Aged Care
Standards and Accreditation Agency Ltd

501 Respite & Care Services
RACS ID 5385
501 Pine Ridge Road
BIGGERA WATERS QLD 4216
Approved provider: Nightbreeze 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 11 April 2016.

We made our decision on 1 March 2013.

The audit was conducted on 22 January 2013 to 23 January 2013. 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	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care
Principle:
Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

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

Standard 3: Resident lifestyle
Principle:
Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

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

Standard 4: Physical environment and safe systems
Principle:
Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

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

Aged Care
Standards and Accreditation Agency Ltd

Audit Report

501 Respite & Care Services 5385

Approved provider: Nightbreeze Pty Ltd

Introduction

This is the report of a re-accreditation audit from 22 January 2013 to 23 January 2013 submitted to the Accreditation Agency.

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

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

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

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct 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 Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 22 January 2013 to 23 January 2013.

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

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

Assessment team

Team leader:	Mark Rankin
Team member/s:	Robyn Sullivan
	Tony Walters

Approved provider details

Approved provider:	Nightbreeze Pty Ltd

Details of home

Name of home:	501 Respite & Care Services
RACS ID:	5385

Total number of allocated places:	52
Number of residents during audit:	51
Number of high care residents during audit:	37
Special needs catered for:	Dementia and related conditions

Street/PO Box:	501 Pine Ridge Road	State:	QLD
City/Town:	BIGGERA WATERS	Postcode:	4216
Phone number:	07 5537 4278	Facsimile:	07 5500 5026
E-mail address:	501care@winshop.com.au		

Audit trail

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

Interviews

	Number		Number
Director of Care	1	Residents/representatives	11
Registered Nurse	1	Clinical Coordinator	1
Personal care workers	6	Services staff	4
Administration Coordinator	1	Allied heath staff	1
Lifestyle Coordinator	1	Maintenance staff	1

Sampled documents

	Number		Number
Residents' files	7	Medication charts	10
Diversional therapy care plans	11	Personnel files	5

Other documents reviewed

The team also reviewed:

- Allied health documentation and care plans
- Cleaning programs and schedules
- Clinical flowcharts and strategies
- Communication flow charts, processes and diaries
- Compliment, comment and complaints forms, brochures and folder
- Controlled drug register
- Dietary requirement, nutritional supplement lists and communication book
- Fire and safety manual
- Focus assessment tools
- Food safety program and associated records
- Handover sheets
- High falls risk resident's checklists
- Incident and hazard documentation
- Infection control manuals, information and infections register
- Leisure and lifestyle attendance records, assessments and records, resource folders and programs
- Maintenance request log
- Mandatory education matrix
- Mandatory reporting log
- Manual handling charts
- Medical officer's authorities for nurse initiated medication

- Meeting minutes

- Memoranda

- Menus and review by dietician

- Mission statement and philosophy

- Multi-cultural resources

- Newsletters

- Observation charts

- Outbreak management plan and kits

- Palliative care pathway

- Pest control records

- Policies and procedures

- Preventative maintenance schedule

- Priority action work plans

- Progress notes and care plans

- Resident preferences and religion list

- Residents day/night sign in/sign out register

- Residents' handbook and surveys

- Residents' information handbook

- Restraint forms and repositioning charts

- Self medication assessments

- Staff equipment orientation (kitchen)

- Staff evaluation trialled equipment form

- Staff rosters

- Stores ordering and monitoring documents

- Summary of resident's care needs

- Supplement lists

- Temperature records

- Wanderer's Identification form

- Work instruction summaries

- Wound management assessments and treatment lists

Observations
The team observed the following:

- Activities in progress

- Activity programs displayed

- Advocacy brochure and complaints process details on display

- Antibacterial gel dispensers and hand washing facilities

- Assistive dietary aids in use

- Charter of residents' rights and responsibilities
- Chemical storage, supplier wall charts (descriptions, first aid procedures, safety rules, use)
- Cleaning in progress
- Colour coded mops and cleaning cloths
- Comments and complaints forms/box
- Communication boards with resident information to guide staff practice
- Cultural information on display
- Display of vision, mission statement
- Equipment and storage areas
- Evacuation plans on display
- Fire fighting equipment
- Food licence
- Interaction between residents and staff
- Internal and external living environment
- Kitchen equipment, fridge, freezers and store
- Laundry
- Linen supplies
- Material safety data sheets
- Meal and beverage service
- Medication administration
- Medication storage
- Menus displayed
- Notice and white boards with activities
- Personal protective equipment in use
- Resources for activities
- Security of records and information
- Spills kits
- Temperature control of environment
- Timeliness of response to residents requests
- Treatment trolley
- Waste disposal bins
- Work environment

