



Australian Government

Australian Aged Care Quality Agency

Kensington Grange

RACS ID 4286
1-13 Ferguson Road
LEOPOLD VIC 3224

Approved provider: Homestyle Leopold Pty 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 07 August 2017.

We made our decision on 20 June 2014.

The audit was conducted on 13 May 2014 to 14 May 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

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Audit Report

Kensington Grange 4286

Approved provider: Homestyle Leopold Pty Ltd

Introduction

This is the report of a re-accreditation audit from 13 May 2014 to 14 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 13 May 2014 to 14 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:	Rebecca Phillips
Team member:	David Barnett

Approved provider details

Approved provider:	Homestyle Leopold Pty Ltd
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Details of home

Name of home:	Kensington Grange
RACS ID:	4286

Total number of allocated places:	60
Number of residents during audit:	56
Number of high care residents during audit:	42
Special needs catered for:	Not applicable

Street:	1-13 Ferguson Road
City:	LEOPOLD
State:	VIC
Postcode:	3224
Phone number:	03 5250 2301
Facsimile:	03 5250 3000
E-mail address:	mprice@homestyleagedcare.com.au

Audit trail

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

Interviews

Category	Number
Management/administration	4
Clinical, care and lifestyle staff	9
Allied health	2
Residents/representatives	15
Environmental/hospitality staff	5

Sampled documents

Category	Number
Residents' files	13
Diabetic management plans	10
Resident agreements	7
Medication charts	6
Personnel files	9
External supplier files	7

Other documents reviewed

The team also reviewed:

- Activity calendar
- Advance care planning information sheet
- Approved service provider lists
- Audit folder including audits and schedule
- Authorisations and assessments
- Clinical charting, folders and records
- Comments and complaint forms and associated documentation
- Communication book and diaries
- Dangerous drug register
- Duty lists and schedules

- Education attendance matrix, calendar and folder
- Emails and memorandum
- Fire and emergency equipment checking logs
- Food safety plan, logs and certification
- Guidelines, policies and procedures
- Handbooks, information packages and surveys
- Incident trends and analysis
- Legislative updates
- Lifestyle program attendance records and levels of participation
- Material safety data sheets
- Meeting schedules and minutes
- Newsletter
- Orientation checklist and associated documentation
- Pest management log
- Plan for continuous improvement
- Quality data analysis and benchmarking
- Reactive and preventative maintenance schedules
- Regulatory compliance monitoring tools and associated documentation
- Requisition forms
- Resident admission checklist and consent forms
- Resident evacuation list
- Residents' dietary requirements and preferences
- Roster
- Sling register
- Training competencies
- Weekly rotating menu.

Observations

The team observed the following:

- Activities in progress
- Archive room
- Call bell system in use
- Charter of residents' rights and responsibilities on display
- Church service in progress
- Cleaning in progress
- Comments/complaints information displays
- Computer back up mechanism
- Designated smoking area
- Education and training information displays
- Electronic security systems
- Emergency exits, paths of egress and assembly areas
- Equipment and supply storage areas
- Evacuation pack
- Fire and emergency equipment and signage
- Gastroenteritis kit and personal protective equipment
- Hairdresser in attendance
- Hand washing facilities
- Interactions between staff and residents
- Internal and external living environment
- Meals in progress
- Medication room and storage
- Mobility equipment in use
- Occupational health and safety information displays
- Organisational philosophy vision and mission on display
- Palliative care kit

- Noticeboards
- Sharps disposal
- Short group observation
- Staff and resident interaction
- Suggestion box
- Utility room and service areas
- Visiting allied health services.

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 systematic organisational quality and continuous improvement system driven by 'comments and issues' forms and the plan for continuous improvement. The home identifies improvement opportunities through an effective quality system that includes regular meetings, audits, surveys, comment/complaint processes, incident management, clinical data, maintenance requests and workplace inspections. Management complete comprehensive monthly reports to assist organisational review and monitoring. The home demonstrates stakeholder input plays a major part in the home's quality and continuous improvement systems. Documentation shows generally appropriate and timely actioning of improvement opportunities with regular monitoring, feedback, follow-up, timely completion and review.

