



Aged Care
Standards and Accreditation Agency Ltd

Alwyndor Nursing Home

RACS ID 6931

52 Dunrobin Road

HOVE SA 5048

Approved provider: City of Holdfast Bay

Following an audit we decided that this home met 38 of the 44 expected outcomes of the Accreditation Standards. We decided to vary this home's accreditation period. This home is now accredited until 14 November 2014.

We made our decision on 14 November 2013.

The audit was conducted on 16 October 2013 to 28 October 2013. The assessment team's report is attached.

After considering the submission from the home and a subsequent assessment of the home, we decided that the home does now meet expected outcomes 2.1 Continuous improvement and 4.4 Living environment.

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 24 January 2014 concerning the home's performance against the Accreditation Standards is listed below.

Standard 1: Management systems, staffing and organisational development	
Expected outcome	Quality 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	Quality 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	Quality 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	Quality 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

Alwyndor Nursing Home 6931

Approved provider: City of Holdfast Bay

Introduction

This is the report of a review audit from 16 October 2013 to 28 October 2013 submitted to the Accreditation Agency.

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

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

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

During a home's period of accreditation there may be a review audit where an assessment team visits the home to assess the quality of care and services 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 make any changes to its accreditation period.

Assessment Team's findings regarding performance against the Accreditation Standards

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

36 expected outcomes

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

- 1.4 Comments and complaints
- 1.6 Human resource management
- 1.8 Information systems
- 2.1 Continuous improvement
- 2.7 Medication management
- 2.8 Pain management

- 2.10 Nutrition and hydration
- 4.4 Living environment

Audit report

Scope of audit

An assessment team appointed by Accreditation Agency conducted the review audit from 16 October 2013 to 28 October 2013.

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

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

Assessment team

Team leader:	Elizabeth McGrath
Team members:	Diane Mogie
	Joy Sutton

Approved provider details

Approved provider:	City of Holdfast Bay
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Details of home

Name of home:	Alwyndor Nursing Home
RACS ID:	6931

Total number of allocated places:	48
Number of residents during audit:	48
Number of high care residents during audit:	48
Special needs catered for:	People with dementia or other related disorders

Street:	52 Dunrobin Road	State:	SA
City:	HOVE	Postcode:	5048
Phone number:	08 8177 3200	Facsimile:	08 8298 9025
Email address:	alw_reception@holdfast.sa.gov.au		

Audit trail

The assessment team spent four and half day's on-site and gathered information from the following:

Interviews

	Number		Number
Management	3	Residents/representatives	11
Clinical/care/lifestyle staff	11	Volunteers	2
Hospitality/environmental and safety staff	6	Administration	3

Sampled documents

	Number		Number
Residents' care plan, progress notes	4	Medication charts	8
Summary/quick reference care plans	3	Personnel files	6
Weight charts	3	Lifestyle documentation	4

Other documents reviewed

The team also reviewed:

- Action plan for building works and deficits
- Activities survey
- Agency orientation checklist
- Building occupancy certificate
- Chemical register
- Cleaning schedules
- Comments and complaints data
- Continuous improvement plan
- Dietitian reports
- Diet preferences for residents
- Drugs of dependency register
- EBPAC guidelines
- Engineer and architect report
- Food safety plan
- Fridge monitoring records
- Handover records
- Job descriptions
- Lifestyle documentation
- Maintenance documentation
- Pest control documentation
- Pest control records
- Quality Improvement plan 2013-2014
- Recruitment policies and procedures
- Residents newsletters
- Residents' information handbook
- Safe operating procedures

- Safety data sheets
- Schedule 4 & 8 licence
- Staff handbook
- Testing and tagging documentation
- Triennial certificate
- Various audits
- Various meeting minutes
- Various memoranda
- Various policies and procedures

Observations

The team observed the following:

- Accreditation signage on display
- Activities in progress
- Building work in progress
- Charter of resident rights and responsibilities on display
- Chemical storage
- Equipment and supply storage areas
- Interactions between staff and residents
- Internal and external living environment
- Laundry
- Meal service
- Medication administration
- Storage of medications
- 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

The home has a quality framework overseen by the board of management. Continuous improvement initiatives are generated from a board level with its strategic plan, quality activity forms and resident and staff feedback. Residents and staff are familiar with the quality system and feel confident to put forward suggestions and ideas for consideration. Improvements, implemented relevant to Standard 1 Management systems, staffing and organisational development, but not restricted to, include:

- Because of duplication of information the management team have reviewed their admission processes. The recording of information has been streamlined for residents on waiting lists by using an electronic recording system. Information, readily available, includes financial details, assessment approvals, and medical information. This initiative will be evaluated in December 2013.
- After an approach by a resident the home has made available wireless internet to all residents requiring this access. Several residents are using this service to connect with the internet and make contact with significant others through SKYPE. This initiative has not been evaluated.

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 processes to identify and ensure compliance with current legislation, professional standards and industry guidelines. Areas of compliance are identified through subscriptions to government and industry peak bodies. Staff are aware of regulations relating to their practice. Alerts are sent to staff in advance when they need to update police clearance checks. Professional registrations are checked through relevant web sites. Compliance with legislation is generally monitored through staff and resident feedback and observation of staff work practices.

In relation to Regulatory compliance in Standard one, the home has processes to monitor professional registrations and police clearance checks for staff and volunteers. Management and staff are generally aware of legislative requirements that affect their roles and responsibility.

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

Alwyndor has an educational program for all staff that includes an orientation program, mandatory training, competency testing, on-line training, one-on-one support, mentoring and external opportunities for professional development. Staff are advised of training opportunities through email, training calendars and flyers posted on notice boards and in memorandum folders. Information on training needs is developed using information collected through a response to residents' changing needs, staff and resident feedback, changes to legislation and opportunities for improvement. Staff attendance at mandatory training is monitored by the home's staff educator. Staff are satisfied with training opportunities offered by the home to allow them to perform their duties effectively. Residents/representatives are satisfied that staff have sufficient skills and knowledge to attend to residents' needs.

Examples of training and education undertaken by staff in relation to Standard 1 Management systems, staffing and organisational development, include: Maintaining Quality Service Delivery and Clinical Leadership.

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 does not meet this expected outcome

The home does not have a process that responds to suggestions and complaints in a timely manner. Monitoring systems have not identified suggestions and complaints that remain unresolved.

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

Alwyndor has documented its Vision and Pillars of Service detailing the organisation's commitment to older people in the local community. This information is consistently reflected through brochures, and handbooks. A strategic quality plan directs leadership and governance.

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 does not meet this expected outcome

The home has not maintained a system to monitor staff skills and practices in the provision of care and services. Residents are not satisfied staff are available at all times to meet their needs.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has processes for identifying and monitoring goods and equipment required to provide a quality service for residents and staff. Staff are encouraged to give feedback on equipment prior to purchase. Designated staff have responsibility for the ordering, storage and monitoring of supplies and replacement of outdated equipment. Staff are familiar and use the corrective maintenance program to report deficits in the quality of goods needing repair. The home has an asset register and accessible operating guides for equipment and provides staff with training as needed in the operation of equipment. Residents and representatives are satisfied the home has sufficient equipment and goods to provide a quality service.

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

Clinical and lifestyle information systems, including progress notes, care plans and handover processes do not provide accurate information regarding the care given to or required by residents. Staff do not consistently document the information required to provide or evaluate residents' clinical care and lifestyle. Communication processes are not providing residents and staff with the information they require regarding the home's processes and changes in the home. Staff do not have access to accurate and appropriate information.

