



Aged Care
Standards and Accreditation Agency Ltd

Arcare Nirvana

RACS ID 4192

78 Nirvana Avenue

EAST MALVERN VIC 3145

Approved provider: Arcare Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 4 February 2015.

We made our decision on 6 December 2011.

The audit was conducted on 15 November 2011 to 16 November 2011. 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

Site Audit Report

Arcare Nirvana 4192

Approved provider: Arcare Pty Ltd

Introduction

This is the report of a site audit from 15 November 2011 to 16 November 2011 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 a site 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

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 15 November 2011 to 16 November 2011

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

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

Assessment team

| | |
|--------------|---------------------|
| Team leader: | Gillian Walster |
| Team member: | Beverley Ballantyne |

Approved provider details

| | |
|--------------------|----------------|
| Approved provider: | Arcare Pty Ltd |
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Details of home

| | |
|---------------|----------------|
| Name of home: | Arcare Nirvana |
| RACS ID: | 4192 |

| | |
|--|-----|
| Total number of allocated places: | 30 |
| Number of residents during site audit: | 27 |
| Number of high care residents during site audit: | 27 |
| Special needs catered for: | Nil |

| | | | |
|-----------------|-------------------------------|------------|--------------|
| Street: | 78 Nirvana Avenue | State: | Victoria |
| City: | East Malvern | Postcode: | 3145 |
| Phone number: | 03 9573 4800 | Facsimile: | 03 9572 3527 |
| E-mail address: | manager.nirvana@arcare.com.au | | |

Audit trail

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

Interviews

| | Number | | Number |
|-------------------------------|--------|---------------------------|--------|
| Management | 4 | Residents/representatives | 8 |
| Clinical/care/lifestyle staff | 5 | Hospitality staff | 3 |
| Medical/allied health | 2 | | |

Sampled documents

| | Number | | Number |
|-----------------------------|--------|-------------------|--------|
| Residents' files/care plans | 8 | Medication charts | 10 |
| Resident service agreements | 3 | Personnel files | 6 |

Other documents reviewed

- Asset tracking form
- audits and audit schedule
- cleaning schedules
- clinical forms and charts
- competency training database and competencies
- continuous improvement plan
- diary
- dietary request forms
- duty lists
- education folder
- employee information guide
- essential services manuals
- external contractors and associated database
- external food safety audits
- flow charts
- food safety program
- goods and services management procedure
- handover sheet
- incidents
- infection reports
- job descriptions
- lifestyle documentation
- material safety data sheets
- meeting minutes
- menus
- newsletter
- police certificates
- policies and procedures
- quality improvement requests
- quality registers
- residents' information guide and handbook
- staff handbook
- staff orientation checklist
- staff signature register.

Observations

The team observed the following:

- Activities in progress
- brochures on display
- charter of resident rights and responsibilities on display
- chemical storage
- cleaning in progress
- equipment and supply storage areas
- gastroenteritis kit
- interactions between staff and residents
- internal and external living environment
- laundry in progress
- medications administered
- organisational vision and philosophy statement on display
- oxygen cylinders
- resident transfer equipment
- storage of medications
- suggestion box
- waste disposal
- wound trolley.

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 processes and systems to actively pursue continuous improvement. There are separate monthly registers used to collate indicators obtained from comments and complaints, quality improvement requests, infections, wounds, incidents and hazards. Each register includes relevant improvement plans and if plans cannot be closed off in the short term the issues are transferred to the continuous improvement plan. There is an audit schedule and audits are conducted across the four Standards with a scoring system which triggers additional audits as necessary. Quality is discussed at all management, staff and resident meetings. Staff, residents and representatives provided examples of recent improvements, especially related to the refurbishments in the home.

Examples of improvements under Standard one include:

- Management identified there was some difficulty monitoring external contractor visits and ensuring all contracts were up to date. The home has developed and implemented a central database to monitor all external contractors. This system ensures all external service agreements are up to date, police checks are in place and times of visits are monitored.
- The organisation has been systematically reviewing its documentation package and has introduced a new resident lifestyle review plan to align with the organisation’s vision and philosophy.
- As part of the documentation review the organisation has a plan to implement a fully computerised system with associated training for all staff.

