



Aged Care
Standards and Accreditation Agency Ltd

Abbeyfield House Hostel

RACS ID 3164

30 Shaw Street

MORTLAKE VIC 3272

Approved provider: Abbeyfield Society (Mortlake) Inc

Following an audit we decided that this home met 43 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 17 August 2015.

We made our decision on 4 July 2012.

The audit was conducted on 29 May 2012 to 30 May 2012. The assessment team's report is attached.

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

Actions Following Decision

Since the accreditation decision, we have undertaken assessment contacts to monitor the home's progress and found the home has rectified the failure to meet the Accreditation Standards identified earlier. This is shown in the table of most recent decision concerning performance against the Accreditation Standards.

Most recent decision concerning performance against the Accreditation Standards

Since the accreditation decision we have conducted an assessment contact. Our latest decision on 17/09/2012 concerning the home's performance against the Accreditation Standards is listed below.

| Standard 1: Management systems, staffing and organisational development | |
|--|---|
| Expected outcome | Accreditation Agency's latest 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 | |
|---|---|
| Expected outcome | Accreditation Agency's latest 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 | |
|---|---|
| Expected outcome | Accreditation Agency's latest 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 | |
|--|---|
| Expected outcome | Accreditation Agency's latest 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

Abbeyfield House Hostel 3164

Approved provider: Abbeyfield Society (Mortlake) Inc

Introduction

This is the report of a re-accreditation audit from 29 May 2012 to 30 May 2012 submitted to the Accreditation Agency.

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

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

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

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct 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:

- 43 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 1.8 Information Systems

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 29 May 2012 to 30 May 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 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: | Dawn de Lorenzo |
| Team member: | Carolyn Rogers |

Approved provider details

| | |
|--------------------|-----------------------------------|
| Approved provider: | Abbeyfield Society (Mortlake) Inc |
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Details of home

| | |
|---------------|-------------------------|
| Name of home: | Abbeyfield House Hostel |
| RACS ID: | 3164 |

| | |
|---|----------|
| Total number of allocated places: | 40 |
| Number of residents during audit: | 38 |
| Number of high care residents during audit: | 20 |
| Special needs catered for: | Dementia |

| | | | |
|-----------------|--------------------------------|------------|--------------|
| Street: | 30 Shaw Street | State: | Victoria |
| City: | Mortlake | Postcode: | 3272 |
| Phone number: | 03 5599 2901 | Facsimile: | 03 5599 2796 |
| E-mail address: | doug@abbeyfieldmortlake.com.au | | |

Audit trail

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

Interviews

| | Number | | Number |
|--------------------------|--------|---------------------------|--------|
| Management | 2 | Residents/representatives | 12 |
| Registered nurses | 2 | Lifestyle staff | 2 |
| Care staff | 8 | Laundry staff | 1 |
| Administration assistant | 2 | Cleaning staff | 1 |
| Catering staff | 2 | Maintenance staff | 1 |

Sampled documents

| | Number | | Number |
|------------------------------------|--------|----------------------------|--------|
| Residents' files | 9 | Medication profiles/charts | 7 |
| Residents' agreements | 5 | Wound management charts | 5 |
| Summary/quick reference care plans | 13 | | |

Other documents reviewed

The team also reviewed:

- Accreditation assessment signage
- Advanced care plan folder
- Allied health communication folders
- Assets register
- Audits
- Chemical register
- Cleaning schedules and records
- Communication book/doctors request book
- Compliments and complaints forms
- Continuous improvement folders
- Continuous improvement forms
- Diabetic management records
- Electrical appliances checklist
- Emergency and evacuation policies and procedures
- Equipment maintenance register
- External contracts
- Fire equipment/detection system maintenance records
- Food safety plan
- Gastroenteritis and influenza information

- Handover information
- Hazard forms/risk assessments
- Incident reports
- Infection register
- Infection surveillance records
- Job descriptions
- Kitchen temperature records
- Maintenance book
- Mandatory reporting register
- Material safety data sheets
- Medication competencies
- Memoranda
- Menus
- Minutes of meetings
- Newsletters
- Nutritional management flowchart
- Observation charts
- Occupational health and safety folders
- Orientation checklists for staff
- Outbreak guidelines
- Police checks/statutory declarations
- Policies and procedures
- Quality assurance activities folder
- Recruitment policies and procedures
- Refrigerator temperature monitoring charts
- Representative surveys
- Resident of the day checklist
- Residents' dietary needs/change forms
- Residents' information in the kitchen
- Residents' information package/handbook/surveys
- Rosters
- Scheduled tasks
- Self-administration medication assessment
- Specialised nursing care plans
- Staff competencies and education folders
- Staff duty lists
- Staff handbook

- Volunteer handbook
- Wound management folder.