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

Externally sourced services are provided to meet the home's needs and expectations. The home has a list of selected external providers and service agreements to comply with workplace health and safety and legislative requirements. Management monitor the activities

of external providers and change services and specifications as deemed necessary or following feedback from staff and residents. Residents/representatives and staff are satisfied with the provision of external services and service providers.

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 does not meet this expected outcome

Whilst the home has a continuous improvement system, management could only provide one initiative for this standard. The example is a new project and does not have a plan or co-ordinated approach. Refer to Expected outcome 1.1 Continuous improvement in relation to monitoring systems.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, registered nurses generally take responsibility to assess high care residents and give treatments as prescribed under the Quality of Care Principles 1997. The management team and interviewed staff are aware of the reporting requirements for absconding residents under the Accountability Principles 1998.

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 training and development systems.

Examples of training provided over the past twelve months in Health and personal care include dementia, preventive management of pressure injury, diabetes, and safe medication administration.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents/representatives are satisfied residents receive appropriate clinical care and this is in consultation with them. While the home has a system to support residents’ initial admission and assessment processes, the ongoing monitoring and evaluation of residents’ clinical care needs is not always addressed by clinical staff. Treating medical officers are generally advised of significant changes to residents’ needs. Staff interviewed are generally aware of residents care needs.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home is able to deliver specialised nursing care needs as identified by clinical staff. Initial assessments are conducted by registered nurses to identify and plan appropriate care needs. Specialised nursing in relation to continence management, diabetes and complex pain and wound management are met by appropriately qualified nursing staff. Evaluation of specialised nursing care is monitored by appropriately qualified staff. Residents/representatives said they are satisfied residents’ receive specialised nursing care according to their needs and preferences.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents are generally referred to appropriate health specialists as needed. Staff are able to access allied health specialists as required for individual residents. Referrals to specialists are generally monitored for effectiveness and documented in progress notes on the computerised system. Consultation occurs with medical officers, the dietitian and all other health specialists and feedback is sought from residents and staff. A physiotherapist visits the home regularly to support residents’ needs. Podiatry services are scheduled regularly as required. Staff practices are generally monitored by clinical staff to facilitate referral to appropriate specialists. Residents/representatives said they are satisfied residents are referred to appropriate specialists according to their needs and preferences.

2.7 Medication management

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

Team’s findings

The home does not meet this expected outcome

The home’s current system is not supporting residents’ medications to be delivered safely and correctly. Medication is not stored appropriately. Residents who wish to self medicate

are not always identified by clinical staff and assessments are not completed as per the homes process. Medication audits are not actioned.

2.8 Pain management

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

Team’s findings

The home does not meet this expected outcome

While clinical staff identify residents’ at risk of pain on admission, assessments to monitor effectiveness of pain strategies is not always re-assessed or evaluated.

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

Residents’ palliative care preferences relating to emotional, cultural and spiritual needs are assessed on entry to the home. The home liaises with the medical officers and an external palliative care team to aid residents in the terminal phase of life. The home uses a multi-disciplinary approach to support effective referral mechanisms ensuring continuity of care for residents. The home provides residents with access to chaplaincy services at all stages of the illness as required. The home monitors palliative care services by observation of staff practices, review of clinical assessments and feedback from residents and families. Staff said they are aware of how to ensure comfort and dignity is maintained in the palliative stage of illness. Residents/representatives said the comfort and dignity of terminally ill residents is maintained.

2.10 Nutrition and hydration

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

Team’s findings

The home does not meet this expected outcome

While clinical staff told us they monitor weights on entry or more frequently for at risk residents documentation viewed did not reflect this. Information relating to resident nutrition and hydration needs is not kept up-to-date.

