



Aged Care
Standards and Accreditation Agency Ltd

A G Eastwood Hostel

RACS ID 3377

376 Warrigal Road

CHELTENHAM VIC 3192

Approved provider: Southern Health

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 24 November 2015.

We made our decision on 10 October 2012.

The audit was conducted on 3 September 2012 to 4 September 2012. 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

A G Eastwood Hostel 3377

Approved provider: Southern Health

Introduction

This is the report of a re-accreditation audit from 3 September 2012 to 4 September 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:

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 3 September 2012 to 4 September 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of 2 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:	Gillian Walster
Team member:	Carlene Tyler

Approved provider details

Approved provider:	Southern Health
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Details of home

Name of home:	A G Eastwood Hostel
RACS ID:	3377

Total number of allocated places:	100
Number of residents during audit:	54
Number of high care residents during audit:	19
Special needs catered for:	Nil

Street:	376 Warrigal Road	State:	Victoria
City:	Cheltenham	Postcode:	3192
Phone number:	03 9265 1002	Facsimile:	03 9265 1484
E-mail address:	ilona.vaksman@southernhealth.org.au		

Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

Interviews

	Number		Number
Director of Nursing	1	Residents	9
Management	8	Hospitality management	3
Clinical staff	8	Hospitality staff	2
Lifestyle staff	3	Maintenance staff	1

Sampled documents

	Number		Number
Residents' files and care plans	15	Medication charts	6
Resident agreements	6	Personnel files	6

Other documents reviewed

The team also reviewed:

- Audits and audit schedule
- Bay books
- Cleaning schedules
- Clinical care documentation including risk assessments
- Communication books
- Compliments/complaints folder
- Compulsory reporting and legislative compliance folder
- Contract register, contract request and assessment form
- Criminal history checks (police certificates) and statutory declarations
- Education calendar, planner, attendance and evaluation records and related documentation, mandatory annual education reconciliation sheet
- Emergency procedures
- Fire inspection and testing records
- Food safety program, audits and external audit certificates of compliance
- Handover sheet
- Incident reports
- Infection surveillance documentation and outbreak management procedures
- Job descriptions and duty statements
- Key performance indicators
- Lifestyle and therapy records
- Maintenance requests, preventative maintenance schedule

- Medication charts and documentation including drugs of addiction signing register
- Meeting minutes
- Newsletter
- Nursing registrations
- Occupational health and safety documentation
- Opportunity for improvement forms and register
- Organisational chart
- Pest control register
- Policies and procedures
- Quality service plan
- Resident and family orientation checklist
- Residents' information handbook
- Residents' information package and surveys
- Roster
- Staff handbook
- Temperature check records - food, refrigeration and freezers, including medication refrigerator temperature monitoring

Observations

The team observed the following:

- Activities in progress
- Charter of residents' rights and responsibilities on display
- Cleaning in progress
- Equipment and supply storage areas including chemical room, storage of medications and oxygen storage and signage
- Evacuation pack and evacuation plans
- External complaints brochures
- Fire detection and fire fighting equipment
- Gastroenteritis kit
- Interactions between staff and residents
- Living environment
- Meal service
- Medication administered
- Occupational exposure kit and spill kit
- Suggestion boxes

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

Management demonstrated improvements across the Accreditation Standards. The residential services quality plan and the homes continuous improvement plan identify improvements from meetings, audits, risk management, legislation updates, key performance indicators, staff and resident quality improvements, feedback and organisational systems. Management identify improvement initiatives and plan, appropriately resource, implement, monitor, evaluate and feedback to stakeholders. The organisation's quality team support the homes manager and issues are trended and brought to monthly site quality meetings. Residents, representatives and staff receive information through meetings, newsletters, noticeboards and informal discussions. Staff understand their responsibilities in relation to continuous improvement and residents, representatives and staff confirmed improvements are ongoing in the home.