Improvements identified and completed in this standard include:

- Management identified staff require further education on the quality system and the continuous improvement cycle. Management organised and implemented the required training. As a result staff input has increased and staff are more pro-active in capturing resident feedback.
- Management and staff identified when residents return from hospital it was a busy and clinically important time. To ensure that all areas of care and information were consistent, the home developed and implemented a return from hospital checklist sticker. The sticker has assisted information systems and processes and benefitted residents as key clinicians are informed of changes in a timely manner and critical clinical information is acted on immediately. The initiative is working well.
- In response to monitoring of audit results, the organisation identified the need to review and update the audit tools and schedule. All tools were reviewed and the schedule revised for more effective information gathering, review and analysis. The tools and revised schedule are working effectively and subject to on-going evaluation.

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 and the organisation have systems to identify and ensure compliance with relevant legislation, regulatory requirements and guidelines. The organisation receives regulatory compliance information and changes from update services including peak, industry and government bodies. Information and changes are actioned and disseminated to management and staff through the organisation’s and the home’s information systems and processes. Regulatory compliance is an agenda item for meetings. Regular audits, data analysis, incident reports, competencies and staff training monitor and maintain compliance and regular policy reviews and updates occur. Management informs residents and representatives of re-accreditation audits and systems ensure all relevant persons have and maintain current police certificates and required statutory declarations.

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 a system to enable management and staff to have appropriate knowledge and skills to perform their roles effectively across all four Accreditation Standards. Management determines education needs based on residents’ care needs, staff and resident requests, audit results and legislative changes. All staff complete an orientation program on commencement of employment which includes participation in a buddy program and mandatory training. Annual clinical competencies enhance the education program and management monitor education attendance and participation to ensure currency of requisite skills. Opportunities are available for all staff to further their learning and professional development and management support staff in doing so where possible. Regular meetings, forums and networking provides further educative opportunities and supports all attendees acquire new skills and ideas. Staff stated they receive appropriate education to enable them to perform their duties effectively.

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

- accreditation process
- continuous improvement
- external services process
- human resource process/ the paper trail

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 and their representatives are informed of the complaints process, encouraged to contribute and have access to internal and external complaints mechanisms. The home facilitates comments/complaints by providing appropriate information in handbooks and brochures, forms, forums and suggestion boxes for stakeholders. Quality system documentation demonstrates generally appropriate comment/complaint response and action with formal and informal follow-up with feedback provided. Management and the organisation monitor the effectiveness of the comments/complaints process with organisational review, support, analysis and trending. Comments and complaints may be anonymous. Staff, residents and representatives stated satisfaction with comments/complaints management.

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

Information displays and documentation including resident and staff handbooks consistently document the home's and the organisation's vision, mission and philosophy of care. The statements confirm the home's commitment to enhance residents' quality of life and satisfy their changing needs in a quality, caring and homelike environment.

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 and organisation have systems to ensure there are appropriately skilled and sufficient staff employed to meet the care needs of residents. Recruitment processes and selection criteria consider the knowledge, skills and qualifications required for each position. Regular review of the roster ensures adequate staffing levels to meet the needs of the residents with consideration to resident mix, staff skills, stakeholder feedback and resident care and service requirements. Staff have access to policies, procedures, job descriptions and duty statements that outline responsibilities for each position. There are registered nurses on duty at all times and supported by enrolled nurses and personal care assistants. Staff are required to undertake annual performance appraisals, complete relevant competencies and attend education sessions. Staff stated they have adequate time to carry out their duties and described a supportive working environment. Residents and representatives stated they are satisfied with the skills, knowledge and attitude of staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has suitable goods and equipment and monitors stock to ensure sufficient stock levels appropriate for quality service delivery. The home has clear and regular ordering and requisition processes. Organisational systems assist with equipment purchase, budgets, approved preferred suppliers and preventative maintenance schedules. The home has sufficient and appropriate storage and maintenance documentation and schedules confirm the monitoring, maintaining and timely repairing of equipment. Staff check stock on delivery for suitability and new equipment is trialled with training provided. We observed and staff stated there are sufficient supplies of stock and equipment to meet residents' needs.