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1   Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a continuous improvement program, maintained by the Director of Care (DOC). Improvement suggestions are captured through meetings, resident/staff surveys, verbally, complaints forms, audit results and through suggestion forms. Residents unable to complete a suggestion form are assisted by staff to document and submit their suggestions and residents are encouraged to raise concerns at resident meetings. Suggestion forms are collected, reviewed and entered into the plan for continuous improvement by the DOC with management utilising meetings/meeting minutes and individual discussions as monitoring and resolution strategies. The quality system is monitored by the DOC. Feedback is provided to originators of suggestions verbally or in writing. Residents and staff are familiar with the home's forums to initiate a suggestion and reported that management is receptive to their suggestions, gives feedback and responds to their requests in a timely manner.

Recent examples of improvements related to Standard 1 include:

- As a result of feedback from management and staff regarding frequent down time of the computer, a new upgraded server has been installed for the home's computer system. Management and staff confirmed the new equipment is reliable and enables them to complete documentation duties in a timelier manner.

- Feedback from staff regarding the excessive time required to locate, use and return the one stand up lifter used at the home has resulted in management purchasing a second lifter. A new protocol has each lifter designated to a section of the home, with staff commenting to us that this has resulted in decreased resident waiting times to have their needs met and that they now have a lifter at their disposal on a regular basis.

- An audit identified that residents working files contained a large amount of non required information. A new work instruction form has been created to update files and documents into a new workable order with non essential information archived. Staff commented positively on the new files saying they now contain only relevant information.

1.2   Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to address regulatory compliance, identifying updates to legislation, regulatory requirements, professional standards and guidelines through involvement with

professional bodies and industry memberships. Policies are written and reviewed with management communicating the information to staff using meetings, memoranda and staff training sessions. Minutes of meetings are available to staff to ensure accurate knowledge, as are copies of policy, procedure, professional guidelines and legislative requirements for example police certificates and reportable assaults. Compliance is monitored through observation by key personnel, incident reporting and audits. Staff report information regarding regulatory compliance is communicated via memos, meetings and education sessions.

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

Team's findings
The home meets this expected outcome

The home has systems to ensure that management and staff have appropriate knowledge and skills to be effective in their roles through education and ongoing staff development. Education needs are captured using identified needs, staff requests and staff appraisals with education programs implemented by management. Staff are informed of mandatory education and training records are kept on site, with attendance at mandatory sessions monitored by the DOC. Additional education opportunities are available to staff on a range of topics such as documentation, communication and archiving, designed to parallel mandatory training requirements. Evaluation of education is conducted via staff feedback to monitor the education and staff development program.

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

Team's findings
The home meets this expected outcome

Residents/representatives are aware of how to access the internal/external complaint mechanisms within the home. Complaint mechanisms are displayed and available including forms and suggestion boxes. Written complaints are logged and management provides either verbal or written feedback to the complainant, following up and evaluating until closed. Management provide opportunities for residents/representatives to voice concerns verbally via individual and group meetings and maintains an 'open door' policy. Staff report verbal concerns to their supervisor or assist residents to complete a complaint form.

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

Team's findings
The home meets this expected outcome

Management incorporates documented organisational philosophy through their mission, vision and values into the home's daily activities. These statements are available to residents/representatives, staff and other interested parties via a variety of information documents. The home's visions are provided to resident/representatives in the resident

information documentation and to staff during orientation. The home's vision statement is displayed throughout the home.

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

Team's findings
The home meets this expected outcome

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

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

Team's findings
The home meets this expected outcome

The home has processes to identify, maintain and purchase appropriate goods and equipment for the delivery of services. Service agreements include provision for feedback and replacement when goods or services are unsuitable. Management, contracted maintenance and workplace health and safety personnel ensure that equipment is suitable for its intended use and risk assessment processes are undertaken where appropriate. Minimum stock levels are maintained across all areas of the home in consideration of variations in staff and residents' requirements. A preventive/reactive maintenance program ensures equipment is serviced and maintained according to manufacturer's recommendations. Staff and key personnel have procedures/authority to repair or replace equipment and goods as necessary and have access to emergency contacts for urgent and after hours repairs. Residents and staff have access to a consistent supply of stock and suitable equipment to meet their needs.