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

- Management identified a gap in the preventative maintenance schedule as some areas and items were not included in the schedule and different departments were responsible for different areas and items within the home. Management reviewed all the different areas within the home and a new consolidated preventative maintenance schedule was developed and all responsibilities clarified. Audit results show improvements in works completed.
- Management identified the stock storage and ordering system at an organisational level was inefficient, costly and untidy. Management developed a stock system including a visual poster of "6 S" as reminders of: sort, set in order, shine and safety, standardise and sustain. The new system has identified appropriate storage areas, improved stock control systems, reduced clutter, wastage and costs.
- Due to a greater number of high care residents and to ensure staff are meeting residents specified care and service needs management have revised the staffing requirements. Audit results show a reduction in incidents and a staff survey demonstrates high satisfaction.

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 identify and ensure compliance with the relative legislation, regulatory requirements and professional standards related to management systems. Management demonstrate the home receives updates and information from the organisation’s head office, external peak bodies, government authorities and consultant services. Management communicate updates and changes to staff and residents as a regular agenda item at meetings. The home has a system to show current police checks and registration for staff. Management reports and minutes of meetings demonstrate staff receive updates on regulations.

Examples of responsiveness to regulatory compliance relating to Standard 1 Management systems, staffing and organisational development includes:

- There are processes to ensure the currency of police record checks for staff.
- There are processes for the secure storage of resident information and destroying of confidential information.
- Management notified residents, representatives and staff of the re-accreditation visit.

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. The organisational education team develop the annual calendar based on a needs analysis which looks at analysis of clinical and incident data, mandatory requirements, audit results and organisational requirements. The manager includes additional education and training sessions based on the needs of residents at the home and observation of staff practices. Sessions include education topics across the Accreditation Standards. Management monitor staff attendances at mandatory education sessions to maintain compliance and evaluate education sessions to determine their effectiveness. Staff said education sessions are readily available and they are encouraged to develop their skills. Residents said staff have the skills and knowledge to provide appropriate care to them.

Recent education relevant to Standard 1 Management systems, staffing and organisational development includes:

- change management
- organisational values, accountability and communication
- leadership and team values
- communication skills
- customer service.

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

There is a process for recording and acting upon comments and complaints from residents, representatives and staff. Information on the comments and complaints process is included in resident and staff handbooks and displayed on noticeboards. Secure suggestion boxes and 'opportunity for improvement' forms are available throughout the home. Management collect information from written and verbal compliments and complaints, record, investigate and discuss outcomes at relevant meetings and with all stakeholders. Staff stated they are encouraged to contribute their suggestions for improvement. Residents stated they are able to discuss their concerns with staff and management, complete the improvement forms and have the opportunity to voice concerns at the residents' meetings. Residents stated they are generally satisfied with the response to their concerns.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

Information booklets and notice boards display the home's vision, values, purpose, commitment, goals and the charter of residents' rights and responsibilities. Management discuss the home's vision with staff during their orientation to the organisation and as part of the annual appraisal process. Staff have an 'I care' philosophy in their commitment to providing quality care to residents and have recently completed a project to identify the values they follow when working in the home. Management report there has been a positive response to the project from residents, representatives and staff.

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 employs appropriately skilled, qualified and sufficient staff to meet resident care needs. The home's manager and the organisations' human resource department facilitate the recruitment process. Position descriptions and duty statements inform and guide staff and new staff undergo an orientation program and complete buddy shifts. Staff complete mandatory competencies and have access to ongoing education. There is a process to identify and fill vacancies in the roster and staff confirmed this occurs. Staff complete annual appraisals and expressed a commitment to the residents and to the home. Residents were happy with the care provided by staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Management demonstrate there are suitable goods and equipment appropriate for the delivery of services. There is a standardised stock ordering and storage system to ensure goods and equipment is appropriate, safe and secure. Staff use an ordering and rotation system to manage stores of goods and inventories such as toiletries and clinical products and consumables. There is a planned approach to routine and preventative maintenance to ensure equipment remains safe for staff and resident use and a schedule determines equipment cleaning. Organisational teams assess the suitability of new equipment and staff said education on the use of new equipment takes place as necessary. Staff and residents said there are appropriate goods and equipment available in the home to meet residents' 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 uses a range of strategies to provide an effective information system. The electronic system is password protected with appropriate back up. There is secure storage of confidential information. There are processes for the collection and analysis of information and staff complete audits according to a schedule. Staff have access to policies and procedures, current resident details and receive information through handover, meetings, display boards and memorandum. Residents and representatives participate in meetings and receive new information through minutes, newsletters and letters. The home recently held a meeting for residents and representatives to explain how the continuous improvement program works and to offer the opportunity for input into current and future improvements. Residents stated they are satisfied with the communication and feedback mechanisms of 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