Residents stated there are plenty of supplies and sufficient equipment available at all times.

1.8 Information systems

This expected outcome requires that "effective information management systems are in place".

Team's findings

The home meets this expected outcome.

Management demonstrates there are strategies for effective information management. Systems include regular reviews of resident clinical information, the distribution of meeting minutes, newsletters and a document control procedure. There are processes for the collection and analysis of information such as audits, surveys, corrective action requests and incident forms and confidential material is disposed of appropriately. Confidential staff and resident information is stored in secure areas, there is password-protected access to electronic records and an archiving system for paper based information. Residents, representatives and staff stated they have access to relevant information as required.

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 manages the home's external services including local contractors with systems and processes to help ensure these services meet the home's needs and quality goals. The organisation completes service provider reviews and monitoring through regular on-going service provider contact, audits, stakeholder feedback and regular management reports and meetings. Preferred supplier lists are in place with formal and informal agreements and processes to help maintain regulatory and organisational requirements. The home has contractor sign-in and identification processes. Residents and staff stated satisfaction with the home's externally sourced services.

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 system and processes.

Improvements identified and completed in resident health and personal care include:

- Management identified the acuity of residents was increasing which increased the risk of poor skin integrity and potentially increase skin breakdown for residents. The home purchased new air mattresses for those residents most at risk with no new pressure areas identified since implementing the pressure relieving mattresses.
- Management and staff identified it would benefit residents to have higher skilled palliative nurses on site. The home took part in a regional palliative care program resulting in two staff becoming trained link nurses. Care staff now have improved support during this critical period with improved quality palliative care for palliative residents.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

The home demonstrates systems and processes to ensure regulatory compliance in health and personal care with care tasks performed by appropriately qualified staff, the maintenance and monitoring of nursing registrations, medication management requirements and systems for the required reporting of unexplained absences of residents.

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

There is a system to enable management and staff to have the appropriate knowledge and skills to perform their roles in the area of health and personal care. For an overview of the staff education and staff development system, refer to expected outcome 1.3 Education and staff development.

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

- palliative approach
- medication management
- syringe driver training
- wound management
- continence management

Clinical Care

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

Team’s findings

The home meets this expected outcome

Management demonstrates systems whereby residents receive care appropriate to residents’ needs and preferences. Assessment of residents’ needs occurs upon entry to the home and the development of care plans takes place around these needs. This process involves

consultation with the resident and/or their representative. Medical and allied health input occurs to maintain a multidisciplinary approach to care. Registered and/or enrolled nurses review care plans on a regular basis and documentation ensures the monitoring of clinical care through charts, assessments, care plans and progress notes. Each clinical shift conducts a handover and monitoring of clinical incidents occurs for trends and identification of staff training needs. Residents and/or representatives were satisfied that residents received appropriate clinical care in accordance with their needs.

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

Appropriately qualified staff identify and meet residents’ specialised nursing care needs. . The home provides specialised nursing care in the areas of diabetes management, wound management, oxygen therapy and catheter care. Staff develop a care plan specific to the resident’s specialised nursing care needs and includes care and/or equipment required.

Access to external specialists is available to provide support to staff if necessary and availability of policies and procedures further guide staff to deliver specialised nursing care. Staff could provide examples of how they meet the needs of residents’ specialised nursing care needs and document review confirmed referrals to either the medical practitioner or external health professionals occurred as required. Residents and representatives stated they were satisfied with the delivery of specialised nursing care.

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

Management and staff ensure residents are referred to appropriate health specialists in accordance with assessed needs and preferences. Staff facilitate external appointments based on resident and/or representative request, medical directive or assessed need. A range of allied health services visit the home and staff have access to additional external services as required. Document review confirmed regular consultation with external providers and that staff carried out specialists’ recommendations when required. Staff stated they were aware of the referral process to external providers and that assistance is available to residents to attend outside appointments as needed. Residents and representatives stated staff make referrals to appropriate specialists in accordance with resident preference and need.