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 relevant legislation, regulatory requirements, professional standards and guidelines. Information is received through organisational membership of industry bodies, government departments and municipal correspondence. Policies and procedures are reviewed and amended in response to legislative changes and stakeholders are informed through memoranda, education sessions and meetings. There are processes to ensure the currency of police record checks and relevant statutory declarations for staff and volunteers. The home monitors the credentials of registered and enrolled nurses. Staff said they are aware of their regulatory compliance responsibilities. Residents, representatives and staff were notified of the re-accreditation assessment 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

Staff have access to a comprehensive education program to ensure they have the required knowledge and skills to perform their roles effectively. Staff training needs are identified by staff requests, staff performance, changes in resident needs, incidents and legislation changes. Various methods are used for training such as service programs, a variety of tool boxes, self directed learning packages and competency based assessments. All staff complete a formal orientation to the home upon commencement which includes compulsory topics such as fire and emergency and manual handling. There is a staff training matrix to provide information on staff attendance. Staff confirmed their satisfaction with their opportunities to access continuing education.

Education opportunities completed by management and other staff which reflect management systems, staffing and organisational development include the following:

- External front line management training
- organisational wide two day conference
- understanding the funding tool.

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

The home has systems to allow all residents, representatives and staff to feel comfortable and free to make comments, suggestions and complaints. Comment and complaint forms are readily available for residents and representatives. There is a suggestion box available and a register where all comments and complaints are logged, reviewed and reported monthly. Information regarding internal and external complaints systems are documented in key documentation including the resident occupancy agreement and brochures are available throughout the home. Residents, representatives and staff are aware of the processes for raising an issue however most issues are discussed freely and comfortably with staff and management.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has an organisational vision and philosophy of well being which is displayed in the home and documented in all key documentation. The residents' charter of rights and responsibilities are also displayed prominently within the home and is provided to residents through the resident occupancy agreement. The organisation has a strategic plan in place and a strategic planning group meet regularly and information is reported back via staff meetings and the organisational wide newsletter.

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 and qualified staff to meet resident care needs. There are policies and protocols to recruit, retain, manage and support appropriately skilled and qualified staff. The home orientates new staff and ongoing development is facilitated with compulsory education and competency testing. Rosters are managed, the resident mix is reviewed and staffing levels are adjusted as needs arise. Staff said they have access to information about their roles and responsibilities including position descriptions, policies and procedures and clinical management protocols. Staff confirm the staffing levels are flexible and appropriate, and said they enjoy their work and expressed a commitment to the residents and the home. Residents and representatives express their satisfaction with the responsiveness and capabilities of the staff working at the home.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has systems to ensure there are adequate stocks of goods and equipment for quality service delivery. There are stock rotation processes for perishable items, stock is stored as appropriate in clean and secure areas and management maintains a list of approved suppliers. There is a preventative maintenance schedule for equipment, a system for tagging and testing of electrical appliances and corrective maintenance is completed in a timely manner. The team observed appropriate stocks of goods and equipment located throughout the home. Staff, residents and representatives said that the home supplies and maintains goods and equipment to meet their needs and management are responsive to their requests.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has systems to ensure stakeholders have access to current information about the processes and activities of the home. Information is gathered through the clinical assessment and care planning process, confidential financial and contractual information, staff employment, continuous improvement activities, meetings and organisational correspondence. Resident and personnel files are stored and archived securely and electronic information is password protected. Staff confirm they are informed on issues at handover, in memoranda, on noticeboards and at staff meetings. Residents and representatives said the home keeps them informed and they have access to relevant information through noticeboards, in meetings and by mail.

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

There is an established list of approved suppliers and providers. External service agreements have been established with major contractors of goods and services such as essential services, physiotherapy, pharmacy and podiatry. A new database has been developed to maintain service providers' contract, police check and service quality data. Staff, residents and representatives are satisfied with the service provision from external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home conducts continuous improvement activities for all aspects of residents' health and personal care. Residents and representatives are complimentary of the care provided by staff at the home. Refer to expected outcome 1.1 Continuous improvement.

Examples of improvements in Standard two include:

- A quality improvement request was raised suggesting one tall resident would benefit from a longer bed. This issue was fully assessed and an extended bed and mattress has been provided for the resident and feedback from the resident and staff has been positive.
- A pain audit identified that more specific information was required to ensure pain was being managed effectively. The pain procedure was reviewed, all residents were reassessed to ensure all pain was identified and treated and a physiotherapy pain management program has been introduced. These actions will be monitored and evaluated.
- A wound management audit identified a need to review wound management products and methods across the organisation. This has resulted in new documentation, new wound products, staff training and weekly photographs of all wounds. The home plans to monitor the infection register and reaudit wound healing times.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to ensure compliance with legislative and regulatory requirements, professional standards and guidelines about health and personal care. There are systems for checking nursing certification and systems for storage, checking and administration of medications in accordance with regulatory requirements. Registered nurses assess, plan and evaluate resident medication and specialised care needs. Staff have access to the home's policy and procedure manuals. Staff said they receive information and education on residents who may abscond, mandatory reporting requirements and are aware of regulatory responsibilities.