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 home provides residents with care in relation to maintaining their skin integrity. The home’s entry process identifies residents at risk of skin impairment. Strategies to prevent skin impairment are recorded on care plans. Staff practices are monitored by clinical staff. Education is provided on infection control, manual handling and wound management. Staff

are aware of preventative measures for individual residents and use specialised equipment, skincare products and regular re-positioning to maintain skin integrity. Skin tears and wounds are monitored through audits and reviewed by clinical staff. Staff are aware of how to provide skin care to residents in the home. Residents/representatives said they are satisfied with the care provided to residents in relation to skin integrity.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

Residents’ bowel, bladder and mobility requirements are assessed on entry to the home. Assessment processes includes consultation with residents and their representatives. An individual toileting program is initiated for each resident and is reviewed and evaluated as required. Staff are supported with education relating to continence procedures and continence products. Urinary tract infections, bowel management and resident comfort requirements are generally monitored by clinical staff. Staff are aware of the home’s processes and individual resident’s continence management requirements. Residents/representatives said residents’ continence needs are generally being met.

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

Residents/representatives interviewed said they are satisfied with the home’s approach to managing the causes which prompt challenging behaviours. A care plan generated from behaviour assessments identify triggers and provide strategies to support residents. Restraint use in the home is supported by policies and procedures and clinical assessments. Consultation generally occurs with medical officers, mental health teams and other external parties such as the Dementia Behaviour Management Advisory Services to support residents’ care needs. Behaviour management is documented and evaluated by the care review process, feedback from relatives and observation of staff practices. Staff are generally aware of the home’s processes and how to manage individual resident’s behaviours of concern.

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 by the home to maintain mobility and dexterity. Initial and ongoing mobility and dexterity assessments are completed by the physiotherapist who visits the home regularly to support residents with strategies to improve mobility and dexterity. Residents are encouraged with exercise programs and activities as guided by the physiotherapist and clinical staff. Consultation occurs with the medical officer and the families when falls occur. Mobility aids are provided by the home and individual independence for residents is encouraged and monitored. Falls are generally monitored by clinical staff and risk factors are

discussed and generally actioned. Staff are provided with training to support manual handling precautions. Care is generally monitored by the care review processes, staff competency assessments related to manual handling and resident care and incident monitoring. Staff interviewed are aware of the home's processes and how to support individual resident's mobility needs. Residents/representatives interviewed are satisfied with the home's approach to optimising residents' mobility and dexterity.

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

An individual assessment is completed, reviewed and evaluated by clinical staff on admission. The home ensures appropriate resources of dental products are accessible to residents to meet oral and dental care needs. Consultation is sought from the dentist and oral hygienist in relation to residents' dental and oral status. Staff are able to access education in relation to oral and dental care and are monitored by clinical staff through observations. Care staff review oral and dental status and generally report any changes to the clinical staff. Oral and dental care and staff practices are monitored by clinical staff observation and review of care planning and progress notes. Staff interviewed are aware of how to manage residents' oral and dental health needs. Residents/representatives said they are satisfied with the home's approach to managing residents' oral and dental care.

2.16 Sensory loss

This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

Residents' sensory losses are identified and managed effectively by the home. All five senses are assessed on entry to the home. The home has care strategies recorded in care plans for managing losses and re-evaluation if care needs change. Monitoring processes include clinical staff monitoring of care practices, resident and relative feedback and the scheduled care review process. Staff interviewed are aware of the home's processes and how to manage residents with sensory losses. Residents/representatives said they are satisfied with the home's approach to managing residents sensory losses in relation to all five senses.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

The home provides residents with assistance to achieve normal sleep patterns. Residents who experience sleep disturbance are monitored and strategies include pain management, drinks and snacks to assist residents to settle as well as review of the environment. Staff investigate and report any sleep disturbances and consultation occurs with medical officers if sleep disturbances persist. Clinical staff review progress notes, monitor resident and relative feedback regarding sleep. Staff are aware of the home's processes and how to support

residents to achieve natural sleep patterns. Residents said they are able to achieve natural sleep patterns and are supported with sleep disturbances.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Continuous improvement initiatives related to resident lifestyle are generated through information collected from resident meetings and feedback forms.