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

Appropriately qualified staff ensure residents’ medication is managed safely and correctly. Registered and medication endorsed enrolled nurses administer medication from either dose administration aids or original packaging. Current photos on medication charts identify residents and the home has a policy for assessing and managing residents who wish to self-administer any medication. We observed all medications are stored securely and in line with legislative requirements and noted there is a safe disposal system. Annual competencies are provided to ensure relevant staff continue to administer medication correctly. Monitoring of medication related incidents occurs to minimise recurrence. Residents and representatives stated medication administration occurs in a safe and timely manner.

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

The home has systems to ensure all residents are as free as possible from pain. Staff assess all residents for pain using industry standard assessments when residents enter the home and regularly thereafter, and as required. Staff develop specific care plans in line with assessments, residents’ and/or representatives’ preferences and where applicable medical practitioner directive. The home implements a variety of pain management strategies with and without the use of medication. Documentation review and staff confirmed there is regular evaluation of the effectiveness of pain medication interventions. Residents and representatives stated they are satisfied with how staff manage residents’ pain.

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 systems to maintain the comfort and dignity of terminally ill residents. On entry to the home residents and their representatives are provided the opportunity to complete an advanced care directive. This records the resident’s preferences relating to the type of treatment they are to receive when the resident enters the palliative phase of care. During this time registered nurses then reassess the resident’s needs in collaboration with the resident and/or representative and medical practitioner. Staff have access to support services, education and training, additional equipment and supplies and specialists to assist in resident care during this phase. Lifestyle staff also play a key role in supporting residents and their family during this time. Staff stated the home has systems around palliative care and do consult with residents and representatives in this regard on admission to the home.

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 systems to ensure residents receive adequate nutrition and hydration. On entry to the home, staff identify each resident’s dietary needs and preferences, including allergies, likes, dislikes and any cultural or medical requirements. Staff have access to specialists including a nutritionist and speech therapist to promote optimum nutrition and hydration where necessary and dietary preferences can be updated as residents’ needs change. The rotating menu and the provision of alternative meals ensures individual preferences are catered for. We observed staff encouraging resident independence and dignity during meal times and noted there are dietary aids available as required. Residents said they are happy with the food provided and state they have enough to eat and drink.

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

Management and staff demonstrate there are systems to ensure residents’ skin integrity is consistent with their general health. The assessment of residents’ skin integrity occurs on entry to the home, regularly thereafter and as required. Monitoring of skin tears and wounds occurs, with records of care reflected on appropriate charts. Management reviews and analyses incidence of skin tears to identify if further education is required. Staff have access to wound specialists if required and podiatrists attend regularly. Staff regularly reposition residents at risk of developing pressure areas and have access to sufficient pressure relieving equipment, barrier creams and skin emollients as required. Residents are satisfied with the way in which the home manages their 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 home has systems to ensure staff manage residents’ continence effectively. Staff develop care plans based on residents’ continence needs which are established on entry to the home and reviewed regularly thereafter. The care plan includes strategies designed to promote and optimise continence in consideration of individual needs and preferences and can include toileting times, level of staff assistance required and product or equipment needs. We observed adequate supplies of continence products available for use in the home. Staff are aware of residents’ individual continence programs and discretely attend to residents’ continence care needs. The company that supplies continence aids provides education to staff at the home, across all shifts, to ensure aids are appropriate for the residents’ individual needs. Residents and representatives stated they are satisfied with the way in which staff manage residents’ continence care needs.