Observations

The team observed the following:

- Activities in progress
- Aged care advocacy pamphlets/posters
- Archive areas
- Cleaning in progress
- Closed circuit television
- Clothing labelling machine
- Equipment and supply storage areas
- External complaints brochures/posters
- Fire panel/site maps/transfer lists/fire fighting equipment/fire alarms/evacuation box
- Hand hygiene facilities/personal protective equipment
- Interactions between staff and residents
- Internal and external living environments
- Kitchen/kitchenettes and food storage
- Laundry in progress
- Laundry practices
- Lunch service
- Medication round
- Mission statement/philosophy and objectives
- Mobility aids
- Noticeboards
- Organisational chart
- Outbreak management kit
- Oxygen in use with signage
- Resident/representative noticeboards and information displays
- Residents' receiving assistance
- Staff room and noticeboards
- Storage of medications
- The Charter of residents' rights and responsibilities.

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 system to actively pursue continuous improvement in relation to management, staffing and organisational development. Management encourages residents, their representatives, staff and others to contribute to continuous improvement through an open door policy as well as meetings, surveys and completion of compliments and complaints or continuous improvement forms. The home reviews its performance through audits as well as incident reports to assist in the identification of improvement activities. Management introduces improvements in a careful manner and monitors the impact of any changes on residents and others. The home evaluates amended improvements to ensure success. Management provides feedback to residents, their representatives, staff and others through such ways as meetings, discussion, newsletters or memoranda.

Examples of recent improvements relating to Standard 1 include:

- Staff said they were unhappy with the shift allocation system. Management discussed this with staff and commenced a projected roster to give staff an indication as to what shifts would be available in the future before a finalised roster was posted. Management said they have received positive feedback from staff.
- Staff complained their workload was too heavy. In consultation with staff, management restructured the duty lists and altered shifts with an emphasis on working as a team. This new system remains under evaluation but management said they are providing better care for the residents and feedback from staff has been positive.

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's management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards and guidelines. The home notifies residents and their representatives of accreditation audits through signage, meetings and newsletters. Management ensures all relevant individuals working in the home have a current criminal record check which they have passed, as well as a signed statutory declaration if they have lived overseas. The home subscribes to various online legislative services to ensure they receive notifications of change in legislation. They also receive information from various government agencies. Management notify staff and others of any changes through such ways as meetings, memoranda and notices as required. The home's

management develop or modify policies and procedures to ensure alignment with any changes. The home monitors staff compliance through audits.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have appropriate skills and knowledge to perform their roles effectively in relation to management systems, staffing and organisational development. Management offer a buddy system for new staff to assist with orientation to the home. The home encourages staff to take courses for their own professional development and supports them as needed. Management have an annual compulsory education calendar and the home also offers online education in a variety of topics relating to aged care. Staff have input into education offered in the home and give written feedback for sessions attended. Education is also a standing agenda item at staff meetings. Staff said they were satisfied with the education opportunities offered in the home.

Examples of recent education relating to Standard 1 include:

- web-based document management system
- exceptional customer service
- understanding ACFI
- computer training for improvement requests.

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, their representatives and others have access to internal and external complaints mechanisms. The home informs residents and others about their complaints system through such ways as handbooks, brochures, meetings and posters. Management have compliments and complaints forms available for the use of residents and others to lodge any suggestions and provides envelopes for these. Staff can also use continuous improvement forms to lodge any suggestions. The home also encourages residents, representatives, staff and others to verbalise complaints either directly to management or in meetings. The home logs suggestions or complaints into their continuous improvement system. Residents and their representatives said they are aware of how to make complaints and are confident to do so. Management said they provide feedback to residents, representatives, staff and others as required through such ways as meetings and newsletters.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's management displays the documented residential care service's vision, values, philosophy, objectives and commitment to quality in the home. Management have also included this in resident, staff and volunteer handbooks.

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's organisation has a system to ensure there are sufficient appropriately skilled and qualified staff to ensure services are delivered in accordance with these standards and the residential care service's philosophy and objectives. Management recruit staff locally or through advertising with the process including interviews, reference checks and qualification checks with a probationary period. Management ensures all staff have a criminal record check which they have passed, a statutory declaration if needed and continue to monitor these as well as qualifications once employed. Management use a projected roster system where current staff can provide for any deficiencies in staffing. The home offers staff education which includes mandatory training and does regular staff performance reviews. Residents and their representatives said they are satisfied with the responsiveness of staff and adequacy of care. Management and staff said they are generally satisfied with staffing in the home.

