



Aged Care
Standards and Accreditation Agency Ltd

Archie Gray Nursing Home Unit

RACS ID 4365

Roache Street

KANIVA VIC 3419

Approved provider: West Wimmera Health Service

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 20 May 2015.

We made our decision on 23 March 2012.

The audit was conducted on 21 February 2012 to 22 February 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

Standard 4: Physical environment and safe systems**Principle:**

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

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



Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

Archie Gray Nursing Home Unit 4365

Approved provider: West Wimmera Health Service

Introduction

This is the report of a site audit from 21 February 2012 to 22 February 2012 submitted to the Accreditation Agency.

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

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

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

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct 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 21 February 2012 to 22 February 2012

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of 2 registered aged care quality assessors.

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

Assessment team

Team leader:	Stephen Koci
Team member:	Margaret Lett

Approved provider details

Approved provider:	West Wimmera Health Service
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Details of home

Name of home:	Archie Gray Nursing Home Unit
RACS ID:	4365

Total number of allocated places:	11
Number of residents during site audit:	11
Number of high care residents during site audit:	11
Special needs catered for:	N/A

Street/PO Box:	Roache Street	State:	Victoria
City/Town:	KANIVA	Postcode:	3419
Phone number:	03 5392 7001	Facsimile:	03 5392 2203
E-mail address:	jhodson@wwhs.net.au		

Audit trail

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

Interviews

	Number		Number
Management/administration	13	Residents/representatives	6
Clinical/care/lifestyle staff	7	Ancillary staff	7

Sampled documents

	Number		Number
Residents' files	7	Medication charts	7
Resident agreements	8	Personnel files	9
Goods and services agreements	3		

Other documents reviewed

The team also reviewed:

- Activities calendar
- Annual report
- Annual review and quality report to our community
- Audits and schedule
- Business continuity plan, emergency management plan and emergency risk form
- Cleaners documentation
- Complaints register
- Continence aids allocation list
- Education records
- Email correspondence
- Fire equipment, emergency lighting and generator test and service records
- Food safety plan, catering documentation and external audit reports
- Hazard identification and risk assessments
- International nurse information day information
- Job descriptions
- Lifestyle documentation and calendar
- Material safety datasheets
- Meeting minutes
- Newsletters
- Nurse call daily checklist
- Opportunity for improvement forms
- Orientation records
- Outbreak management kit
- Palliative care training plan
- Policy and procedures
- Preventative and corrective maintenance system
- Quality register
- Resident information booklet
- Resident newsletter
- Roster
- Statutory declarations, nurse registrations and police check register
- Stores order instructions

- Stores ordering dressing guide
- Strategic plan

Observations

The team observed the following:

- Activities in progress
- Archive rooms
- Cleaners trolley and cupboards
- Equipment and supply storage areas
- External complaints service information brochures
- Fire fighting equipment, fire panel, break glass alarms and sprinklers
- Generator and gas shut off valves
- Interactions between staff and residents
- Internal and external living environment
- Key safe and register
- Kitchen, pantry, freezer and refrigerators
- Large screen television
- Mission, vision, values and organisation statements on display
- Noticeboards
- Personal protective equipment
- Security systems
- Storage of medications

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a continuous improvement system that demonstrates improvements in management, staffing and organisational development. The systems for residents and representatives include opportunity for improvement forms, residents, relative and friends meetings, resident satisfaction surveys and informal feedback. The system for staff includes forms, health service staff survey, direct feedback and staff meetings. Continuous improvements are identified, documented and recorded on a quality register and are monitored and evaluated via the home’s quality control system. Feedback on continuous improvements is provided via direct feedback and at meetings. The home has an advisory group that is made up of management and community members that receives feedback and provides updates on the health service and the home to the local community. Residents, representatives and staff advised they are satisfied that continuous improvement occurs at the home.

Examples of continuous improvement in Standard one include:

- Management have implemented an international nurse information day to update and educate relevant staff on a range of topics including mandatory reporting and medication administration.
- Following staff feedback, management reviewed and updated the call bell system. Management reports that the new system is integrated and has improved the communication systems available for staff.
- Management have implemented an electronic system for the management of comments and complaints. Management reports that the new system can provide management with reports and can be used to refer complaints to relevant staff to be actioned.