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

Management demonstrates its approach to behavioural management is effective in meeting residents’ needs. The assessment of residents’ behaviour commences on entry to the home, with staff recording any behaviours displayed and developing strategies to manage these behaviours. Regular care plan evaluations and staff observations assist in monitoring the effectiveness of the behaviour management strategies. Records show the home consults with either the medical practitioner or behavioural specialist services as required. Staff stated they receive education and training in behavioural management and we observed staff interacting with residents in a relaxed and friendly manner. Residents and their representatives did not report any disturbance from other residents stating they are satisfied with the way staff manage behavioural issues at the home.

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

Management demonstrates staff work toward optimising each resident’s level of mobility and dexterity and rehabilitation. The assessment of each resident’s mobility and dexterity needs occurs upon entry to the home and the provision of mobility aids and equipment are available if needed. Physiotherapist services are utilised to assess residents’ mobility and dexterity and occurs on entry, regularly thereafter or if there is a fall or significant change in health status. Staff capture falls on incident reports which management review for trends and can include details such as whether falls occur more frequently at a particular time or on a specific day. Results of such analysis feed into the organisation’s quality process for the development of strategies to further minimise falls if required. Lifestyle program includes activities to enhance mobility and dexterity. Residents and representatives stated they are satisfied with the care staff provide to assist residents with their mobility.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents’ oral and dental health is maintained through regular assessment, consultation and identification of problems. Staff identify residents at risk of poor oral and dental health and document strategies to promote optimum oral and dental hygiene. There is access to dental and medical services as required and are adequate supplies of toothpaste and toothbrushes which staff change on a regular basis. Additional mouth supplies available during the palliative care phase and consultation can occur with speech therapists and dieticians, for residents with swallowing difficulties. Residents and

representatives stated they are satisfied with the home's approach to managing residents' oral and dental care.

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

Management and staff ensure the effective assessment and management of residents' sensory losses across all five senses. Staff assess all residents on entry for any sensory loss with the use of a dedicated sensory kit and then develop a care plan, in consultation with residents and/or representatives. Care delivered is consistent with care plans and recommended strategies to enhance identified sensory deficits. Access to specialists, the lifestyle program and provision of resources such as talking books and large print documentation assist in minimising the impact of sensory deficiencies. The home is uncluttered, has good lighting, adequate handrails, and accessible signage. Residents and representatives confirmed they are satisfied with the approach to managing residents' sensory losses in relation to all five senses.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

The home has systems to ensure residents' sleep management occurs in a natural and non-invasive way. Staff assess all residents on entry for their sleep requirements with identification of established patterns and known methods to promote a good night's sleep.

Staff then develop a comprehensive care plan in consultation with residents and/or representatives. The care plan records the use of sleep aids, medication requirements for sleep promotion as appropriate and any alternative strategies for sleep support. There is regular review of the care plan by staff and consultation occurs with medical practitioners if required. Residents stated they feel safe at the home and reported staff provide adequate assistance to residents to promote natural sleep patterns.

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 system and processes.

Improvements identified and completed in resident lifestyle include:

- Staff identified that weekends were unstimulating for residents. Management reviewed the roster implementing a change for the weekly rostering of weekend lifestyle staff. The change has received highly positive feedback from residents, their families and staff.
- Staff identified an opportunity for residents to be involved in the community without leaving the home. The home organised for local primary school children to attend the home to enhance the lifestyle program and residents’ interaction and enjoyment. The initiative has proved highly successful and enjoyable and is now a regular part of the activity program.

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 regulatory compliance system and processes.

The home demonstrates systems and processes to ensure compliance in relation to resident lifestyle with privacy and dignity policies and practices, security of tenure, residents’ rights and responsibilities and the maintenance of consolidated records and the reporting requirements for elder abuse. The home and the organisation are currently reviewing the information and agreements to be provided to residents in line with the regulatory industry changes commencing on 1 July 2014.

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

There is a system to enable management and staff to have the appropriate knowledge and skills to perform their roles in the area of resident lifestyle. For an overview of the staff education and staff development system, refer to expected outcome 1.3 Education and staff development.