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 a system to ensure stocks of appropriate goods and equipment for quality service delivery are available. The home has an asset register with a list of suppliers. Management ensure staff receive education on any new equipment purchased for the home. The home has a preventative maintenance program and ensures replacement of any equipment as needed. Management have certain staff designated to order any required goods. The home has sufficient storage for goods and equipment. Residents and their representatives said they were satisfied with the goods and equipment in the home.

1.8 Information systems

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

Team's findings

The home does not meet this expected outcome

The home's management has a system for information management. However, management and staff do not consistently have access to accurate information to help them perform their roles in relation to health and personal care and resident lifestyle. Appropriate staff have passwords and logons for the electronic system which is backed up regularly. Resident information and staff files are stored to maintain confidentiality and archived securely. Sharing of information occurs through ways such as meetings, memoranda, newsletters and noticeboards. Management review policies and procedures regularly. Residents and representatives we interviewed said they are satisfied with information in the home.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home provides externally sourced services in a way that meets the residential care service's needs and service quality goals. Management have a list of contracted suppliers and review contracts regularly to ensure the provision of optimum service. The home ensures all trades people have either a current police check which they have passed or are supervised during their completion of work in the home. Residents and their representatives said they were satisfied with the services provided by contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a system to actively pursue continuous improvement in relation to health and personal care with the overall processes described in expected outcome 1.1 Continuous improvement.

Examples of improvements in Standard 2 include:

- Through an audit, management identified an increase in urinary tract infections. Management introduced extra fluid rounds for residents. Management said there has been a decrease in urinary tract infections since this was initiated.
- Residents complained there were no sugar free alternatives for residents' sweets. Management introduced diabetic alternative sweets and said feedback from residents has been positive.
- Residents requested occasional large breakfasts with bacon and eggs. Management introduced the provision of a large breakfast regularly and said feedback from residents has been positive.

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

The home has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care with the overall processes described in expected outcome 1.2 Regulatory compliance. Staff have relevant qualifications and current registrations which are monitored. Qualified personnel manage specific care planning activities. The home demonstrates it follows laws and guidelines in relation to medication management. The home has a policy to ensure it complies with laws regarding absconding 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

Management and staff have appropriate knowledge and skills required for effective performance in relation to health and personal care with the overall processes described in expected outcome 1.3 Education and staff development.

Examples of recent education relating to Standard 2 include:

- blood glucose testing
- medication administration
- cardiopulmonary resuscitation.

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 appropriate clinical care. Assessments identify residents’ care needs on entry to the home. The care manager develops long term care plans using transfer and assessment information and regular reviews of care occur via the monthly resident of the day process. Care staff have scheduled tasks each day to complete in regards to monitoring residents’ care needs. Progress notes confirmed reviews by medical officers and specialists occur as required. The home monitors clinical care outcomes through audits, meetings, handover, care plan reviews and consultation with the resident or their representative. Residents reported they were satisfied with the clinical care provided by the staff at the home.

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 have their specialised nursing care needs identified, planned and provided by appropriately qualified nursing staff. Nursing staff consult with the resident, doctor or specialist to identify needs and plan care. Care plans are developed and describe specific needs and instructions to guide staff practice. Specialised nursing care at the home includes oxygen administration, diabetes management and catheter and stoma care. There are procedures to assist staff in the management of specialised nursing care, and observations confirm sufficient resources and equipment are available. Staff confirmed that they have the skills, knowledge, and information necessary to give care and can access extra training to support their practice. Residents confirmed satisfaction with the specialised nursing care the home provides.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure referrals to appropriate health specialists occur in accordance with residents’ needs and preferences. Allied health specialists visit the home via a referral system from doctors or staff. Staff assist residents to attend external appointments by driving to nearby towns or assist families with appointments as required. Review of residents’ care plans, progress notes and other documentation confirmed referrals for assessment, treatment and reviews occur in a timely manner. Residents indicated they were satisfied with the arrangements for attending appropriate health and related specialists.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure management of residents’ medication is safe and correct and in accordance with regulatory requirements. A contracted pharmacist dispenses medication according to prescribed orders. Medication competent enrolled nurses and care staff and registered nurses administer medication via blister packs. Electronic medication charts are password protected and medication profiles identify resident information such as allergies and any special instructions. Medications are checked on delivery and medication management is monitored via regular pharmacist reviews, audits and the incident reporting process. We observed medications stored securely with processes for the ordering, receiving and disposal of medications. Residents stated they were satisfied with the management of residents’ medications.