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 a system in place for identifying relevant legislation and regulatory requirements and ensuring compliance with professional standards and guidelines. The home receives regulatory information via a regional hospital information service and state department of health circulars. Any relevant regulatory compliance information is then discussed at management meetings and at the home’s regular meetings. Residents and representatives are informed of changes to regulatory compliance through meetings and via brochures delivered to their rooms and via the home’s noticeboards. Staff are informed via staff meetings, handover, formal memoranda, updates to policy and procedures, noticeboards and via a weekly newsletter that can be accessed via the intranet. Regulatory compliance regarding management systems, staffing and organisational development is monitored through audits and observations. Effective staff, volunteer and service provider

credential and police check processes are in place. Staff interviews confirm they are informed about regulatory compliance.

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

By undertaking a coordinated education program across the network the home ensures that staff and management have appropriate knowledge and skills to perform their roles. An annual education needs assessment, together with an annual staff appraisal, identifies staff training needs for the upcoming year. An annual training calendar is developed based on the identified learning needs, and staff are also provided with other opportunities to attend education and training. Staff are advised of training opportunities on a noticeboard and each staff member has a portal site where they are able to access training and information electronically. Education is provided by both internally employed educators and external consultants. Staff are required to attend a number of mandatory sessions and undertake annual competency-based assessments of their skills. Education and training sessions are evaluated and staff attendance at these is monitored.

Recent examples of education and training relating to Standard one include:

- Funding instrument training
- Compliments and complaints training
- Risk management data base training.

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 a comments and complaints mechanism that is accessible to residents, representatives, staff and other stakeholders. The home's mechanisms of access include 'comment and complaint' forms, meetings and an 'open door' policy to access management. Information on the home's complaint mechanisms are communicated through the resident's information booklet and the information pack. Brochures about the external complaints service are displayed and are available to residents and representatives. All complaints go directly to management or to the operations manager at the home's corporate office and are recorded on an online register. Complaints are actioned in a timely manner and residents and representatives get feedback directly or by letter. The home has processes for the handling of confidential complaints and has private and confidential envelopes where complaints will go directly to the operations manager at corporate office. Complaints can also be sent directly to home's corporate office. Residents, representatives and staff confirm their knowledge about the home's comment and complaints processes and feel comfortable to raise any concerns.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

West Wimmera Health Service that operates the home has documented its vision, mission and values, statement of philosophy and commitment to continuous improvement. This information is displayed throughout the home and is in the resident information booklet provided to residents upon entry to the home. The vision, mission and values and commitment to continuous improvement are conveyed to staff in documents such as the 'Annual review and quality report to our community', and annual reports and in information supplied to staff at orientation and at information days.

West Wimmera Health Service has a documented strategic plan. A commitment to quality is included in the home's planning and leadership documents and policy and procedures.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has employment processes in place to ensure that sufficient qualified staff are available for resident care. Employment checks are undertaken and an appraisal system helps to monitor staff skills and training needs. A rostering system is in place and a small pool of casual staff is maintained to assist during regular staff leave time. Position descriptions and an allocations system ensure that staff with suitable skills are available to provide care. Residents and representatives state that staff are knowledgeable and that they are well cared for.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has a centralised supply system and maintains sufficient stocks of food, dry goods and medical supplies on site to ensure quality service delivery. Stock is rotated and systems are in place to order further supplies when needed. Staff verified that there are sufficient goods and equipment in place to meet resident and staff needs. Equipment is serviced according to the manufacturers' specifications and a preventative maintenance program is in place. Staff are able to describe how the maintenance system operates.

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 an effective information management system in place. The service uses an information technology service provider and information is backed up. Residents' clinical and lifestyle information is appropriately managed primarily in an electronic format and staff sign a confidentiality agreement when they commence work at the home. Staff are provided with information electronically and in hard copy through policy, meeting attendance, memoranda, noticeboards and resident care documentation. Residents and their representatives are provided with a handbook on entry to the home and a quarterly newsletter keeps them informed. Signage within the home assists residents to orientate themselves and they are able to attend regular resident and representatives' meetings. Residents state that they believe that they are well informed by management and staff.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has systems and processes in place to ensure all external services are provided in a way that meets the residential care service's needs and service quality goals. External services at the home include all the linen services, hair dressing and part of the fire systems servicing. All allied health services are provided by West Wimmera health service and maintenance services by the engineering department. Contracts entered into specify the required standards, timeframes and regulatory compliance requirements. External services are monitored through audits, observations and feedback direct from stakeholders about the quality of service to the home. Residents and representatives confirmed that they are satisfied with the home's external services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a continuous improvement system that demonstrates improvements in resident health and personal care. The continuous improvement system is described in expected outcome 1.1 Continuous improvement. Residents advised that they are satisfied they receive appropriate clinical care. Staff also confirm improvements have occurred in resident health and personal care.