Examples of recent and scheduled education and training relating to Standard 3 Resident lifestyle include:

- privacy and dignity
- cultural care and lifestyle focus
- elder abuse and mandatory reporting

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

The home provides information and services to residents and representatives to support residents in adjusting to their new environment and on an ongoing basis. Lifestyle staff consult with residents and their representatives and complete assessments and regular reviews to meet residents' emotional needs. Lifestyle staff meet daily with nursing staff to receive handover on residents' well-being and which residents may require additional emotional support through grief and ill-health. The lifestyle program provides individual time with residents to support their emotional needs and support groups and carers where needed. Staff provided examples of support for residents through critical incidents such as grief, loss and ill-health. Residents and their representatives stated staff are very supportive and caring.

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 encourages and supports residents to maintain their independence, interests and community ties. Lifestyle assessments and care plans identify residents' current needs and preferences to participate in specific interests, maintain maximum independence and retain community and social associations. The responsive activity calendar and processes in the

home are reflective of residents' independence. Residents are encouraged and enabled to do as much as they can for themselves. Residents have mobility aids to maintain physical independence and residents with sensory deficits are also assisted in maintaining their independence. Residents stated they are able to maintain their independence and staff provide assistance when needed.

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

Management demonstrates staff respect each resident's right to privacy, dignity and confidentiality. Documents and policies inform stakeholders of their obligations, rights and expectations in relation to privacy and dignity. Residents sign privacy consents and permissions for the release of information and the use of their photographs and names.

Residents have single rooms with en suite bathrooms and a range of communal areas to meet privately with visitors. Storage of information is secure. Residents and representatives are complimentary of staff practices and stated staff treat residents respectfully and maintain residents' privacy and dignity at all times.

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

Management demonstrates staff actively support and encourage residents to participate in individual and group activities of interest to them. Certificate trained lifestyle staff assess and regularly review residents' individual histories and lifestyle needs and preferences with care plans reflecting residents' current care needs and preferences. Attendance and level of participation records are well-documented and monitored and activity evaluations regularly completed. Lifestyle staff provide group and one-on-one activities. The home demonstrates resident input to the lifestyle program through regular resident surveys and meetings.

Residents have access to a range of activities within and outside the home with activities planned for residents with dedicated lifestyle staff six days a week. Lifestyle staff meet regularly to share ideas and review the program. All residents receive a copy of the daily and monthly program. Residents interviewed are complimentary of the lifestyle program.

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

Discussions with residents take place on entry to the home and lifestyle staff document residents' specific and individual cultural backgrounds and spirituality. The home identifies, fosters and respects residents' individual interests, customs, spirituality and culture. Church services and visits from religious denominations occur and staff provide specific cultural programs and aids for residents if required. The home maintains a cultural care kit and plans and celebrates cultural days and events from a range of different cultures through the lifestyle and catering departments. Residents stated staff respect and promote residents' cultural and spiritual life.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home recognises and respects residents' choices and their decisions. The home provides a range of information to residents and their representatives on entry to the home supporting and enabling residents' individual choices and decisions. Consultation of residents' individual preferences takes place on entry with regular reviews occurring through the home's systems and processes. Residents with reduced decision-making capacity have an authorised representative to act on their behalf. Residents and their representatives stated they have input into the care and services residents receive including their personal care, meals and lifestyle needs and interests. The home enables monitors and evaluates residents' choice and decision making through care plan reviews, surveys, meetings, comments/complaints and audits.

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

The home provides residents with a range of information relating to security of tenure, financial information and rights and responsibilities on entry and on an on-going basis through the home's processes and regular forums. The home offers residency agreements to all residents and displays complaint mechanism information, independent advice and advocacy information and residents' rights and responsibilities. Residents/representatives are advised of their entitlements if the status of the resident and their schedule of services change. Residents stated they feel secure in the home and are aware of their 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.

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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 system and processes.

Improvements identified and completed in relation to this standard include:

- Management and the organisation identified that bed poles were too high a risk for residents. On review the policy was amended, physiotherapists reassessed residents, bed poles were removed and safer interventions were put in place to assist residents. The initiative is effective and the risk to residents eliminated.
- Staff reported to management they were constantly interrupted during peak after hours periods by visitors attending the locked front door. The home altered electronic systems with the front door now able to be opened remotely via the portable phone system. Staff say the improvement is effective and they are now able to focus on delivering care while maintain a safe environment

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 regulatory compliance system and processes.