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 processes to ensure residents are as free as possible from pain. Residents’ pain is assessed on entry to the home. Care plans record specific interventions with consideration of the use of alternative therapies to medication and are regularly reviewed. The home monitors residents with increased levels of pain and interventions and referrals to medical officers occur as required. Progress notes and staff interviews demonstrated awareness of residents’ pain needs with interventions initiated in a timely manner. Residents are satisfied with the home’s approach to pain management.

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

Consultation with residents and their representatives regarding terminal care wishes occurs on entry to the home. Residents and/or their representatives provide information to reflect residents’ beliefs, wishes and customs. Residents’ ongoing terminal care requirements are assessed as necessary in consultation with medical officers, residents, representatives and other health professionals. Family involvement in care is encouraged and progress notes indicate ongoing monitoring and symptom management. The home also facilitates visiting religious clergy and a peaceful environment is provided. Staff interviewed gave examples of strategies to ensure the terminal phase of care meets residents’ needs and preferences.

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 and processes to ensure residents receive adequate nutrition and hydration. Staff record residents’ dietary needs and preferences and communicate these needs to the kitchen. Documentation highlights residents who require modified diets and there is a process for dietary changes. Likes and dislikes are considered and alternative meal choices offered. The home monitors residents for adequate nutrition and hydration through the regular checking of residents’ weight. Weight loss/gain flowcharts are available and residents receiving supplements monitored for intake. Referrals to the dietician or speech pathologist occur when required. Residents stated they were happy with the meals provided.

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

The assessment of residents’ skin integrity, including the identification risks, occurs when residents move into the home and on an ongoing basis. Skin care plans are developed and include strategies such as hygiene and repositioning. Staff described individual skin care needs and support to residents at risk is by provision of effective skin integrity aids including air mattresses, repositioning and wool booties. Documentation of residents’ skin integrity incidents occur. Residents with skin integrity breakdown have wound dressing charts completed. Residents reported they are satisfied with the skin care provided.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

Management of residents’ continence is through initial assessment of residents’ needs and care planning. The home’s processes include an initial assessment, care plans, supply of aids and continence care review. Care strategies include voiding patterns, dietary and medication interventions, mobility strategies and toileting plans. Interviews with staff confirmed they have access to adequate supplies of continence aids and provide residents with toileting programs as required. We observed staff interacting with residents in a manner that supports their privacy and dignity. Residents said the home provides aids and equipment and staff assist them in a timely manner.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home manages the care of residents presenting with challenging behaviours. The initial assessment includes identification of residents’ behaviour. The care manager develops a care plan using assessment information which is reviewed monthly. Medical officers and nursing staff assess the need for restraint and regular reviews completed. Staff gave examples of strategies to assist in modifying residents’ behaviours and we observed staff interacting thoughtfully with residents. Residents and representatives confirmed satisfaction with the staff interaction with residents requiring care.

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 are supported to achieve optimum levels of mobility and dexterity through assessments and regular reviews. Registered nurses assess residents’ mobility and transfer requirements and care plans include the level of assistance required and the aids used. Residents at risk of falls are identified and falls prevention strategies are included in care plans. Residents have access to appropriate assistive devices and exercise regimes are implemented. All falls are reported, actioned and preventative strategies are put in place. Staff stated they receive manual handling education and were aware of individual falls prevention strategies. Residents stated they were satisfied with the assistance they receive from staff.