Examples of continuous improvement in Standard two include:

- Management have recently purchased eleven medical grade sheepskins to assist residents to maintain their skin integrity. Residents report that the sheepskins are comfortable.
- Following staff feedback in regard to what training staff would like to receive; management sent two staff on external training on oral and dental health. Management report that the two staff are going to present oral and dental training at the upcoming study day.
- Management have reviewed and updated the oral hygiene assessment form so that more information can be gathered and includes information on brushing techniques to assist staff to provide residents with oral and dental care.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in expected outcome 1.2 Regulatory compliance. Staff state they are informed about regulatory requirements by management.

Examples of responsiveness to regulatory compliance relating to Standard two include:

- The team observed medications are stored and administered according to legislated processes.
- The home has processes to monitor the current registration of nursing staff.
- The home has systems and processes in the event of an unexplained resident absence.

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

Annual mandatory competency-based assessments include medication, cardio-pulmonary resuscitation and the instillation of eye drops assessments which staff confirm that they are required to complete. Staff are also confirm that they are encouraged to complete traineeships. Residents and their representatives confirm satisfaction with staff clinical skills and knowledge. Refer to Expected outcome 1.3 Education and staff development for a description of the home’s education system.

Recent examples of education and training in relating to Standard two include:

- Swallowing
- Palliative care
- Wound care
- Better oral care
- Behaviour management
- Health assessment for aged care

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The assessment and care planning of new residents is undertaken by both registered nurses and enrolled nurses and there is a monthly review. A registered nurse is involved in this process. An electronic assessment, care planning and incident recording system is in place. Defined resident parameters, which include residents’ weight and the presence of wounds, are monitored. Residents and their representatives state they are satisfied with the care provided by the staff of the home and that they are consulted regarding their care requirements and preferences. Staff demonstrate knowledge of the care requirements of the residents in the home.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The specialised nursing care needs of residents in the home are supervised by registered nurses and includes the monitoring of residents with insulin dependent diabetes. The residents’ general practitioner nominates and records the regime required to monitor residents’ blood glucose levels. The residents are assessed and reviewed monthly and care plans provide some specific instructions regarding their specialised needs. Residents and their representatives state that staff are attentive to their needs and that they are satisfied with their care.

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

There are a number of allied health practitioners employed by the service to which residents can be referred by staff and their general practitioners. These includes a physiotherapist, podiatrist, speech pathologist and a dietician who visit the home on a referral basis. In addition, the regional aged care psychiatric team and the palliative care service are available for consultation. Staff state that a dental service is available and residents are supported to attend a dentist in a nearby community.

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

Residents’ medication is managed correctly and safely. Residents and their representatives confirmed that they receive the correct medication and that it is administered on time. Medications are stored appropriately and regular counts of scheduled medications are conducted. Systems in place to review the safety of the system include audits and a quality and risk committee whose membership includes a pharmacist. Any medication incident is documented and reviewed. An independent pharmacist reviews the medication charts of residents on a quarterly basis and provides reports of these reviews. The medication system is managed by registered nurses, and staff who administer medications are competency tested.

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

Residents’ level of pain is assessed on entry to the home and at other intervals when necessary. Staff are aware of individual resident’s symptoms of pain. Analgesia on a regular and ‘as necessary’ basis is prescribed by the general practitioner and administered by staff. Systems are in place to record the effectiveness of any ‘as necessary’ medication administered. Residents state they are not experiencing pain and that they are administered pain relief when required.