The home demonstrates systems and processes to ensure compliance in relation to the physical environment and safe systems through the building/living environment, fire and emergency systems, occupational health and safety, infection control policies and procedures and a food safety program with current kitchen certification in place.

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

There is a system to enable management and staff to have the appropriate knowledge and skills to perform their roles in the area of physical environment and safe systems. For an overview of the staff education and staff development system, refer to expected outcome 1.3 Education and staff development.

Examples of recent and scheduled education and training in relation to Standard 4 Physical environment and safe systems include:

- food safety
- chemical training
- infection control and hand washing
- manual handling
- fire training

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's environment reflects the safety and comfort needs of the residents. The home accommodates residents in single personalised rooms with en suite bathrooms. The internal environment is well lit, clean and well maintained and has a range of communal and private areas. We noted a calm environment with sufficient and appropriate furniture, a comfortable temperature and fresh air provided when and where appropriate. Residents have access to call bells and are able to safely and easily move around the environment that includes a large and pleasant courtyard garden area. The home has a minimal restraint policy with appropriate authorisations and reviews. Regular audits and checks monitor the living environment together with timely and effective reactive and preventative maintenance.

Residents expressed high levels of satisfaction with the home's environment and stated they feel safe and comfortable.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home provides a safe working environment in line with regulatory requirements. Organisational occupational health and safety systems and processes in the home include trained representatives, regular meetings and follow-up, relevant information displays, incident/ hazard management, audits and workplace inspections. Documentation confirms stakeholder input and organisational support with regular and effective reporting, monitoring and data analysis. Initial and on-going manual handling/occupational health and safety training is mandatory for all staff. Chemicals are securely stored and material safety data sheets in place. Staff stated awareness of and satisfaction with occupational health and safety and the maintenance of 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 has systems for detecting and acting on fire, security and other emergencies. Approved professionals regularly check fire detection and fire-fighting equipment. Audits and monitoring ensure the maintenance of safe systems and completion of contractor work. The home provides a safe and secure environment with electronic security systems and clear emergency signage. Electrical equipment is tested and tagged according to the home's policy. A system and register monitor safe sling management. The home has designated smoking areas, in/out logs, an emergency manual, evacuation maps, equipment to assist evacuation through an emergency exit and an evacuation pack with a current resident evacuation list and mobility requirements. Emergency exits and paths of egress are clear and unobstructed. Staff complete mandatory annual fire and emergency training. Residents stated they feel safe and secure.

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 systems to ensure there is an effective infection control program. Availability of personal protective equipment, hand washing facilities, a food safety program, and pest control procedures are some of the measures in place to minimise the risk of infection.

Availability of a gastroenteritis kit and relevant guidelines assist staff to effectively manage a gastroenteritis outbreak, if required. Data collection, analysis and trending occurs and feeds the education program if additional training is deemed necessary. Residents and staff are encouraged to have immunisations and there are adequate supplies and equipment to assist

staff in minimising the risk of infection. Mandatory training includes infection control for all staff and regular monitoring occurs to ensure compliance with recommended hand washing techniques.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home demonstrates it provides hospitality services in a friendly and generous manner for residents. Meals are freshly prepared in the kitchen in accordance with the food safety program and residents' needs and preferences. The home provides meal alternatives and choice and the rotating menu is regularly reviewed by the dietitian. Cleaning staff provide cleaning over seven days with clear schedules. The home completes all laundry on site with clean/dirty separation in a well-organised laundry that also completes ironing and minor clothing repairs where required. Hospitality staff stated awareness of infection control guidelines and related work practices including appropriate use of personal protective equipment. Residents, representatives and staff expressed high levels of satisfaction with the home's hospitality services in enhancing residents' quality of life and the working environment.