Ardrossan Community Hostel

RACS ID 6111
37 Fifth Street
ARDROSSAN SA 5571

Approved provider: Ardrossan Community Hospital Inc

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 21 October 2015.

We made our decision on 12 September 2012.

The audit was conducted on 6 August 2012 to 8 August 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

Audit Report

Ardrossan Community Hostel 6111

Approved provider: Ardrossan Community Hospital Inc

Introduction

This is the report of a re-accreditation audit from 6 August 2012 to 8 August 2012 submitted to the Accreditation Agency.

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

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

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

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 6 August 2012 to 8 August 2012.

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

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

Assessment team

Team leader:	Joy Sutton
Team member	Anthea Le Cornu

Approved provider details

Approved provider:	Ardrossan Community Hospital Inc

Details of home

Name of home:	Ardrossan Community Hostel
RACS ID:	6111

Total number of allocated places:	25
Number of residents during audit:	25
Number of high care residents during audit:	22
Special needs catered for:	People with dementia or related disorders

Street:	37 Fifth Street	State:	SA
City:	ARDROSSAN	Postcode:	5571
Phone number:	08 8837 3021	Facsimile:	08 8837 3677
E-mail address:	ceo@ach.yorke.net.au		

Audit trail
The assessment team spent three days on site and gathered information from the following:

Interviews

	Number		Number
Management team	4	Residents/representatives	6
Clinical and care staff	8	Lifestyle and ancillary staff	4

Sampled documents

	Number		Number
Residents' files	5	Medication charts	5
Summary/quick reference care plans	5	Personnel files	3

Other documents reviewed
The team also reviewed:
● Activities program
● Audits and surveys
● Calibration records
● Cleaning schedules
● Clinical assessments
● Comments and complaints documentation
● Communication books and diaries
● Continuous improvement plans and documentation
● Corrective action reports
● Criminal history check data
● Education calendar and training records
● End of life care pathway
● Food safety plan
● Home's self-assessment
● Incident, accident, hazard and infection data
● Job description and duty statements
● Lifestyle documentation
● Meeting minutes
● Ministers specifications 76 and related fire data
● Policies and procedures
● Preventative and reactive maintenance logs
● Resident agreements
● Resident and staff handbooks
● Staff rosters
● Testing and tagging records
● Training schedule and training records
● Wound charts

Observations
The team observed the following:
● Accreditation visit notice displayed
● Activities in progress
● Catastrophic fire kits

- Charter of residents' rights and responsibilities
- Chemical storage
- Do you have a concern poster
- Equipment and supply storage areas
- Feedback forms and suggestion box
- Fire safety equipment
- Infection control resources
- Interactions between staff and residents
- Internal and external living and working environment
- Meal service and menu displayed
- Medication licences medication storage
- Spill kits
- Triennial fire certification

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1   Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has processes to identify improvement opportunities and monitor performance against the Accreditation Standards. Continuous improvement initiatives are generated through meetings forums, surveys, improvement logs, compliments, complaints and suggestions, analysis of incident and hazard data, audits, education and networking. Residents and staff are aware of the continuous improvement program and are confident the home acts on their suggestions for improvement.

Improvements implemented relevant to organisational development and management systems, but not restricted to, include:

- Following verbal feedback from residents about the lack of accessibility to the management team, the home has introduced an assistant aged care co-ordinator to provide coverage over a five day period. Evaluation has shown this initiative has improved communication between residents, representatives and staff, provided staff and management with additional support and improved training and monitoring of staff practice. Medical practitioners are satisfied with the additional support provided by this initiative.

- To improve communication between managers the home has introduced a weekly managers meeting where issues concerning each department are discussed and actioned. A checklist is completed following each meeting with many issues closed out prior to the regular environmental risk management meetings. Improvement logs are discussed at these weekly meetings. The management team state the introduction of these weekly meetings has allowed closer monitoring of staff practice and the environment.

- To improve opportunities for residents and representatives living interstate and overseas to communicate with each other, the home has introduced an internet telephone service. One resident is currently using this service to keep in touch with family travelling and living overseas. Evaluation has shown a decrease in episodes of agitation and frustration when having insufficient money to make telephone calls. The added benefit has been a visual presence through the use of video.