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

Clinical care staff have access to a comprehensive education program to ensure they have the required knowledge and skills to perform their roles effectively. Staff training needs are

identified by staff requests, staff performance, changes in resident needs, incidents and legislation changes. There is a comprehensive competency assessment program for care and nursing staff.

Recent education opportunities completed by staff which reflect health and personal care include the following:

- Wound management
- blood glucose toolbox
- medication management
- pain management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents receive appropriate clinical care. Assessments are conducted according to a schedule and care plans outline resident needs and preferences. Each resident is evaluated regularly in a resident of the day process and new assessments are completed as required. Appropriately qualified and experienced staff provide care to residents and records of care are maintained in clinical charts and progress notes. Regular medical reviews and increased monitoring occurs when needed. Staff said they have sufficient rostered time to provide the planned care for residents. Residents are complimentary of the care provided and said that any episodes of ill health or accident are responded to quickly and properly and representatives are informed appropriately.

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

Specialised nursing care needs are identified and met by appropriately qualified staff. The home has policies and procedures and clinical protocols available to guide care staff in the provision of specialised care to residents. Care is monitored and reviewed regularly. Referral and consultation with health professionals occur. Education is provided to staff in areas of complex care specific to the residents’ needs. Residents with specialised care needs include those with diabetes, wound management and pain management. Staff said they have sufficient time and resources available to provide specialised care and residents said they are satisfied with the specialised care received.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents are referred to specialists as required and as preferred. Medical practitioners visit the home at regular intervals. The physiotherapist assesses residents when they enter the home, provides exercise and pain management programs and reviews residents as required. Speech pathology, dietitian, podiatry, optometry, auditory, dental services and external mental health services review residents

when referred by the home. Residents confirmed they are referred to specialists as needed and are assisted in visiting outside specialists as required.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents’ medication is managed safely and effectively. Medication management is provided using a multi dose packaged system and administered by registered nurses. The system is monitored through audits and an external pharmacist reviews residents’ medications. The home has policies and procedures available to guide staff in the administration of medication. The home has processes to ensure the supply of medication is consistent and storage of medication is according to legislative requirements. Medications administered on an as needs basis are recorded in progress notes and generally include an evaluation of the medication intervention. Staff administering medications said they have a thorough understanding of the medication management system used at the home and residents said they are satisfied with their medication management.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure residents are as free as possible from pain. A pain assessment is conducted when residents enter the home and a care plan formulated. Assessments and care plans are reviewed at regular intervals and if required due to presentation of new pain, medication changes, injury or clinical issues. Staff assess and monitor residents’ verbal, non verbal and behavioural indications of pain and implement appropriate strategies. Strategies used to assist residents include repositioning, analgesia, massage and heat packs. The home has a physiotherapy run program to provide additional interventions for residents with chronic pain. Staff said they monitor residents’ pain including non verbal response to pain when necessary and provide interventions as needed. The use and effects of interventions and strategies are documented. Residents said staff respond appropriately whenever they have pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home provides care to residents who are terminally ill and supports their comfort and dignity needs. Palliative care wishes are established and a comprehensive palliative care lifestyle plan is used to help identify and manage care requirements. Consultation with representatives occurs regarding the care environment and their role in the residents’ care. Medical care for residents is accessed as necessary and pastoral care offered. Staff 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 meets this expected outcome

The home’s approach ensures that residents receive adequate nourishment and hydration. Nutritional requirements are assessed on entry to the home and regularly reviewed. Residents’ likes and dislikes and specific dietary requirements are identified, recorded and communicated to the kitchen. Residents are weighed regularly and resident weight losses or gains are managed according to the home’s established protocols. Meals are prepared on site daily using a rotating seasonal menu which offers residents a choice at every meal. Regular refreshments are provided. Nutritional supplements, personal assistance and adaptive crockery and cutlery are provided when required and individual preferences are accommodated. Staff said they are aware of residents’ requirements for texture modified diets and individual assistance. Residents said their nutritional and hydration needs are met.