1.8 Information systems

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

Team's findings
The home meets this expected outcome

The home has processes and procedures to ensure information is managed in a secure and confidential manner, including restricted access to service information and resident and personnel files, locking of storage areas and offices and restricted password access to computers. A back-up system prevents the loss of information. Information is communicated to staff via meetings and meeting minutes, memoranda, notice boards, handover processes and resident progress notes and files, and staff have position limited access to electronic information. Management communicates with residents/representatives via newsletters, residents' meetings and one–to-one discussions with an open door policy used by management. The home has policies in place for archiving and destroying documents on site. Residents/representatives and staff are satisfied with information that management provides to them.

1.9 External services

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

Team's findings
The home meets this expected outcome

External service agreements are reviewed by both the DOC and the approved provider. The home has contracts with external services including, but not limited to, air conditioning, allied health professionals, continence products, medical and chemical supplies. Feedback from identified key personnel is provided to management to ensure quality services are maintained; feedback on external services is also provided via resident and staff meetings. Service providers are supervised by relevant personnel when conducting services at the home with contractor sign in books located at the entrance to the home. Allied health professionals are consulted as required to ensure residents' needs are reviewed regularly. Staff and management are satisfied with the external services provided.

Standard 2 – Health and personal care
Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

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

Team's findings
The home meets this expected outcome

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

Recent examples of improvements related to Standard 2 include:

- It was identified that specific specialised nursing care needs conducted at the home would benefit from increased monitoring to ensure resident care needs are met. Management has created a new specialised care needs observation form to use when these care needs are carried out. The new procedure has the registered nurse observing trained care staff performing the care needs with completion of the new forms adding to the monitoring of both staff performance and status of the residents specific care requirements. Management commented positively on the higher standards of specialised care now achieved.

- As a result increased incident reporting of pressure areas the home has increased staff education with the implementation of a new external subscription based training program with the home reviewing and implementing new pressure relieving protocols. With the introduction of the new protocols combined with the introduction of second hourly pressure care, management reported a decrease in incident reporting. Staff commented to us that the new procedures have improved resident care delivery in relation to pressure injuries.

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

Team's findings
The home meets this expected outcome

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

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

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

Team's findings
The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to health and personal care. Examples include behaviour management, wound education, medication and stoma therapy. Staff feedback demonstrated their clinical and care knowledge and responsibilities under Standard 2 outcomes.

2.4 Clinical care
This expected outcome requires that "residents receive appropriate clinical care".

Team's findings
The home meets this expected outcome

Residents receive clinical care that is appropriate to their individual needs and preferences. The home has processes in place for identification and assessment of residents' care needs with referral to medical services and allied health professionals in accordance with individual needs and preferences. Care plans are developed in consultation with residents, their representatives and the health care team. Implementation of care is monitored and reviewed on a regular schedule or more frequently if required. The effectiveness of the system and process for supporting the delivery of clinical care is monitored and evaluated through audits and communication with staff, residents and representatives. Care staff are knowledgeable of individualised resident's requirements and their knowledge is consistent with care plans. Residents and representatives are satisfied with the consultation process and delivery of clinical care.

2.5 Specialised nursing care needs
This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings
The home meets this expected outcome

Residents with specialised nursing care needs are assessed in consultation with the resident and/or their representative and the health care team. Residents' needs are identified and assessed on entry to the home and on an ongoing basis. Types of specialised care provided include stoma therapy, wound management, catheter care, infection control, cytotoxic drug therapy, blood glucose monitoring, anticoagulant therapy and pain management. The home has access to the local hospital and external services to support the provision of specialised nursing care. Care strategies are developed and recorded within care and treatment plans by registered staff and care is supervised and evaluated by a registered nurse. The knowledge and skills of staff are supported with education and training and a registered nurse is contactable 24 hours a day. Appropriate equipment and sufficient stock is available to enable care and treatment to be provided effectively. Implementation of care is monitored and the effectiveness of care is evaluated. Residents and representatives are satisfied with the specialised nursing care provided.