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 and processes to identify and manage relevant legislation, regulations, standards and guidelines impacting on management systems, staffing and organisational development. Legislation and regulatory requirements have been added to meeting agendas as a reminder to review changes and update staff. Staff, at orientation and mandatory training sessions, are given training on their individual responsibilities and legislation, relevant to their positions. Policies, procedures and documentation are reviewed in response to changes in legislation and guidelines. Staff are aware of regulations relating to their practice. The home has a systematic approach to the monitoring of criminal history checks and professional registrations. Alerts are sent to staff and volunteers when criminal history checks fall due. Residents/representatives were advised of the re-accreditation audit within the legislated timeframes.

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

The home has processes for identifying and planning staff education and development. This is based on staff and management appraisal of gaps in staff knowledge and practice, incident forms and complaints and suggestions. Staff have access to a wide range of training opportunities on site and through external sources. Staff are encouraged to complete on-line training options and are required to attend mandatory training sessions. Reminders are circulated on external and internal training options, through the training calendar and meeting forums. The home monitors staff education and tracks staff attendance at mandatory and elective training sessions. Staff are satisfied with access to training opportunities. In the last 12 months management and staff have participated in training related to management systems. These include sessions on the industry funding tool, accreditation and financial management.

1.4   Comments and complaints
This expected outcome requires that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's findings
The home meets this expected outcome

Residents, representatives and others have access to internal and external complaints mechanisms. Residents/representatives are given information on internal and external complaints mechanisms through resident handbooks and agreements. Information brochures detailing the various avenues for complaints are also displayed. Residents/representatives are reminded of the opportunity to use the home's complaints and comments systems at each resident meeting. Policies and procedures guide staff practice in relation to complaints. Staff are aware of these processes and their role in assisting residents and/or representatives to raise issues as they arise. Residents and representatives are satisfied

with their access to complaints mechanisms and the home's responsiveness to addressing issues.

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

Team's findings
The home meets this expected outcome

The home's mission statement "To provide high quality health service to the community" is documented in resident handbooks and displayed at the front entrance, along with the home's vision and philosophy statement. A quality policy outlining the home's objectives is also displayed at the entrance and outlined in the staff handbook. The home's objectives are reviewed annually at the environmental risk management meeting to ensure they are being achieved. Monitoring occurs through internal audits and all stakeholders have access to quality systems.

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 systems to monitor staff are appropriately skilled and qualified. Staff are employed based on their qualifications, experience, reference checks, criminal history clearance and suitability to work in aged care. Orientation includes an introduction to the home's policies and procedures, access to duty statements and 'buddy' shifts. Mandatory training and performance appraisals assist the home to monitor staff skills. Residents and representatives are complimentary about the care, lifestyle and hospitality services provided to residents and are satisfied the care provided is appropriate to the home's service philosophy and objectives. Staff feel they are supported by management and have enough time to perform their duties.

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

Residents, representatives and staff are satisfied with the supply of goods and equipment to provide services in the home. Policies and procedures give guidance to staff for the ordering and maintaining of goods and equipment. Designated staff have responsibility to order stock and monitor appropriate storage, rotation and replacement of goods. Preventative and reactive maintenance programs are used to provide safe equipment for residents' and staffs' use. Audits, surveys and stakeholder feedback is used to monitor the appropriateness of supplies and equipment. Staff are provided with training and safe work instructions to guide practice.

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 information systems to communicate to staff the necessary information required for them to fulfil their roles. Information is generally disseminated to staff and other stakeholders through meeting forums, minutes, newsletters, progress notes, care plans, diaries, communication books and handover processes. The home has policies and procedures to guide practice, manage electronic data, archive records and record information to meet legislative requirements. Staff are given information and sign confidentiality agreements during their orientation. Information management processes are monitored through regular audits, surveys and stakeholder feedback. Staff are aware of maintaining confidentiality and satisfied they have the necessary information to perform their roles. Information systems are monitored and reviewed through audits, surveys and meeting forums. Residents and their representatives are satisfied with their access to information to assist them make decisions about residents' care and lifestyle needs.

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

Residents and staff are satisfied with the provision of externally sourced services. The home has formal agreements with a selection of suppliers specifying levels of service requirements. These are reviewed on a regular basis as contracts expire or service delivery is unsatisfactory. Stakeholders are consulted and feedback taken into consideration. Criminal history checks are monitored as part of contracted services. Performance of external services is monitored through audits, comments and complaints data, surveys and stakeholder feedback mechanisms.

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

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

Continuous improvement initiatives related to resident's health and personal care are generated through analysis of data and information collected from incidents and infections, audits and stakeholder feedback.