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

There are systems to promote residents’ skin integrity consistent with their overall health. Policies, procedures and clinical protocols are available to guide staff, a skin assessment identifies residents at risk of skin breakdown and care plans identify strategies to reduce this risk. Strategies to promote skin integrity include regular repositioning, limb protectors, continence programs and the use of emollient creams. Staff assist residents with ambulation and aids such as air mattresses and mobility aids are provided when required. Skin tears and wounds are monitored and records of care are reflected. New organisational wound categorisation and management strategies have been implemented. Staff said they are familiar with the skin care needs of residents. Residents said they are satisfied with the home’s approach to maintaining their skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

There are processes to ensure residents’ continence and toileting requirements are managed effectively. The home assesses residents’ individual continence needs and the assistance required when attending the bathroom. Care plans outline strategies to promote continence levels and independence. Infections are monitored and appropriately managed. Staff are provided with education to assist residents with continence requirements and discreetly maintain residents’ dignity. Staff said they have access to sufficient continence aids for residents’ needs and state their knowledge of residents’ toileting requirements. Residents said their continence needs are met and aids are provided to assist their independence in the bathroom.

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 provides care for residents with challenging behaviours. Residents’ behaviours are assessed on entry to the home and additional monitoring and review is undertaken as required. Triggers consider medical, emotional and cognitive reasons for challenging behaviour. Care plan interventions provide staff responses to challenging behavioural occurrences. Staff access medical practitioners, gerontologists and advisory services for residents who require additional review and management of challenging behaviours. Staff have access to education and resources and provide assistance to residents in a calm, respectful manner and said they are supported in managing residents’ behaviours. Residents and representatives said they are satisfied that behavioural issues are managed effectively within the home.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all residents”.

Team’s findings

The home meets this expected outcome

Staff provide care that promotes residents’ mobility and dexterity. Residents’ mobility capacity is assessed in consultation with a physiotherapist and individual exercises are devised to promote optimum mobility and dexterity. Falls risk assessments are conducted when residents enter the home and residents are reviewed when required. The physiotherapy assistant provides strategies to support residents with individual and group programs. Lifestyle staff organise exercise programs, regular walks and outings. Incidents where residents have fallen are managed according to the home’s policies, procedures and flowcharts. Appropriate mechanical transfer equipment is available and staff reported they are trained in manual handling and safe transfer techniques. Residents said their mobility and dexterity is encouraged.

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

There are systems to assist residents to maintain optimal oral and dental health. Assessments for oral and dental needs and preferences are conducted and care plans are developed and regularly reviewed. Residents are encouraged to maintain their independence with oral care when able and the home has sufficient equipment and supplies to enable appropriate oral hygiene practice. Staff said they assist and prompt residents with daily dental hygiene and observe and document any relevant dental issues. Specific strategies are formulated for residents with swallowing difficulties which include texture modified diets and staff assistance with meals. Residents said that staff provide assistance with their swallowing and oral and dental hygiene.

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’ vision and hearing sensory deficits are assessed following entry to the home and managed effectively. Staff assist residents with their sensory aids including hearing aids and glasses. Residents are assisted to attend appointments to their preferred provider or specialist providers are accessed by the home when required. The home is well lit, has adequate handrails, wide corridors, accessible signage and secure outdoor gardens. Staff said they are aware of individual needs and assist residents who require help with care, maintenance, fitting and cleaning of aids and devices. Residents said staff help them with their sensory aids and they are supported to access services of their choice.

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 care to residents to assist them in achieving natural sleep. Assessments of residents’ typical sleep patterns occur and are used in care plans to indicate residents’ sleep needs and preferences. Strategies in care plans include settling and waking times, bedding and environmental preferences for sleep. Pharmacological and non pharmacological methods are used to promote sleep. Staff said they are aware of residents’ sleep patterns and their environmental and comfort preferences. Residents said that staff respect their wishes, the home is quiet at night and they generally sleep well.

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 conducts continuous improvement activities in relation to residents’ lifestyle. Representatives and residents are satisfied with the communication processes and feedback they receive from staff. Refer to expected outcome 1.1 Continuous improvement.

Examples of improvements in Standard three include:

- Staff observations showed residents were bored, restless and agitated on weekends. A lifestyle assistant position has been created for three hours each Saturday and Sunday. Feedback from residents, families and staff has been positive.
- To promote an environment of fun and homeliness the staff held a staff talent show for residents and their families. This has had very positive feedback and plans are to hold it again next year.
- In reviewing the lifestyle program the lifestyle coordinator introduced the ‘travel with Nirvana’ program where a country is made the theme for the month. It uses a variety of methods such as cooking and involves the multicultural staff and has resulted in resident reminiscence. Participation has been positive.