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 documents residents’ advanced care plans and uses a palliative care plan when terminal care is provided. Staff have undergone education on respecting resident choices and the regional palliative care team provide regular education and are available for support

and consultation should a need be identified. The team observed that the home commemorates the life of deceased residents through attending funerals and speaking respectfully of past residents.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home ensures that residents receive adequate nourishment and hydration. Assessment by staff, the dietician and speech pathologist ensures that residents are provided with an appropriate diet. Residents’ weights are monitored and referral to the allied health practitioners occurs. Changes in diet are usually noted in care plans and the kitchen is notified of any changes. The team observed that residents are supplied daily with a bottle of fresh water and that meals, breaks and medication rounds are accompanied by fluids. Residents and their representatives state that they are provided with regular drinks.

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

Residents' skin is assessed on entry to the home and their skin care needs are documented in care plans. An incident reporting system is in place and the home maintains data on wounds, tears and ulcers. A range of skin care products is available for resident use and residents assessed as requiring further assistance for rashes are prescribed medicated ointments by their general practitioner. Wound management assessment charts are used.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents’ urinary and faecal continence levels are assessed when they enter the home and care plans are developed based on their assessed needs. Care plans and other documents record which continence aid and toileting times are required. These are reviewed regularly in consultation with the registered nurses. A system is in place to order new aids and staff state that adequate supplies are maintained. Residents and their representatives state they are satisfied with the program.

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 was observed to be calm and residents are provided with a range of activities, including one on one activities, dependent upon their level of need. Residents of the home are able to spend time in their spacious rooms and in communal areas which include a day room/dining area and a sensory stimulation area. Residents are assessed on entry to the home and any challenging behaviours are recorded and strategies developed to manage these behaviours. Regionally based specialist services are available for consultation and the general practitioner manages the care of residents with challenging behaviours. Incident forms are available to document behaviour incidents and the home maintains a restraint free philosophy.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Residents’ mobility, dexterity and rehabilitation needs are assessed when they enter the home and care plans are developed by staff and by the physiotherapist. Care plans are regularly reviewed under the supervision of registered nurses. Residents who fall, and those with an assessed need, are reviewed by the physiotherapist. An incident reporting system is in place and fall rates are reported. Staff were observed to take residents for a walk and to remind them to use their mobility aids. Residents and their representatives express satisfaction with their care.

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

The assessment of residents’ oral and dental state includes assessing their mouth and documenting if they have dentures. Care plans are developed based on this information. A number of staff have undergone specialised training in oral and dental care. A dental technician is available in the community and family and friends are encouraged to continue (where possible) to take residents to appointments at dental practices within the region. Residents confirm that the staff assist them to maintain their oral 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’ sensory levels are assessed on entry to the home and any loss identified is documented in their care plans. Strategies are provided to assist staff in the care of residents with any sensory loss. Residents are referred to specialist services such as audiology and optometry. Care, hospitality and other staff were observed assisting residents with sensory loss. Residents and representatives confirmed that staff refer them to appropriate services when required.

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

Residents’ sleep patterns, including any trouble the resident has with sleep, their sleep routine and method used to assist sleep, are documented and care plans are developed to address any identified needs. Strategies to enhance residents’ sleep are documented. Any sleeplessness is documented in the residents’ progress notes. The home uses high low beds and mats for residents who are restless at night to help prevent falls. Residents state that they are able to sleep without being disturbed. Sleep care plans are reviewed as part of the review process.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a continuous improvement system that demonstrates improvements in resident lifestyle. The continuous improvement system is described in expected outcome 1.1 Continuous improvement. Residents, representatives and staff are satisfied with the home's improvements in the area of resident lifestyle.

Examples of continuous improvement in Standard three include:

- Following staff feedback management have purchased a laptop computer. Management report the computer will enable residents to stay in contact with families that live in Melbourne or interstate.
- Management have installed noticeboards in resident rooms. Observations confirmed that residents use the noticeboards to display photo's and lifestyle calendars so that they can easily view the information.
- Management have installed a gazebo in the homes outside garden area. The activities coordinator and residents report that the gazebo is used for barbeques and for sitting.

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 system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in expected outcome 1.2 Regulatory compliance. Residents and representatives confirm they are informed of residents' rights and responsibilities.

Examples of responsiveness to regulatory compliance related to Standard three include:

- Policies and procedures are in place regarding reportable incidents such as elder abuse.
- The home has systems to demonstrate compliance related to residential agreements.
- The home has policies and procedures around confidentiality of resident information.