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 receive oral and dental care that is appropriate to their needs and preferences. Care plans guide staff with details of daily care needs and the level of assistance required. Monitoring of residents’ oral health is through staff observations and resident feedback. Residents identified at risk of poor oral and dental health have strategies to assist in maintaining oral health. Progress notes confirmed staff maintain oral hygiene for palliative residents. We observed dental aids in good condition and ongoing supplies are available. Staff provided examples of how they monitor residents’ oral health and residents stated they are satisfied with the assistance they receive from 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 have their sensory losses identified and managed effectively at the home. Staff assess sensory loss with input from the resident, representative and care staff. Care plans include interventions to meet individual needs and include aids and level of staff assistance required and measures to optimise sensory functions. Review of residents’ sensory needs occurs each month via the resident of the day process. Staff assist residents to make appointments with allied health professionals for assessment and reviews. The lifestyle program includes a range of sensory activities to cater for individual needs. Residents reported they are satisfied with the home’s management of sensory loss.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home assists residents to achieve natural sleep patterns. Assessments completed on entry to the home generally determine usual rising times, environmental preferences and settling routines. Care plans reviewed contain interventions to assist with sleep and evaluation of care occurs from staff observations and the monitoring of residents overnight. Staff gave examples of residents’ individual settling routines and sleeping habits and progress notes indicate staff carry out interventions to assist residents optimise sleep. Interventions used to support residents sleep at night include continence care, warm drinks, snacks, reassurance and pain relief. Residents interviewed said they slept well and staff met their preferences.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a system to actively pursue continuous improvement in relation to resident lifestyle with the overall processes described in expected outcome 1.1 Continuous improvement.

Examples of improvements in Standard 3 include:

- Residents and staff complained the lifestyle program was not effective. Management employed a new lifestyle staff member who is currently re-structuring the program. Management said early feedback from residents and staff has been positive.
- Management identified the need to evaluate residents going on outings with lifestyle staff. Registered nurses now do assessments on residents to ensure they are able to go on outings safely with lifestyle staff. Management said this ensures residents’ safety.

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

The home has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about resident lifestyle with the overall processes described in expected outcome 1.2 Regulatory compliance. The home ensures staff are educated regarding the compulsory reporting of resident abuse. The home gives residents and their representatives’ information on resident rights and responsibilities, services provided and the complaints scheme on entry to the home.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills required for effective performance in relation to resident lifestyle with the overall processes described in expected outcome 1.3 Education and staff development.

Examples of recent education relating to Standard 3 include:

- Parkinson's – a person-centred approach
- behaviours of concern
- dignity in care
- dementia – night time care.

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 receive support in adjusting to life in their new environment and on an ongoing basis. A tour of the home and a comprehensive information pack is provided to assist with residents' transition to the home. Activities staff spend time with new residents' and their families to gain an understanding of the resident's history and individual needs. Community volunteers visit the home regularly to provide support and activities. Examples of emotional support provided includes introducing residents with similar interests, providing extra time and support when needed and knowledge of residents' likes and dislikes. Residents' rooms were observed to be comfortable, personally decorated and residents confirmed staff are supportive.

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 assists residents to optimise their independence after entering the home. Care plans record individual needs and promote independence through offering flexible care routines and strategies to assist residents to maintain their autonomy. The home is part of a small rural community. Past personal friendships, community activities and independent activities within the town are encouraged and facilitated. Staff gave examples of strategies to support residents with communication and cognitive deficits. We observed staff interacting with residents in a consultative reassuring manner and found the environment conducive to supporting residents' independence. Residents stated they feel part of the local community and staff assist them to be independent.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home recognises and respects each resident's right to privacy, dignity and confidentiality. Residents sign consent forms for the release of information and the use of their photographs and names. There are private areas throughout the home available for residents to spend time with family and visitors. Residents' files are stored securely and staff handover occurs discreetly. Staff practices are monitored by observation, feedback and

audits and care staff gave examples of privacy and dignity considerations when attending to residents. Residents reported they are treated in a dignified manner and their privacy is respected by staff.

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

The home supports residents to participate in activities and events both in groups and individually. Lifestyle profiles capture past and current interests, preferences for social interaction and community and family links. Care plans document these choices and are regularly reviewed. Evaluation of the program is by discussion at meetings and feedback from residents. Participation records show residents' attendance at activities. Community groups and volunteers are welcomed at the home and residents receive assistance to go on outings and to maintain individual hobbies. Friends and family are encouraged to be involved in life at the home and to join in activities. Residents confirmed staff assist them to attend the daily activities and they are satisfied with the variety 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

Residents cultural and spiritual preferences are valued at the home. Initial assessments gain information regarding religious choices, cultural preferences, and palliative care wishes. The home has access to culturally specific services and resources to assist in providing individualised care if required. Residents are encouraged to celebrate holidays and special events including Christmas, Easter, ANZAC day, Australia Day and Melbourne Cup. Staff are sensitive to residents' spiritual needs and demonstrated knowledge of individual preferences in this regard. The home provides regular religious services and residents are satisfied with the way their spiritual needs are respected.