Improvements implemented relevant to organisational development and management systems include, but are not restricted to:

- As a result of increased behavioural incidents, the home reviewed its specialist unit services and introduced an additional early event program. Staff and volunteers deliver this program of one-on-one and group activities for residents requiring extra attention. Evaluation of this initiative has shown a decrease in the use of 'as needed' medication and a reduction of behavioural incidents from six in May 2012 to one in June 2012. Staff have been provided with additional training in dementia care through the mandatory training schedule to assist in running and understanding this program.

- Following review of an increase of medication incidents, the home has altered its processes and changed from a loose leaf page format to a designated medication booklet containing all relevant data relating to medication management. Evaluation has shown general practitioners and staff have embraced the change and given positive feedback on the initiative. Medication incidents have decreased by 57% over a two month period.

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

Team's findings
The home meets this expected outcome

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

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

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

In relation to Standard 2 Health and personal care, the home has provided training and credentialing for staff on a range of topics relating to clinical practice including transcutaneous electrical nerve stimulation therapy and medication management.

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

Team's findings
The home meets this expected outcome

Residents receive clinical care appropriate to their individual needs and preferences. The home has a process for assessing, care planning and monitoring individual health and personal care needs and preferences on entry and on an ongoing basis. While care requirements are identified through assessment and progress notes, relevant care information is not consistently recorded in resident care plans. Care is generally monitored through audits and informal feedback from residents, their representatives and staff. Staff interviewed said they have access to care plans and progress notes that are stored securely. Summary care plans and manual handling information is also available in resident rooms for staff to access. Residents are satisfied with the level of consultation and with the health and personal care provided.

2.5   Specialised nursing care needs
This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings
The home meets this expected outcome

Residents receive specialised nursing care from appropriately qualified nursing staff appropriate to their identified needs and preferences. The home assesses specialised nursing care needs on entry, during the regular review process and informally through staff and resident feedback. Designated staff are trained to deliver specialised nursing care including wound management and asthma, continence and infection control education. Specialised care strategies are reviewed and updated in line with allied health and designated staff recommendations, in consultation with residents and their representatives. Monitoring occurs through the home's audits and feedback from residents and staff. Specialised care needs are documented in care plans and trained staff provide care consistent with these documented requirements. Residents are satisfied with the level of consultation and with the specialised nursing care provided.

2.6 Other health and related services
This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".

Team's findings
The home meets this expected outcome

Residents are referred to other health and related services appropriate to their individual needs and preferences. The home has processes for referring residents to allied health specialists including physiotherapy, podiatry, dentist, dietician and occupational therapy. Care strategies are reviewed and updated in line with allied health recommendations and in consultation with residents and their representatives. Other health and related services are monitored through the home's audits and informal feedback from residents and staff. Residents are assisted to access external appointments where necessary and a list of allied health services is posted for resident use. Staff make appointments as requested and as need is identified through reviews, exceptional reporting and feedback. Residents are satisfied with the level of access they have to other health and related services.

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' medications are managed safely and correctly. The home has a process for assessing, managing and monitoring residents' individual medication needs and these are documented and evaluated regularly. Drugs of dependence are managed externally. Enrolled nurses who deliver medications have been credentialed and their competence is monitored regularly both informally and through the review process. Review processes including incident reporting and internal audits are used to monitor and maintain safe and correct administration, supply and storage of medications. Medication advisory committee (MAC) meetings review monitoring outcomes and facilitate case conferencing. The visiting pharmacist provides regular education sessions to staff each year and to residents and their representatives prior to each resident meeting. Residents who self medicate are assessed as competent to do so. Residents are satisfied with the level of consultation they receive about their medications.

2.8 Pain management
This expected outcome requires that "all residents are as free as possible from pain".

Team's findings
The home meets this expected outcome

Residents receive pain management appropriate to their individual needs and preferences and are as free as possible from pain. The home has a process for assessing pain on entry and strategies are documented in the pain management plan. The home facilitates a pain management program in conjunction with the physiotherapist and medical practitioner. This program includes the use of a range of pain relieving strategies including, daily hot packs, cold packs, massage, distraction therapy, music therapy, sheepskins, pressure relieving devices and repositioning. Staff are aware of the non-verbal signs of pain and provide formal and informal feedback about residents' pain. Residents are satisfied with how their pain is managed.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

Residents receive appropriate palliative care that maintains their comfort and dignity during the terminal stages. The home has a process to capture individual palliative care and emergency care wishes on entry, including cultural and religious beliefs. A palliative care kit is ready for use and contains relaxing music, aromatherapy, mouth care equipment, relaxing oils and special linen, all designed to complement the palliative care given. Dedicated palliative care directives are completed by a registered nurse in consultation with family and the resident. Education is provided to families about the appropriate use of infusion pumps, breathing difficulties and anxiety. A palliative care resource manual is available to staff and provides information about appropriate communication, consultancy services, staff support and specialist equipment. Representatives interviewed are satisfied the home maintains terminally ill residents' comfort and dignity.