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

The home ensures that staff have appropriate skills and knowledge to meet the lifestyle needs of residents. Residents and their representatives confirm satisfaction with staff skills

and knowledge. Refer to Expected outcome 1.3 Education and staff development for a description of the home's education system.

Recent examples of education and training relating to Standard three include:

- Elder abuse
- Active client choices
- Leisure and lifestyle

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

The home supports residents in adjusting to life in the home and on an ongoing basis. Residents' emotional support needs and preferences are assessed upon entry to the home and care plans are developed to meet their needs. Review of residents' emotional support needs occurs on a regular basis by nursing and activities staff and care plans are updated as required. Residents and representatives are provided with a resident information booklet to assist their orientation to the home. The home can access a social worker through West Wimmera Health Service. Activities staff assist residents with setting up their rooms and spend a lot of one to one time with residents. Residents and representatives confirm their satisfaction with the initial and ongoing emotional support they receive at the home.

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 assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. Initial and ongoing assessment and care planning processes identify, assess and plan for residents' physical, social, cognitive and emotional needs. Strategies to maximise independence include freedom of movement within the home, access to outside areas, access to a day centre and the nearby town, and the use of individual mobility aids. The home can access a physiotherapist through West Wimmera Health Service. The home welcomes visitors and maintains contact with local community groups and schools. Residents and representatives confirm they are satisfied residents' independence is supported by the home.

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' right to privacy, dignity and confidentiality is documented and respected by staff. The home has policies around privacy and dignity. The home has single rooms with private

ensuites. The home has a large sitting area or private lounge areas for residents to meet privately with friends and family. Staff describe appropriate practices to protect residents' privacy and dignity including knocking on doors and waiting for a reply, pulling curtains closed on windows when assisting residents, and calling residents by their preferred name. Residents and representatives confirm, and the team observed, that staff respect residents' rights to privacy and dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. A lifestyle pursuits and abilities, and social, cultural and spiritual assessment is completed on entry to the home in consultation with residents and representatives. This includes background information, place of birth, occupations, abilities and activities and information on any pets. A care plan is formulated for each resident and these and activity attendance records are reviewed regularly by activity staff. The program includes board games, craft, school children visits, hand massages and visits to town. The effectiveness of the activity program in meeting individual residents' needs is evaluated and feedback on the program is obtained via meetings and by direct feedback. Care and activity staff communicate effectively regarding residents' needs and individual programs. Residents and representatives are satisfied with the lifestyle program and confirm residents are supported to participate in a range of activities at the home.

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

The home values and fosters individual interests, customs, beliefs, and the cultural and ethnic backgrounds of the residents. Residents' social, cultural and spiritual affiliations are identified on entry to the home. Ecumenical church services are provided for residents and residents are supported to visit their own churches. The home does not have a large cultural mix of residents but does hold special days throughout the year. Staff have access to culturally specific services to assist in meeting individual cultural needs if required. Residents and representatives report they are satisfied with the home's response to 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

The home has processes in place which promote residents' right to exercise choice and control over their lifestyle. Residents and representatives are encouraged to participate in the

assessment. The home provides residents' and representatives with regular meetings to provide feedback on the home. Management have an open door policy to ensure they are easily accessible if needed. The home has a petty cash system in place. There is a wide range of activities on offer and residents' can choose their participation levels. Residents and representatives confirm that their individual choices and decisions are encouraged, respected and supported by management and staff at the home.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has a system in place to ensure residents have secure tenure within the residential care service and understand their rights and responsibilities. Information about security of tenure and residents' rights and responsibilities are provided in the residential care agreement and the resident information booklet. The West Wimmera Health Service assistant accountant or the director of nursing discusses these with residents and representatives. Any change of rooms will only occur after consultation with residents and/or representatives. Residents' rights and responsibilities, security of tenure information or any financial questions can be clarified on an ongoing basis through the assistant accountant. Residents and representatives confirm that residents have secure tenure within the home and are aware of their resident's rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a continuous improvement system that demonstrates improvements in the physical environment and in the area of safe systems. The continuous improvement system is described in expected outcome 1.1 Continuous improvement. Staff confirm that ongoing improvements occur at the home. Residents and representatives are satisfied with the safety and comfort of the home’s environment.