Management from the organisation and the home consult and manage external service / supply contracts. Regular contract reviews and performance monitoring through audits, stakeholder input and regular management reports and meetings assist the home to ensure the services provided meet the home's needs and quality requirements. Contract service agreements document the expected standards and quality of service each contractor are to provide. Residents and staff said they are satisfied with the home's externally sourced services and goods.

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 implements ongoing improvements in relation to residents' health and personal care. Please refer to expected outcome 1.1 Continuous improvement for further details.

Recent improvements relevant to Standard 2 Health and personal care:

- During internal auditing management identified there was a high rate of medication missed signatures. The signature omissions were analysed, management created a staff competency tool, staff training took place, signature omissions were discussed at staff meetings and a nightly audit commenced. Incident reports are written each time staff omit to sign the chart when they administer a medication. Data show a substantial reduction in the number of missed signatures when administering medications.
- As part of a falls prevention initiative by nursing staff to increase mobility and reduce the number of falls, staff have reviewed activities to include sun exposure and participation in outdoor activities. Incident data show a lower rate of falls in 2012 than 2011.
- To improve the process for staff to refer residents to different allied health professionals' management created a folder which is now kept in the nurses' station. The folder is divided into sections for each practitioner and provides access details. This improves access and ensures more timely provision of allied health care.

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 processes to identify and monitor relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident health and personal care. For a description of the system refer to expected outcome 1.2 Health and personal care.

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

- Medications are stored safely and administered according to current regulations.
- Registered nurses manage residents' specialised nursing care requirements and oversee all other care needs of residents.
- The home has current registrations for registered and enrolled nurses.

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 education and staff development systems and processes.

Recent education relevant to Standard 2 Health and personal care includes:

- diabetes
- reportable incidents
- medication management
- palliative care
- constipation and the use of laxatives.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

Registered nurses assess residents' clinical needs on entry to the home. Staff document in the progress notes at least weekly to provide ongoing evaluation of residents' health and there is a comprehensive review of residents' health every two months by a registered nurse. The review includes continence, behaviour, nutrition, mobility, communication, oral hygiene, skin care, pain relief and consultation with resident or representative. Doctors visit the home four days a week and review residents regularly. Staff have access to medical support afterhours and communicate changes in residents' care verbally at handover and document changes on the handover sheet, progress notes and care plans. Documentation reviewed confirmed this occurs. Residents are satisfied with the care given by staff.

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

Registered nurses manage and review residents' specialised nursing care. Specialised nursing care plans are accessible to all staff and document care required, equipment needed, cleaning and replacement dates. Examples of specialised care needs are diabetes management, wound care, oxygen therapy, stoma care, renal dialysis and weight management. Staff receive education relating to specialised nursing care, have access to policies and procedures to guide care and contact details in case of emergencies. Documentation reviewed confirmed staff completed care as required. Residents confirmed staff attend to their specialised nursing care needs.

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 have access to a range of health specialists and staff refer residents according to their needs. The home is co-located with a range of rehabilitation and mental health services. Residents have regular access to doctors, podiatrist, dietitian and the physiotherapist. Other services available include speech pathology, wound specialists and palliative care. Staff consult doctors for specialist referrals, document appointments and transport arrangements in the diary and update care plans after consultations. Review of documentation confirms referrals to specialists. Resident files include specialist instructions after consultation and updating of care plans. Residents stated the home supports them to attend specialist consultations.