Initiatives relevant to resident lifestyle implemented by the home over the past six months include:

- To improve resident comfort and dignity the home has adopted a systematic approach to identifying suitable ‘fall out chairs’ for residents. All residents requiring specialised seating have been assessed by an occupational therapist and suitable chairs allocated and named. This initiative will be evaluated in December 2013.
- To give greater choice to residents, following requests from residents, the opening hours of the Dorothy Cheater café have been extended. It is now open each Saturday from 11am to 3pm. Residents and families are happy with the extended hours.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, the home has systems and processes to monitor and protect residents’ privacy, maintain confidentiality of resident information and provide resident agreements that assist them to understand their rights and responsibilities. Staff are made aware of privacy legislation and compulsory reporting requirements at orientation.

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 processes.

In relation to Standard 3 Resident lifestyle, staff have attended training on Elder abuse and spirituality.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Residents are supported emotionally in adjusting to life in the home and on an ongoing basis. The home assesses residents' emotional needs on entry to the home by completing a resident lifestyle assessment. This information identifies emotional support for residents and is included in the residents' care plans. The home welcomes new residents and orientates them to the home. The home generally monitors and evaluates the effectiveness of emotional support through meetings and one-to-one discussions. Residents have access to pastoral and mental health services as required. Visits from family, friends, volunteers and community groups are encouraged. Staff provide one-to-one support to help residents settle into their new environment. Residents/representatives are satisfied with the level of emotional support provided to residents.

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 achieve maximum independence and to maintain friendships and connections within the community. Residents' lifestyle preferences and interests are identified during initial assessments and generally reviewed on a regular basis. Physiotherapy and other allied health services are available to support residents to maintain their mobility and independence. The home monitors resident satisfaction through comments and complaints mechanisms, resident meetings and verbal feedback. Staff and volunteers assist residents to participate in exercise programs and to maintain links with family, friends and community groups. Residents/representatives are satisfied the home assists residents to maintain their independence and participate in community activities according to their needs and preferences.

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 has processes and procedures to maintain residents' right to privacy, dignity and confidentiality. Residents are provided with information about their rights and responsibilities in the residential services agreement. Anticipatory directives and palliative care requests are recorded and respected. The home maintains processes to protect residents' privacy and dignity, including residents' consent to collect and disclose information. A hairdressing service is available on-site for residents. The home generally monitors resident satisfaction

through comments and complaints mechanisms, resident meetings and verbal feedback. Staff are aware of appropriate practices, such as knocking on residents' doors. Residents/representatives said they are satisfied staff are respectful of residents' privacy.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents are encouraged and supported to participate in a range of activities according to their individual needs and preferences. Residents' interests are identified on entry to the home and a lifestyle care plan is generated. Residents are provided with an activity program with key events documented and provided to residents to remind them of when events are scheduled. Group and individual sessions include activities suiting the needs and preferences of residents with limited mobility and sensory deficits. Staff generally monitor resident participation through activity attendance records, evaluations and resident feedback. Staff support residents to attend group and one-to-one activities and encourage new activities. Residents are satisfied they have the opportunity to participate in a range of activities appropriate to their needs and preferences.

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' individual interests, customs, beliefs and cultural and spiritual needs are generally recognised and supported. The home identifies the cultural background, spiritual beliefs and social history of residents on entry to the home and implements strategies to meet their needs on an ongoing basis. Pastoral services are available to residents on-site on a regular basis. Management and staff generally monitor and evaluate residents' spiritual and cultural needs through resident meetings and lifestyle reviews. The home recognises all significant cultural days such as Easter, Australia day and ANZAC day. Staff are aware of residents' cultural and spiritual preferences and needs. Residents/representatives are satisfied that the home values and promotes individual interests, beliefs and cultural backgrounds.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents are encouraged and assisted to exercise choice and control over their lifestyle. Residents' preferences, including end-of-life decisions, are recorded on entry to the home and integrated into care plans. Residents are encouraged to personalise and decorate their rooms. Management and staff monitor resident satisfaction through resident meetings and comments and complaints mechanisms. Staff assist residents to exercise choice and control