Examples of continuous improvement in Standard four include:

- Management have installed a large screen television in the home’s communal area. Residents and representatives report that they enjoy the television and watching it with other residents and it has improved viewing for residents with sensory deficits.
- Management have upgraded the fire systems and fire panel at the home. Management report the new system is integrated with the call bell system so that staff are informed straight away via their portable phone of any alarms.
- Following staff feedback and observations, management have replaced flooring around the home. Management reports the new flooring has improved the safety of residents and reduced the risk of falls.

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 system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in expected outcome 1.2 Regulatory Compliance. Staff confirm compliance with safe working practices within the home.

Examples of responsiveness to regulatory compliance relating to Standard four include:

- Ongoing monitoring of the safety of fire safety systems by the home’s engineering department or external contractors.
- The home has an audited food safety plan and has appropriate auditing of kitchen systems
- Chemicals are stored in locked rooms within the home with relevant material safety data sheets.

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

Annual mandatory competency-based assessments, which staff confirm they are required to complete, include fire and emergency training and chemical and food handling for the relevant staff. Residents and their representatives confirm satisfaction with staff clinical skills and knowledge. Refer to Expected outcome 1.3 Education and staff development for a description of the home's education system.

Recent examples of education and training relating to Standard four include:

- Manual handling
- Infection control
- Union representative 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 meets this expected outcome

The home has systems and processes in place to assist in providing residents with a safe and comfortable environment consistent with the residents' care needs. Residents are accommodated in single rooms with private en suites. Residents are encouraged to personalise their rooms and have a notice board for photos and information in each room. Internal and external areas are available for the use of residents and their representatives including a kitchenette and a lounge area and outside areas. The home's buildings, grounds and equipment are maintained through regular servicing and maintenance programs by the home's engineering department or external contractors. Residents and representatives confirm that the living environment is safe, secure, clean and comfortable.

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 provide a safe working environment that meets regulatory requirements. There are systems to identify and evaluate incidents and hazards and to take appropriate actions to resolve issues. Systems include hazard identification and risk assessments. Staff receive occupational health and safety training at orientation and on an ongoing basis and staff receive occupational health and safety information. The occupational health and safety representatives at the home have completed formal occupational health and safety training. Regular occupational health and safety meetings are held as well as the completion of monthly and quarterly occupational health and safety audits. Management and staff demonstrate safe working practices and knowledge of occupational health and safety. Staff generally state that they work in a safe environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Emergency and evacuation plans are displayed, emergency exits are clearly signed and free from obstructions, and fire training occurs regularly at the home. The home is equipped with fire fighting equipment that includes break-glass alarms, sprinklers, exit lights, fire blankets, fire and smoke doors, fire hose reels, thermal and smoke detectors, extinguishers and two external fire hydrants. The home's fire fighting equipment is regularly serviced by the engineering department or external contractors. Chemicals are stored safely and securely. The home is secured in the evenings and has a generator in the case of a loss of electricity. The home has emergency procedures that include external emergencies, a business continuity plan and an emergency management plan that are reviewed regularly. Staff state that emergency training occurs at the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has systems, policies and processes in place to ensure an effective infection control program. Preventative measures include staff education at the time of their initial employment and on an ongoing basis, an annual staff immunisation program and regular audits. Resident infection rate data is collected and monitored for trends. Staff are able to explain the correct use of colour coded cleaning equipment. Hand washbasins and hand wash are available in the home along with appropriate waste receptacles for infectious items. There is protective equipment available in the home and the team observed that staff follow infection control procedures.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".

Team's findings

The home meets this expected outcome

The home has effective systems in place to enable the provision of catering, cleaning and laundry services that enhance residents' quality of life and the staff's working environment. All food is prepared in a central kitchen and is sent to the home's dining room to be served. Monitoring mechanisms in the kitchen include external audits and reports and food temperature monitoring records. The home has a five week rotating menu that is being trailed. The menu is reviewed by a dietician and a speech pathologist. Residents' individual dietary needs and preferences are collected upon entry to the home and are provided to the kitchen as well as any changes. Schedules are in place to ensure that cleaning tasks are completed and the home was observed to be clean during the visit. All linen including personal laundry is laundered offsite through a contractor. Adequate linen services were observed by the team and all residents clothing is individually named. The home has a system to manage lost property. Staff and residents confirm that they are satisfied with the home's catering, cleaning and laundry services.