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

Residents receive nutrition and hydration consistent with their needs and preferences. The home's assessment processes identify individual nutritional requirements, hydration needs and level of independence or assistance required on entry. Each resident's dietary likes and dislikes, food allergies and special diets are communicated to the kitchen, where information to guide staff practice is located in communication books and on a white board. Ongoing weight monitoring and diet charting triggers further review and assessment by the registered nurse, dietician, dentist or speech pathologist. Changes to nutrition and hydration needs and assistive devices are assessed and communicated to all staff. Examples of assistive devices include lip plates, larger grip utensils and non slip surface mats. Menu planning is conducted in consultation with residents and a visiting dietician works with the housekeeper in providing nutritionally balanced options. Residents are satisfied with the home's approach to meeting their nutrition, hydration and associated support needs.

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 receive skin care appropriate to their needs and preferences. Individual resident needs are assessed on entry and an ongoing basis. A dedicated wound manager uses screening tools, assessments and monitoring charts to identify skin care strategies and treatments. Strategies used by the home include food supplements, pressure relieving devices, regular podiatry and physiotherapy, protection for bony prominences and emollient creams. Monitoring processes include regular review by the wound manager, audits and feedback from staff. Referrals to external specialists are arranged as required. Staff have undertaken various training to improve their skills in relation to skin care, including managing

skin tears, nutrition, obesity and diabetes workshops. Residents interviewed are satisfied with the care provided in relation to 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

Residents' continence care is managed effectively according to their individual needs and preferences. The home assesses residents' continence history and individual needs on entry and strategies including the aids required and scheduled toileting times are documented in care plans. After entry a designated continence nurse conducts continence screening and the care plan is updated accordingly. Monitoring processes include 24 hour recording of bowel and bladder habits and the incidents of urinary tract infections are collated and trended. Staff are provided with training in the correct use of continence products, the impact of medications on incontinence and skin integrity in relation to incontinence. Residents interviewed are satisfied their continence needs are being met.

2.13 Behavioural management
This expected outcome requires that "the needs of residents with challenging behaviours are managed effectively".

Team's findings
The home meets this expected outcome

Residents receive effective behaviour management appropriate to their needs. Assessments are conducted on entry and on an ongoing basis. Individualised behaviour management strategies are documented in care plans and include distraction therapy, music therapy and one-on-one sessions with volunteers. Triggers, strategies and progress notes are monitored to minimise the incidence of identified behaviours. When restraint is used, it is risk assessed, monitored and implemented in consultation with residents, representatives and the medical practitioner. Staff have been trained in behaviour management which, due to staff feedback, is now part of the home's annual mandatory training suite. Residents and representatives are satisfied with the home's approach to managing residents' challenging behaviours.

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 and dexterity is optimised. The home has a process for the assessment of residents' mobility and dexterity needs on entry, including a falls risk assessment. Entry information is documented in the database and this is used as an interim care plan to guide staff practice. Referrals are automatically made to a physiotherapist who reviews all new residents on entry. A manual handling plan summary in each resident's room utilises a dot system for staff to quickly identify individual manual handling needs and strategies. The home has designated staff trained as manual handling resources. These staff provide assistance and training to staff and residents as required. Strategies used to minimise the risk of falls include hip protectors, lowered beds, motion monitoring devices, exercise and yoga classes. The home monitors resident need through ongoing assessment and review and feedback from staff. Falls data is tabled at staff meetings for review. Residents and

representatives interviewed are satisfied with the home's approach to optimising residents' mobility and dexterity.

2.15 Oral and dental care
This expected outcome requires that "residents' oral and dental health is maintained".

Team's findings
The home meets this expected outcome

Residents' oral and dental health is maintained. Oral health assessments are conducted on entry and on an ongoing basis to identify individual oral and dental care needs. Care plans provide individual resident oral and dental hygiene strategies that are regularly reviewed and evaluated. Residents are actively supported to access dental services from a list of service options displayed in the home and all allied health contacts are recorded in the progress notes. Staff said they have been trained to effectively assist residents and have access to a range of oral health products to assist them provide oral and dental care. Residents interviewed said they are satisfied with the home's approach to managing their oral and dental care.