2.6   Other health and related services
This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".

Team's findings
The home meets this expected outcome

Residents are referred to appropriate health services in accordance with their needs and preferences. Residents' needs are assessed on entry to the home and on an ongoing basis. Referrals are made for medical and/or allied health professionals including specialist medical officers, physiotherapy, dietetics, speech pathology, wound care, mental health care, podiatry, optometry, auditory, dental care, pathology, pain management and palliative care. If services are not provided on site then assistance is provided for residents to attend external appointments. Referrals are initiated and recommendations for care and management are recorded and communicated to relevant staff. Implementation of care is monitored and the effectiveness of care is evaluated. Residents and representatives are satisfied with other health and related services provided and with consultation processes.

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

A medication management system has been established to ensure that residents' medication is managed safely and correctly. Medications are prescribed by the medical practitioner and are dispensed by the pharmacist in a packaged system. Information about the time and frequency of medications and alerts to medications not packed is effectively communicated to staff to facilitate continuity of care and to ensure that residents receive their medications as prescribed. Staff assist residents with their medications in a safe and correct manner and registered nurses administer narcotic analgesia, cytotoxic drugs and injections. Medications including controlled drugs are stored appropriately. The medical practitioner regularly reviews medications and residents who wish to self administer medications, with these medications generally stored securely. Staff complete medication competencies yearly. The effectiveness of the system is monitored through the internal incident reporting and auditing process and action is taken to address deficiencies. Residents and representatives are satisfied with medication management.

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

Resident's pain is identified and assessed with interventions initiated with referral to the medical practitioner for review. Pain management strategies such as massage, repositioning and warmth are available for residents to ensure that they remain as free as possible from pain and these strategies are communicated to staff and implemented. Staff outlined pain management strategies for individual resident's care and progress notes entries show that action is taken in response to residents' reports of pain. The use of 'as required' analgesia is administered in consultation with a registered nurse and the effectiveness of pain management strategies is regularly reviewed. Residents and representatives are satisfied with the way residents' comfort is promoted and that their pain is managed effectively.

2.9   Palliative care
This expected outcome requires that "the comfort and dignity of terminally ill residents is maintained".

Team's findings
The home meets this expected outcome

The comfort and dignity of terminally ill residents is maintained and information about residents' changing care needs is communicated to staff within the care documentation and end of life nursing care plan. Palliative care, pain management, complementary therapy, emotional and spiritual support is provided to residents and their representatives in accordance with their needs and preferences. Residents' choices and preferences in relation to their end of life care are recorded, communicated to care and lifestyle staff and wishes are respected. In addition to the medical officer, the home has access to the local hospital and palliative care services for further support if required. Spiritual and cultural needs are respected and counselling is available to support relatives and staff through the processes of palliative care.

2.10   Nutrition and hydration
This expected outcome requires that "residents receive adequate nourishment and hydration".

Team's findings
The home meets this expected outcome

Residents receive adequate nourishment and hydration and processes are in place to identify residents' food and fluid needs and preferences and to assess residents at risk of developing malnutrition and dehydration. Weight monitoring is undertaken for residents and action is taken to address unplanned weight loss with residents being referred for medical and/or allied health assessment and management. Monitoring is undertaken to ensure that residents' special dietary needs are provided including modified diets and dietary supplements and assistance/ supervision is given to residents, including eating and drinking aids. Residents and representatives are satisfied with the quality, quantity and variety of food and fluids and with the assistance provided by staff.

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

Processes have been established to ensure that residents' skin integrity is consistent with their general health. Residents at risk of impaired skin integrity are identified through assessment and care plan strategies outline measures required to maintain residents' skin integrity. Strategies to promote skin integrity include a range of skin care products, maintaining mobility, positioning, protective clothing and pressure reducing equipment. Breaks in skin integrity are recorded and reported through the incident reporting processes and if trends are identified, strategies are put in place to prevent recurrence. Wound treatment charts outline wound management strategies and treatment is regularly reviewed by a registered nurse. The effectiveness of strategies to promote skin care is regularly

evaluated. Residents and representatives are satisfied with the care of residents' skin integrity.

