and influenza are available.

A staff and resident vaccination program is in place. There are supplies of protective clothing and processes for the disposal of sharps and infectious waste. Food safety, pest control programs and environmental services comply with legislation and infection control guidelines. Management reviews infection rates and implements improvement plans to ensure infection control practices remain effective. Staff demonstrated an understanding of infection control processes

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hospitality requirements and preferences are provided in a way that enhances care recipients' quality of life and staff working environment. All food is freshly prepared daily in line with the food safety program, dietitian review, menu rotation and residents' needs and preference. Alternative meal and cultural food choices are available with a variety of drinks, snacks and

fresh fruit provided daily. The cleaning program includes scheduled and reactive cleaning of residents' rooms, living environment and staff work areas. Cleaning staff use safety signs, colour coded cleaning and personal protective equipment to ensure a safe and quality service. The home launders residents' clothes onsite with a labelling and ironing service provided. An external contractor launders flat linen. Staff successfully minimise lost clothing with unlabelled clothing available for review. Management monitor hospitality service performance through observations, feedback mechanisms and quality activities. Residents expressed positive comments and satisfaction in relation to the hospitality services at the home.