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 encourages residents to participate in decisions about the services they receive, and recognises residents' right to exercise choice in their lifestyle. Identification of authorised representatives occurs and care plans generally contain residents' preferences and wishes regarding care and lifestyle activities. Handbooks and agreements contain information on residents' rights and responsibilities, the complaints process and external advocacy services. Staff interviewed gave examples of how they assist and empower residents to exercise choice and to make their own decisions during daily routines. Residents stated their

independence is encouraged and the home supports their involvement in making personal choices and decisions.

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 has processes to ensure residents have access to information defining security of tenure at the home and to understand their rights and responsibilities. Information regarding security of tenure, residents' rights and responsibilities, fees and charges and specified care and services is in the residents' admission package and the residency agreement. Management provides a tour of the home and conducts an interview to provide information of all services provided. We observed the Charter of residents' rights and responsibilities posted around the home and the availability of advocacy services brochures. Management described processes for informing residents' of changes in their tenure when care needs change. Residents said they are comfortable approaching management with any queries related to tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a system to actively pursue continuous improvement in relation to physical environment and safe systems with the overall processes described in expected outcome 1.1 Continuous improvement.

Examples of improvements in Standard 4 include:

- Management identified the need to update the home’s fire evacuation information. They updated the evacuation kit to include a variety of items such as resident name tags. Management said the home is now better equipped to handle evacuation situations.
- Staff complained spills occurring during evenings and nights were not always cleaned up properly. Management arranged education for staff as to how to clean up spills and said staff have given positive feedback.

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

The home 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 with the overall processes described in expected outcome 1.2 Regulatory compliance. The home has a building certification document. The home has guidelines for management of an outbreak and a food safety plan.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills required for effective performance in relation to physical environment and safe systems with the overall processes described in expected outcome 1.3 Education and staff development.

Examples of recent education relating to Standard 4 include:

- manual handling
- food handling

- hand washing
- infection control
- fire and safety procedures.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management at the home is actively working to provide a safe and comfortable environment consistent with residents' care needs. The home has safe access to clean and well-maintained communal, private, dining and outdoor areas with sufficient and appropriate furniture. All residents have private rooms with their own ensuite. The internal and external environments are secure with comfortable temperatures maintained. The home has maintenance staff to monitor the safety of the facility including routine maintenance. Residents and their representatives said the residents have access to such aids as call bells and mobility aids and they are satisfied the home provides 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

Management is actively working to provide a safe working environment to meet regulatory requirements. Staff have input into the home's occupational health and safety system as this is a standing agenda item at staff meetings. The occupational health and safety representative has received appropriate training externally. The home conducts regular occupational health and safety inspections and audits. Staff report any hazards and the occupational health and safety representative completes any risk assessments as required. Staff stated they are aware of the home's occupational health and safety system and are satisfied management has provided 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

Management and staff are actively working to provide a safe environment to minimise fire, security and emergency risks. The home has procedures for detecting and acting on fire, security or other emergencies. Approved professional contractors carry out maintenance on all emergency items such as fire-fighting equipment, doors and emergency lighting. The home has documented emergency policies and procedures including an extreme bushfire plan and provides regular education for staff in fire and evacuation. The resident transfer lists are current. Exit doors are free from obstruction and maintenance staff keep the egress

routes clearly maintained. Staff said they have received fire and other emergencies training and know what to do in such an event. Residents and their representatives said the residents feel safe in their home and know what to do in the event of a fire.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program. Management provides education to staff on infection control strategies including the use of protected personal equipment and gastrointestinal outbreak management. The home has documented outbreak procedures and staff demonstrated knowledge of the procedures. Annual staff and resident vaccinations are encouraged and infectious outbreak kits maintained. Personal protective equipment, sanitising gel and hand washing basins are located throughout the home. Infection surveillance data collection and trend analysis occurs and discussed at relevant meetings. Auditing processes assist with the overall monitoring of the infection control program. Residents and staff said they are satisfied with the home's approach to infection control.

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 provides hospitality services in a manner which is generous towards residents and others. Meals are prepared on site with resident preferences taken into account. There is a food safety plan which also includes regular internal and external audits and catering staff complete food safety training. Staff clean the kitchen according to a schedule which also includes food and refrigerator temperature monitoring. Cleaners provide cleaning five days a week according to a schedule with care staff doing any ad hoc cleaning required on the weekends. Laundry staff clean all laundry on site according to a schedule which includes ironing and label residents' clothing to assist in the prevention of lost items. Staff said they receive regular education such as infection control and chemical training. Management, staff, residents and their representatives stated they are satisfied with the home's catering, cleaning and laundry services.