2.12 Continence management
This expected outcome requires that "residents' continence is managed effectively".

Team's findings
The home meets this expected outcome

Residents' continence is managed through identification and assessment of residents' bladder and bowel patterns and the establishment and monitoring of programs to promote continence, manage incontinence and prevent constipation. Programs are developed by the registered staff in consultation with residents/representatives and the health care team. Residents' individual continence management programs are communicated to care staff and the effectiveness of the programs in meeting residents' needs is regularly evaluated. Residents and representatives are satisfied with the assistance provided by staff in respect to residents' continence management.

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

The needs of residents with challenging behaviours are managed effectively through assessment, identification of triggers and the implementation of strategies to prevent and/or manage behaviours. Residents are referred to specialist medical and allied health services in accordance with their needs and preferences. Care plans outline triggers and preventive and management strategies for residents with challenging behaviours and staff demonstrated that they are attentive to residents' needs and responded appropriately to residents exhibiting behaviours. The effectiveness of behaviour management strategies is regularly evaluated. Residents and representatives are satisfied with the way the needs of residents with challenging behaviours are managed.

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

Residents' mobility, dexterity and manual handling needs are identified and assessed by a physiotherapist and nursing staff. Additional requirements for assessments are referred to the medical practitioner as needed. Education is provided to care staff to enable them to effectively assist residents with their exercise program and to maintain and/or improve their mobility and dexterity in accordance with planned care. Aids such as walk belts, walking aids for mobilising, wheelchairs and hoists are provided to promote independence in accordance with residents' needs. Falls incidents are reported, trends are identified and falls prevention strategies are implemented as indicated. The effectiveness of strategies for promoting mobility, dexterity and rehabilitation is regularly evaluated. Residents and representatives are satisfied with the assistance provided by staff to help them maintain their mobility, dexterity and independence.

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

Residents' oral and dental health is assessed and if needed, residents are referred for dental services for more detailed assessment and management in accordance with their needs and preferences. An external dental service visits the home and assistance is provided to residents to attend preferred dental services if required. Care strategies to effectively maintain residents' oral and dental health are developed and provision of oral hygiene products are communicated to staff and implemented. The effectiveness of strategies in maintaining residents' oral and dental health is regularly evaluated. Residents and representatives are satisfied with the assistance provided by staff.

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

Residents' sensory abilities such as vision, hearing, taste, smell and touch, are assessed and if sensory loss is identified, residents are referred for specialist medical and/or allied health services for more detailed assessment and management in accordance with their needs and preferences. Care strategies to effectively manage residents' sensory loss are developed, communicated to staff and implemented. The effectiveness of strategies in identifying and managing residents with sensory losses is regularly evaluated. Residents and representatives are satisfied with the assistance provided by staff to enable them to manage sensory losses effectively.

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

Processes are in place to assist residents to achieve natural sleep patterns. Residents' normal sleep patterns and assistance required to achieve natural sleep are identified and assessed in consultation with the residents and the health care team. Care strategies are developed, such as toileting, assessing for pain, repositioning, lighting, noise level or offering of snacks and warm drinks are communicated to staff and implemented in response to residents' needs and preferences. The effectiveness of strategies in promoting natural sleep for residents' is regularly evaluated. Residents and representatives are satisfied with the care and assistance provided to them to make them comfortable in bed and promote sleep.

Standard 3 – Resident lifestyle
Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

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

Team's findings
The home meets this expected outcome

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

Recent examples of improvements related to Standard 3 include:

- As a result of feedback from residents and representatives, the activities calendar is now printed on A3 sized paper enabling all residents to read the print. Residents said that the new forms are easier to read.

- Following residents' requests to change the hours of the weekly "happy hour", residents now meet at a time that is suitable to facilitate both their needs and requirements and that of the staff. Residents said that the new time was much better for them to accommodate other activities they would like to enjoy.

- It was identified through staff feedback that there was difficulty in communicating to kitchen staff food requirements for upcoming activities and events at the home. Management has created a new catering request form which is delivered to kitchen staff prior to upcoming events requiring catering. Staff commented positively on the new form and procedure.

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

Team's findings
The home meets this expected outcome

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

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

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

Team's findings
The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to supporting residents' lifestyle requirements. Examples include privacy and dignity, resident's rights and responsibilities and lifestyle. Staff feedback demonstrated their knowledge and responsibilities under Standard 3 outcomes.