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 for identifying and ensuring compliance with relevant legislation, regulatory requirements and guidelines, professional standards and required changes to practice. Residents and representatives are provided with a resident agreement and handbook which details information relating to their security of tenure, internal and external complaints mechanisms, rights and responsibilities and privacy. Staff said they receive information and education related to privacy, elder abuse, mandatory reporting responsibilities and residents’ rights.

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

Staff have access to a comprehensive education program to ensure they have the required knowledge and skills to perform their roles effectively in regard to lifestyle and leisure. Staff training needs are identified by staff requests, staff performance, changes in resident needs, incidents and legislation changes.

Recent education opportunities completed by staff which reflect lifestyle and leisure include the following:

- Compulsory reporting
- privacy, dignity and confidentiality toolbox
- lifestyle plan review
- grief and loss toolbox.

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

Potential new residents and their representatives are offered a tour of the home and given an information package including details about services, fees and charges. All new residents are given a resident information guide and are welcomed to the home by staff. Each resident has an initial entry assessment and care plan developed to meet individual needs and preferences; the care plan is evaluated regularly through the resident of the day system. Residents and representatives state they are satisfied with the initial and ongoing support, individualised care and respect residents receive from staff and management. Staff said they are aware of the individual needs of each resident and their family.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents are encouraged to maximise and maintain independence in all aspects of their lives as much as possible. Each resident's room is equipped with aids and equipment to assist in maintaining independence. Throughout the assessment process, and on an ongoing basis, resident individual needs and goals are documented by care staff, allied health staff and lifestyle staff. The lifestyle program encourages independence which is monitored through the group program and individual sessions. Therapeutic assistance devices are available to residents with an assessed need in order to promote and maintain independence with mobility, eating, drinking, dressing, showering, and activities such as the large crossword board. Residents have the opportunity to look after the vegetables in the raised garden beds in the external courtyard. Residents said they are satisfied with the support given by staff to enable them to remain as independent as possible.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Residents are treated respectfully and individually and their rights to privacy, dignity and confidentiality are supported by staff. Residents' files are stored securely. Residents have access to a main lounge and dining room, a small private sitting room and an external courtyard. Observations and staff interviews showed staff are aware of residents' privacy and dignity and ensure residents are treated with respect and dignity. Residents and

representatives are satisfied with the way staff provide privacy and residents commented on the respect given to them by staff.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents are encouraged and supported to participate in a variety of individual and group activities and interests. All residents are assessed on entry to the home to identify their social/emotional needs, cultural/spiritual needs, past and present interests and current physical and cognitive needs. Resident reviews occur through the resident of the day system. Daily programs are planned and displayed as a monthly calendar on noticeboards throughout the home. Activities include reading groups, weekly bus outings, school students visiting, cooking, craft, quizzes, exercises, and one on one sessions, especially for residents who choose not to participate in the group program. Residents and representatives are satisfied with the variety and amount of activities and interests offered and residents are encouraged to participate in a variety of individual and group activities.

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 cultural and spiritual needs are identified on entry to the home and on an ongoing basis. Relevant theme days are held for celebrations such as Anzac day, Remembrance day, Christmas and Easter. Residents participate in footy tipping and cup day celebrations included wearing hats, lunch and a sweep. Individual birthdays and anniversaries are acknowledged if the resident agrees. A minister visits weekly, there is a monthly church service and weekly communion is offered to residents. The home has access to additional clergy support for palliative care and other times where additional support is necessary. Residents are satisfied with the support and respect given for their 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

Residents and representatives are consulted regarding choice and preferences for activities relating to residents medical, physical, emotional, spiritual, cultural, lifestyle and social needs. Throughout the day residents have the opportunity to choose if they want to participate in the activity program or remain in their room, sit in a communal area or the quiet sitting room. Residents and representatives have access to meetings, comments and complaints forms and informal discussions with staff and management. Residents and representatives confirmed they are very satisfied with the communication, choices and decision making options available to them.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents have secure tenure and understand their rights and responsibilities. Residents are provided with a pre-entry package prior to entry to the home which includes the Charter of residents' rights and responsibilities. All residents have a signed occupancy agreement. All extra services are listed in the agreement, together with the fees. If a resident needs to transfer from one room to another, this is done in consultation and agreement with them and their representatives. Residents and representatives are satisfied with resident agreements and 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

The home conducts continuous improvement activities related to all aspects of the physical environment and safe systems. Residents and representatives are satisfied with the living environment, laundry, cleaning and catering services. Refer to expected outcome 1.1 Continuous improvement.