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

Registered nurses manage residents’ medication safely and correctly in line with current ‘drugs, poisons and controlled substances regulations’. Medication charts have residents’ photographs for identification, any known allergies and how medication is given to residents when there is difficulty swallowing or residents are non-compliant in taking medication. Staff giving out medications complete medication competencies and describe the process for ordering and checking medication including out of hours requests. Staff document the administration of ‘as necessary’ medication including evaluation of its effectiveness. Management audit the medication system and the consultant pharmacist completes reviews of residents’ medication charts. Residents who self-medicate have an assessment signed by their doctor. Residents stated they are satisfied with the management of their medication.

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

There is an effective system to assess and manage residents’ pain. Review of clinical documentation confirms registered nurses assess residents’ pain on entry to the home and staff document changes in residents’ pain needs. Staff notify doctors if residents have an increase in pain, offer pain relief and commence pain charting. Care staff identify pain in residents with a cognitive impairment and notify registered nurses. Strategies used to manage pain include repositioning, gentle massage, hot packs and ‘as necessary’ medication. Documentation demonstrates episodes of pain, the use of different pain management strategies; evaluation of the effectiveness of strategies and referral and review by doctors. Residents confirmed they are satisfied with the management of their pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Staff discuss residents’ palliative care wishes when they enter the home and then when the resident enters the palliative phase. Staff have policies and procedures to guide care including pain management, nutrition and hydration requirements, oral and skin care and emotional support. Staff receive education in palliative care and have access to specialists for consultation and advice. Consultation with representatives occurs regarding the care environment and their role in the residents’ care. Staff said they maintain the comfort and dignity of terminally ill residents.

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

Staff document residents’ allergies, likes and dislikes on entry to the home. Care staff weigh residents monthly and registered nurses review those with weight loss or gain and refer residents to their doctor, dietitian or speech pathologist. Staff complete food and fluid charting when required and residents’ medication charts include orders for nutritional supplements. There is a rotating menu and residents have access to alternative meals and fresh fruit. Water dispensers are located in several areas of the home and residents have access to kitchenettes for tea and coffee. Staff were observed serving meals in a dignified and respectful manner offering residents the opportunity to have alternative meal choices. Resident are generally satisfied with the meal service.

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

Registered nurses assess residents’ skin care requirements on entry to the home and care staff review residents’ skin daily. Care staff notify registered nurses of changes to skin integrity and complete incident forms for skin tears. Registered nurses develop wound management plans which include photos, dressing care needs and dates for review. Staff receive education in manual handling and review the environment for clutter to reduce falls and skin tears. Strategies used to maintain skin integrity include nutritional supplements, special soaps and moisturisers and limb protectors. Wound audits are a component of the auditing system with doctors and representatives notified if a resident develops a skin tear or wound. Residents confirm satisfaction with skin care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Continence assessments are a component of the initial assessment and ongoing review processes. Registered nurses develop continence plans taking into account residents’ mobility, dexterity, sleep and sensory loss and cognitive abilities. Care plans identify assistance required, continence aids, toileting times and nutrition and hydration requirements. The home audits infection rates and staff identify residents at risk of recurring infections. There are guidelines for bowel management and caring for residents with catheters, including equipment required and dates for future care. Residents are satisfied with the management of their continence needs.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has strategies to assess, manage and review residents with challenging behaviours. Care plans document triggers, interventions and evaluation. As part of the assessment process staff assess residents for risk of depression and refer them to the aged care mental health team if required. Staff also have access to the co-located psycho-geriatric team. Staff receive education in behavioural management, are aware of their mandatory reporting guidelines and state strategies used for individual residents. Residents stated they feel safe in the home and that staff manage behavioural issues effectively.