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

Team's findings
The home meets this expected outcome

Residents are satisfied they are supported while adjusting to life in the home and on an ongoing basis. Information identifying the individual needs of each resident is collated from entry and gathered from residents, representatives and family members, which is documented in assessments, handover sheets and progress notes. The emotional needs and support required by each resident includes support provided by chaplains, pastoral carers or volunteers, is incorporated into an individualised care plan which is reviewed regularly. Residents/representatives provide feedback via mechanisms including audits, case conferences, one to one conversations and resident meetings.

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

Team's findings
The home meets this expected outcome

Residents are satisfied that they are assisted to achieve maximum independent lifestyle choices. Information identifying residents' needs for independence is gathered from various sources and documented to guide staff practices. An individualised care plan which incorporates the support required to maintain independent lifestyle choices includes identified specialised equipment or aids. Support and assistance to access the community for services, appointments, events, shopping and visitors is provided both within and outside the home. Staff are aware of the individual choices and preferences to support resident's independent lifestyle. Residents/representatives provide feedback via mechanisms including audits, surveys and/or group or individual meetings.

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

Residents' preferences in relation to their preferred name, care, lifestyle, cultural and spiritual beliefs are identified on entry to the home and this information is recorded in care plans and information folders to guide staff practices. Resident/representative consent is sought on information that may be displayed including photographs, birthdays or religious denomination. Residents' records are secured in areas that are restricted to authorised personnel, and staff discuss individual residents' issues in private. Staff practices promote privacy and dignity and include knocking on doors to gain consent for entry and closing doors whilst attending to resident care needs. Staff have knowledge of individual preferences and address residents in a respectful manner. Residents are satisfied that staff maintain their privacy and dignity.

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

Team's findings
The home meets this expected outcome

Residents are satisfied they are supported and encouraged to participate in a wide range of interests and activities. Information identifying residents' leisure interests and activities is gathered from various sources and documented to guide staff practices. This information is incorporated into an individualised care plan and includes the physical, cognitive, social, spiritual and cultural needs of the resident. Guidelines for appropriate equipment and/or assistance to ensure resident lifestyle choices are documented. A program of activities is developed and evaluated with input from residents/representatives, staff, management and volunteers through feedback mechanisms including surveys, audits and meetings. A weekly calendar of events is displayed throughout the home, and special events are discussed and advertised at meetings and in newsletters. Staff are aware residents' preferred activity and leisure pursuits and provide support to residents to access the activity.

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

Team's findings
The home meets this expected outcome

Residents are satisfied that their individual interests, customs, beliefs and cultural needs are supported and maintained. Information identifying residents' cultural and spiritual preferences is gathered from various sources and documented to guide staff practices. The home has a chaplain and pastoral carers who provide additional support as required. This information is incorporated into an individualised care plan. Staff are aware of resources to support the cultural and spiritual needs of residents' including pastoral care support, access to denominational services and ministers, food preferences, special events and information for culturally and linguistically diverse residents. Staff support and assist residents to attend special celebrations and events.

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

Team's findings
The home meets this expected outcome

Residents are satisfied that they are able to exercise choice and decisions in relation to the care and services provided. Information provided to the resident/representative includes an information kit and handbook which outlines both care and ancillary services provided at the home. Resident's specific lifestyle choices and preferences including care needs, routines, current pursuits and interests are collated from entry, and documented in assessments, handover sheets and progress notes, which is incorporated into an individualised care plan. Alternative decision makers, such as an enduring power of attorney, adult guardian or public trustee to make decisions on behalf of residents are documented and updated as required. Residents are aware of their rights and responsibilities and have access to information regarding advocacy services if required. Residents are supported to maintain lifestyle choices and decision making by representatives/relatives, friends, health professionals, staff and volunteers. Residents/representatives are consulted via feedback mechanisms including case conferences, comments and complaints, group or individual meetings.

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

Residents/representatives are satisfied that they are provided with information in regards to security of tenure and understand their rights and responsibilities. Residents/representatives are provided with a resident agreement, information kit and handbook which outline information relating to residents' rights and responsibilities, security of tenure, fees and charges, internal and external complaint mechanisms, and the care and services provided at the home. Consultation occurs with the resident/representative should relocation to another area within the home be required. Residents/representatives are notified about changes both through correspondence and/or individual meetings with relevant staff.