over their lifestyle. Residents are satisfied they are able to participate in choice and decision making that affects their lifestyle.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home provides residents with security of tenure and assistance as needed to understand their rights. Residents/representatives are provided with agreements and information booklets when they enter the home outlining conditions of tenure and rights and responsibilities. Information is provided on sources of independent advice, fee structures and advocacy/services and changes are communicated to residents/representatives through letters, newsletters, and resident meetings. Residents/representatives are consulted when room changes are recommended or needed. Agreements are signed by resident/representatives advising of resident rights and responsibilities and the home's commitment to security of 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

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

Examples of improvement initiatives implement by the home over the past twelve months include:

- Following discussion at a Work Health and Safety meeting blue gloves were introduced for staff handling food. This initiative is to create an awareness of infection control issues. This initiative has not been formally evaluated but staff report it has assisted in raising an awareness of food safety practices.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 4 Physical environment and safe systems the home has systems in place to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards. The home has current fire and building certification.

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 processes.

In relation to Standard 4 Physical environment and safe systems staff have attended training in fire and emergencies, manual handling, electrical safety and chemical training.

4.4 Living environment

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

Team's findings

The home does not meet this expected outcome

The home is unable to demonstrate an effective monitoring system in relation to internal and external environments. Management are unable to demonstrate a safe and comfortable environment is provided for residents. Issues identified with the resident call bell system may compromise resident safety.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has systems in place to improve health and safety and to provide a safe working environment that meets regulatory requirements. Staff are provided with training in regard to their obligations to maintain a safe work environment. Incidents, accidents and hazards are recorded and investigated, using a risk management approach, through the work health safety meetings. To improve the health and safety of staff the home has introduced a project to assist in minimising risk of manual handling injuries. Staff are generally aware of their obligations in relation to maintaining a safe work environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has implemented systems to provide a safe environment through minimisation of fire, security and emergency risks. All staff are provided with mandatory training in fire and emergencies at orientation and on a yearly basis. The home has recently completed a mock fire drill to test their systems. External contractors maintain the fire and emergency system through regular monitoring and testing. The home has current Triennial Fire Certification and current resident evacuation lists. The home has an emergency disaster plan with provision to transfer residents off-site and contingency plans for various emergencies including power blackouts, water emergencies and staff absences. Information relating to each resident is readily accessible to staff for an emergency situation if evacuation is required. Residents/representatives interviewed have been instructed and are familiar with procedures and the required response to emergency events.

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 ensures that its infection control program is effective through clear policies and procedures, education and an infection surveillance program. The home has mandatory training in infection control and hand washing facilities, personal protective equipment and other equipment is available to enable staff to carry out infection control procedures. The infection control program also includes an outbreak management policy and kits, a food safety program used in the kitchen, a vaccination program for residents and staff, pest control and waste management. Staff interviewed show they have a knowledge and understanding of infection control and were observed implementing the program. The program is monitored through reporting of all infections, trend analysis, and benchmarking.

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 to residents to enhance their quality of life and the staff working environment. Residents' food preferences and needs are generally communicated to staff on entry to home and when changes are made, information is transferred to the kitchen electronically. Meals are prepared and cooked on-site and rotating menus are adapted on resident preferences and feedback. Residents are offered alternatives at each meal if they are unhappy with the provided menu. Residents with special needs are provide with modified or prescribed choices. Rooms and communal areas are cleaned on a regular basis with ad-hoc cleaning provided as necessary. Residents' laundry is washed on site. The home monitors hospitality services through resident and staff feedback, and surveys. Staff are aware of their daily responsibilities and are satisfied with the working environment. Residents/representatives are satisfied with the catering, cleaning and laundry services provided at the home.