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

Assessment of residents’ mobility and dexterity are components of the initial and ongoing review process. The physiotherapist completes assessments of all residents, identifies those at risk of falling, reviews residents after falls and develops exercise programs. Residents can access the rehabilitation services located on-site. Residents’ care plans identify mobility aids, the need to assess residents’ foot wear and reviewing the environment for clutter. Staff receive education in manual handling and residents have access to a range of aids to maintain their independence. There is a process for the use and safety for residents with motorised scooters. Staff complete incident forms following resident falls, notify representatives and documentation reviewed demonstrates residents receive appropriate follow up by a doctor and the physiotherapist. Staff monitor the environment for clutter and assist residents to walk around the home and the outdoor areas. Residents confirmed staff assist them with their mobility needs.

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

Registered nurses assess residents’ oral and dental needs on entry, review regularly and document their needs on their care plans. Care plans identify residents’ personal preferences and any assistance required. The home has access to dentists and dental technicians. Staff receive training in oral health and progress notes document staff assistance and encouragement of independence in oral hygiene. Staff identify residents’ individual preferences and state there are ample supplies of toothbrushes and toothpaste for residents. Residents said staff assist them in their oral and dental care.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home has an assessment tool to identify residents’ sensory loss. Care plans identify the use of glasses and hearing aids, denture care and residents’ personal preferences. Staff identify sensory loss in all five senses and document individual requirements in progress notes and care plans. Residents have access to auditory, optometry and speech pathology services. There are large screen televisions in the lounges and the activity program includes sensory activities to stimulate residents’ sense of taste, smell and touch. Catering staff are aware of residents’ dietary preferences and residents have access to condiments at meal times. Residents stated staff support them in their sensory needs.

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

Staff assess residents’ sleep patterns, routines and rituals on entry to the home and document their preferences on their care plans. Care plans include individual preferences such as afternoon naps, watching television, the number of pillows and blankets and food and drink preferences. Residents can elect not to be disturbed overnight and there is a process to alert staff to these residents. Progress notes document discussion between staff and residents if staff would like to review the resident overnight; for example if a resident has had a recent fall. Staff have access to snacks and hot drinks for residents overnight and strategies to promote sleep include; repositioning, toileting, emotional support and ‘as necessary’ medication. Review of progress notes demonstrated staff use strategies and evaluate their effectiveness. Residents stated the home is quiet at night and staff respect their requests.

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's continuous improvement system ensures ongoing improvements in resident lifestyle. Please refer to expected outcome 1.1 Continuous improvement for further details.

Recent improvements relevant to Standard 3 Resident lifestyle:

- As the cohort of residents has changed staff have identified the activity program required varying to accommodate the different ages and needs of the residents. Residents are now able to access cognitive games and books and feedback shows they are happy with the changes.
- Resident feedback and an internal audit showed residents would like more emotional support when other residents in the home passed away. A pastoral care volunteer now visits residents regularly and residents have commented positively on the increased access to pastoral care.
- Resident feedback showed residents wanted to enjoy more outings where they could enjoy different meals. Staff have organised more barbeques, local hotel meals, and afternoon tea at Parliament house. Residents said they have enjoyed the outings.

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 to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident lifestyle and there are processes to ensure compliance. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 3 Resident lifestyle include:

- Information on internal and external complaints processes are available to all stakeholders.
- Policies and procedures to maintain privacy and confidentiality of resident information are in place and followed.
- The home has policies, procedures, guidelines and staff education for appropriately managing reportable incidents of missing residents and suspected or alleged elder abuse and maintains a register regarding the reporting of assaults according to regulatory requirements.

- The home has systems to demonstrate compliance related to residential agreements.

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 education and staff development systems and processes.

Recent education relevant to Standard 3 Resident lifestyle includes:

- privacy and dignity
- security of tenure
- elder abuse
- grief and loss
- cultural and spiritual needs.