Standard 4 – Physical environment and safe systems
Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

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

Team's findings
The home meets this expected outcome

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

Recent examples of improvements related to Standard 4 include:

- An increase in incident forms identified that a section of glass window adjacent to the kitchen area was totally clear with staff and residents not being able to identify it as a window with some walking into the glass panel. Management has placed a dignity screen across the inside of the window with the result being no more incidents involving the glass panel has occurred.

- Incident reviews identified that falls were occurring predominantly in one outdoor section of the home. The home has installed a new concrete ramp area to replace a moveable wooden ramp, removed non required steps and raised a walking area in line with a garden bed to minimise any trip hazards that were present. Management reported a decrease in falls with documentation confirming falls for the second part of 2012 has decreased by 29 %.

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

Team's findings
The home meets this expected outcome

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

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

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

Team's findings
The home meets this expected outcome

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

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

4.4   Living environment
This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".

Team's findings
The home meets this expected outcome

Monitoring of the living environment occurs through auditing and inspections of the environment, reporting and actioning of hazards and the investigation of incidents. Restraint authorities are sought for residents requiring protective environments and are reviewed regularly. The environment and equipment is maintained in accordance with the preventative and reactive maintenance schedule, cleaning duty lists and maintenance requests. Residents are encouraged to personalise their rooms with furnishings and decorations. Dining and lounge areas are furnished to provide a safe and comfortable home like environment to support the lifestyle needs of the residents. The home is secured each evening and lighting ensures a safe environment for residents and staff. Residents/representatives are satisfied that management is actively working to provide a safe and comfortable environment.

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

New staff attend orientation sessions covering a range of occupational health and safety topics and staff complete learning packages covering mandatory education topics annually. The home has designated staff members available to guide staff in relation to occupational health and safety, for example regarding policies and safe work practices. Maintenance is conducted on buildings and equipment to ensure safety and useability, and staff are guided on the use of equipment and chemicals. Reporting of risks and hazards related to the physical environment, chemicals or dangerous goods, equipment, infections and systems of work are discussed at regular staff meetings as a first agenda with active follow-up of audit/inspection results and incident data. Chemicals are stored securely and material safety data sheets are accessible to staff. Staff demonstrated knowledge of incident and hazard reporting processes and their role in maintaining a safe environment, and indicated satisfaction with management's response to safety issues.

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

Independent fire safety inspections occur at regular intervals and maintenance records confirm regular checks by an external contractor of fire safety installations. Fire detection systems provide an immediate alert to local fire brigade and fire extinguishers, hoses, hydrants and blankets are inspected regularly. Evacuation plans and procedures are displayed and there are clearly marked emergency exits generally free from obstruction leading to emergency assembly points. Guidelines for the management of other emergencies including natural disaster are in place. The home conducts initial training for all staff in fire, security and emergency procedures as part of the orientation process. Staff attend fire safety training on a regular basis, have access to current resident mobility lists and understand their role in the event of an emergency or evacuation.

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 a registered nurse who manages an established infection control program, and the infection control manual is available to guide staff practice. The home's incident surveillance monitoring system is used to track and assess all infections. Infection data is discussed at staff meetings and actions/practices are implemented to address any trends. The organisation's audit program is used to monitor and improve the effectiveness of the home's infection control program. Monitoring of staff practices to ensure minimisation of cross-infection practices and monitoring. Staff are provided with training in relation to infection control during their orientation and on an annual basis. The onsite kitchen and laundry operate with standard food safety and infection control practices. Staff demonstrated appropriate understanding of infection control practices.

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

Residents expressed satisfaction with the standard of the catering and cleaning as well as laundry services provided at the home. Registered nurses assess and document residents' dietary needs and generally information is forwarded to the kitchen to guide food and fluid provision. Resident meetings are used as a forum to discuss menu issues and residents' satisfaction with the meals. Linen is sorted by care staff into specialised bags and taken to the laundry for laundering on-site. Residents' clothing is identified to minimise lost clothing and residents are assisted by the home to manage their clothing labels. Cleaning services are provided by specialised staff in line with residents' needs and infection control practices.