Examples of improvements include the following

- The home has been refurbished with new furnishings, painting, new bed spreads, external shade cloth and outdoor furniture. Feedback from residents, families and staff has been very positive.
- Following a resident attempting to abscond, a new fence has been erected to ensure residents have access and are safe in the courtyard garden. Resident, family and staff feedback have been positive.
- Audits identified there was no cleaning schedule for equipment such as wheelchairs, shower chairs and lifting machine slings. A schedule has been created. Equipment is now cleaned regularly and the slings are washed by the staff in the laundry.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems for identifying and ensuring compliance with relevant legislation, regulatory requirements and guidelines, professional standards and required changes to practice. The home has a food safety program. Chemical storage is secure and current material safety data sheets are available. Emergency and evacuation procedures and recommended infection control guidelines and procedures are in place. Mandatory fire and safety training occurs and annual competencies are monitored.

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

Staff have access to a comprehensive education program to ensure they have the required knowledge and skills to perform their roles effectively in regard to the physical environment. Mandatory training is conducted and all staff must attend annually. A mandatory training register is in place. Staff training needs are identified by staff requests, staff performance, changes in resident needs, incidents and legislation changes.

Recent education opportunities completed by staff which reflect the physical environment includes:

- Fire and emergency
- manual handling
- infection control
- food safety for food handlers.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home provides a comfortable home like environment for residents and visitors. Refurbishments include new furniture, bedspreads, repainting and changes to the external environment, including a new fence, shade cloth, outdoor furniture and raised vegetable garden beds. There is a dining/lounge area in addition to smaller sitting areas where residents, relatives and friends can enjoy a more private atmosphere. Chemical and physical restraint is audited and wherever possible minimised to ensure quality of life to all residents. Management and staff have created a friendly, happy and homelike environment. Residents and representatives are appreciative of this environment and residents said they feel 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

The home is active in providing a safe working environment that meets regulatory requirements. Occupational health and safety issues are incorporated into staff meetings. There is an occupational health and safety representative for the home who has undertaken recognised training. Mandatory staff training includes manual handling, compulsory reporting and fire and safety. Chemicals are stored safely, material safety data sheets include a comprehensive folder for the home. Occupational health and safety audits are conducted according to the schedule. Resident of the day includes individual room audits to ensure each room is safe and free from clutter and other hazards. Sensory mats have been reviewed and new ones trialled and purchased.

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

Fire and evacuation instructions are located around the home, fire and emergency procedures are included in staff orientation and form part of the compulsory education program. Routine inspection and maintenance is conducted on fire equipment by external contractors and appropriate documentation is completed. An evacuation kit is held in the fire panel and the handover sheet is used as the evacuation list as it is always up to date. All external entrance doors are accessed by key pads and there is a system at night to ensure all external doors, including ones to resident rooms, are locked. Residents said they feel safe

and secure. Staff demonstrated an understanding of fire and security procedures and systems.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has a system to prevent, identify, manage and contain infections. The infection control program includes policies, education and monitoring and infection control is discussed at staff meetings. Regular clinical and environmental audits occur including temperature control checks. Guidelines on the management of outbreaks such as gastroenteritis and influenza are accessible to staff who demonstrate they have the appropriate levels of knowledge to minimise infection spread. Outbreak kits, spill kits and sharps containers, personal protective clothing and hand hygiene facilities are available throughout the home. There are processes for the disposal of contaminated waste. Staff said they are familiar with infection control measures in the home. Catering staff comply with food safety guidelines and cleaning staff use a system of cloths and mops to ensure infection prevention.

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

Hospitality services at the home enhance all aspects of residential life and staff working environment. Catering staff have relevant resident information identifying specific food and nutrition requirements, food allergies, food preferences and choices. Cleaners have daily/weekly/monthly cleaning schedules and they adjust their cleaning times to suit individual resident's convenience. The home has cleaning schedules that meet individual resident needs. Residents' personal laundry services are provided on-site. The home has monitoring systems in place that identify deficits which may occur. Residents are satisfied with the catering, cleaning and laundry services provided by the home.