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

Management and staff provide support for residents to adjust to their new environment when moving into the home and on an ongoing basis. On entry to the home, residents are orientated to the homes surroundings, composition and introduced to other residents. Staff complete care assessments, personal and recreational profiles in consultation with resident and representatives to determine each resident's emotional status and needs. Residents' emotional needs are monitored through daily observation and reporting by care and lifestyle staff. A pastoral care worker is available to provide one to one support where appropriate. Evaluation and review of plans occur regularly or as needed. Referrals to mental health services are available if required. Residents said the home supported and met their emotional support needs and preferences in an appropriate and compassionate manner.

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

Staff encourage and assist residents to maintain their independence wherever possible. Systems to optimise residents' independence include discussion with residents and representatives, clinical assessment of mobility, physical and social needs, mental and cognitive abilities. Care plans include strategies to support independence, which are appropriate for each resident's needs and preferences. Staff support residents to maintain

friendships within and outside the home and visitors are encouraged and welcome. Staff promote and support residents to maintain outside independence including facilitating trips on the community bus, arranging taxis and excursions. We observed residents using mobility aids and where appropriate, moving independently around the home. Residents said they were satisfied staff supported and respected their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Staff recognise and respect each resident's privacy, dignity and confidentiality. Staff consult with residents and representatives in relation to residents' privacy and dignity needs and preferences. Staff call residents by their preferred name, communicate respectfully, knock on doors and wait for permission to enter resident rooms. The provision of personal hygiene assistance is discrete and staff respect that residents may like to have time alone in their rooms. Resident information is stored securely and confidentially. Management reviews its strategies to maintain privacy and dignity through audits, resident surveys, discussion at meetings and observation. Staff undertake privacy and dignity education on orientation to the home. Common areas allow sufficient personal space and privacy. Residents said staff are polite and conscious of their privacy and dignity needs.

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

Staff encourage and support residents to participate in a range of activities and events both individually and in groups. Residents identify and inform staff of their interests, cultural, spiritual and lifestyle needs. The activities program is responsive to the interests of residents and ensures residents with mobility, cognitive and sensory limitations can participate. Staff review and update the program to reflect changes in individual needs of residents and activities are planned in group and individual settings. Staff ensure residents are aware of pending activities and facilitate attendance. The program includes special celebrations and cultural events and lifestyle staff are aware of individual residents' lifestyle needs and preferences. Residents said staff invite them to 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

There are processes to identify, respect and respond to residents' individual interests, customs, beliefs and cultural backgrounds. Assessments occur on entry to the home and specific information on residents' individual interests are documented in care plans. The home celebrates culturally significant days and staff support and value residents' individual

spiritual and denominational needs. There are church services, communion and pastoral care visits to support residents spiritual needs and some residents attend services outside the home. Staff have access to cultural and linguistically diverse information. Residents said they are satisfied with the support provided to meet residents' cultural and spiritual needs.

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

Management and staff promote each resident's right to participate in choices and decisions regarding their care and lifestyle. The resident agreement and resident handbook include information about residents' rights and resident advocacy and management explain these at the time of entry. Residents have input into the services they receive including rising and retiring times, food choices, dining preferences and level of participation in activities. Residents are encouraged to provide feedback about the care and services provided through meetings, surveys and consultation with management. Staff encourage residents to make choices and generally assist where possible to achieve them. Residents said they are generally satisfied with the opportunities to exercise choice and control over their individual lifestyle within the home and their decisions are respected. Residents confirm regular consultation occurs about all aspects of care and service.

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 ensures all residents and representatives are provided with information regarding security of tenure at the home. Management provide new residents with a resident handbook which includes information relating to the services available. A residential care service agreement is provided which includes information on leave entitlements, fees and charges, specified care and services and rights and responsibilities. Management advise residents and/or representatives if transferring from low to high care of the process and any changes to the resident's entitlements and specified care and services. The charter of residents' rights and responsibilities along with external complaint and advocacy information is on display. Residents confirm they feel secure in their 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

Ongoing improvements in the physical environment and safe systems are evident in the continuous improvement program. Please refer to expected outcome 1.1 Continuous improvement for further details.

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

- A resident complaint noted that since boom gates were installed taxis were unable to pick up or drop residents at the entrance of the home. Management provided a new pick up and drop off area with under cover seating and informed taxi companies in the area of the new system. Resident feedback is the process is much better, they are not late for appointments and they don’t have to wait outside in inclement weather.
- Management identified not all staff attended occupational violence and aggression training. To improve management of resident behaviours occupational violence and aggression training package is now mandatory. Feedback shows increased staff confidence and earlier intervention of resident behaviours.
- Management identified staff knowledge of fire and evacuation system was not site specific. Management and staff created a site specific system with photographs of the staff member who is fire warden each shift and a three card system of duties to follow in the event of a fire. Staff are knowledgeable of the new system and said it is now very easy to see who is fire warden and they know what to do in the event of an emergency.

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 organisation and home has a system to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to the physical environment and safe systems and there are processes to ensure compliance. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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

- The home complies with annual essential safety measures.
- The home has a food safety program audited annually by local council and an external third party.
- The home provides appropriate furniture and aids to high care residents.

- The home provides first aid kits and adequate supplies of personal protective equipment.
- There is secure storage of chemicals.

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 education and staff development systems and processes. Management ensure staff have the knowledge and skills required for effective performance in their roles.

Recent education relevant to Standard 4 Physical environment and safe systems includes:

- infection control
- occupational health and safety
- code grey
- zone warden refresher course
- evacuation drill.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The living environment provided for residents is safe and comfortable and there are systems to ensure the environment remains consistent with resident care needs and individual preferences. Private and communal living areas are clean and well maintained and there are systems to ensure a comfortable temperature. There are a number of internal and external living areas for residents to use and residents are encouraged to personalise their rooms. There is regular auditing and maintenance staff monitor the safety of the home including preventative and routine building and equipment maintenance. Management and staff consult with residents and representatives about improvements to the living environment through resident meetings, satisfaction surveys and the home's comments and complaints process. Residents said the home is comfortable and they are satisfied the home is safe and secure.

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

through meetings and reporting of hazards. The occupational health and safety representative has received appropriate training externally and conducts regular inspections of the home. The home's management complete risk assessments as required and update occupational health and safety procedures and communicates any changes to staff. Staff said they have input into the occupational health and safety system and are satisfied management provides a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide a safe environment to minimise fire, security and emergency risks. The organisational engineering department monitor and manage contractors to carry out maintenance on all emergency items such as fire-fighting equipment, doors and emergency lighting. The organisation has documented emergency policies and procedures and education records confirm staff receive emergency training at orientation and then through mandatory annual training sessions. Evacuation kits and current lists of residents are available, evacuation maps are on display and exits are clearly signed and free of obstruction. Staff said they have received fire and other emergency training and know what to do in such an event. Residents are satisfied with fire and security measures in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

There is an effective infection control program which identifies and contains infections. Organisational policies and procedures are available for staff and there is appropriate and sufficient hand washing facilities and waste disposal systems throughout the home. Collation, analysis and trending of residents' infections occurs. The organisational infection control department manage and discuss issues and ensure the implementation of relevant interventions take place. Staff and residents are encouraged and offered appropriate vaccines as needed. There is a planned pest control program in operation. Catering, cleaning and laundry procedures follow infection control guidelines. There is a food safety certificate and an external audit and food and refrigerator temperature monitoring occurs. Cleaning schedules and environmental audit documentation are in place. Staff said they receive infection control training which includes outbreak procedures.

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 provision of hospitality services enhances residents' quality of life and the living environment. Meals are provided from the production kitchen and choices are available at every meal and the meals are provided in a dignified manner. Snacks and fluids are available

outside meal times. The cleaners follow a cleaning schedule to ensure cleaning is carried out in all areas in the home. Material safety data sheets are located in the cleaner's room and appropriate personal protective equipment is utilised. The laundering of residents' personal clothing takes place on site and the labelling of residents clothing occurs as needed. The home engages an external service provider to launder the linen. Laundering services take place in accordance with infection control guidelines. Residents said they were generally satisfied with the catering and laundry services provided at the home.