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

Team's findings
The home meets this expected outcome

Residents' sensory losses are effectively managed in relation to all five senses. The home assesses all five senses on entry and individual strategies are recorded in the care plan. Strategies are identified to facilitate greater sensory enjoyment and include adequate lighting, large screen television, magnification and sensory stimulation tools, piped music and visual aids for bingo players. The home monitors staff practice and reviews sensory loss on a regular basis. Staff are aware of residents' sensory losses and the strategies required to address them. Residents interviewed are satisfied with the home's approach to managing their sensory loss.

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

Team's findings
The home meets this expected outcome

Residents are able to achieve natural sleep patterns. The home obtains a sleep history and settling preferences on entry and monitors residents' sleeping patterns on an ongoing basis. Strategies are documented in the care plan. Strategies include individual settling times, warm drinks and air flow options. All rooms are fitted with dimmer control night lights for individual lighting needs. Ongoing monitoring identifies any sleep disturbance and strategies are reviewed to address them. Most residents have their own room and bathroom, which minimises disturbances at night and during rest periods through the day. Staff have been trained in management options to maximise sleep. Residents interviewed said they were satisfied they are able to achieve a natural sleep pattern.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Continuous improvement initiatives related to resident lifestyle are generated through information received from resident, representative and staff feedback.

Improvements implemented relevant to resident lifestyle include, but are not restricted to:

- Feedback prompted review of privacy and dignity of residents in shared rooms. This has been improved with the introduction of privacy capes. Residents using shared bathrooms are now able to be transferred easily without discomfort and in a dignified manner with the introduction of these capes.

- To promote independence and reduce the risk of burns the home and following consultation with residents, an urn was removed and a zip heater was installed. This has given cognitively intact residents the ability to make cups of tea and coffee when required or needed without the risk of burns and protects those with diminished cognition.

3.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, the home has systems and processes to monitor and protect residents' privacy and maintain confidentiality. Handbooks and agreements provide and assist residents to understand their rights and responsibilities. Staff are provided with code of conduct guidelines and are aware of privacy legislation and compulsory reporting requirements.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes. In relation to Standard 3 Resident lifestyle, the home has provided training for staff on a range of topics including elder abuse, behaviour management and leisure and lifestyle management.

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 has systems to support residents in adjusting to life in their new environment on entry and on an ongoing basis. Residents are provided with an information pack and welcomed to the home. Lifestyle and care assessments identify residents' specific emotional needs and support networks. Care and lifestyle staff, the chaplain and volunteers support residents and assist them to maintain relationships, recognise significant days and celebrations. Visits from family, friends and community groups are encouraged. Other agencies and services are called where resident needs require additional support. The home monitors resident satisfaction with emotional support through surveys, staff observation and verbal feedback. Residents and representatives are satisfied residents receive emotional support on entry and on an ongoing basis.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has systems to assist residents to achieve maximum independence, maintain friendships and participate in the life of the home and community. Residents' lifestyle preferences, interests and abilities are identified during initial assessment and reviewed on a regular basis. On-site hairdressing services and internet access are available to residents. Staff and volunteers assist residents to participate in group activities and to maintain links with family, friends and community groups. Residents are assisted to participate in the community through local outings. The home monitors resident satisfaction with their independence through staff observation, surveys and verbal feedback. Residents and their representatives are satisfied the home assists residents to maintain their independence and participate in community activities according to their needs and preferences.

3.6　Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has systems recognising and respecting each resident's right to privacy, dignity and confidentially. Initial entry assessments and ongoing review processes identify residents' privacy, dignity and confidentially needs. Most residents have single rooms. A number of communal and private lounge areas are available. Staff support residents' privacy, dignity and confidentially by knocking on doors before entering, signing a confidentially declaration on commencement of employment and ensuring resident information is stored securely. The home monitors resident satisfaction through observation, surveys and resident feedback. Residents and representatives are satisfied residents' privacy, dignity and confidentially are recognised and respected by staff.

3.7　Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents are encouraged and supported to participate in a range of activities and interests appropriate to their needs and preferences. The Activities Co-ordinator conducts initial assessment soon after entry, which includes the development of a client profile detailing each new resident's life interests. Client profile information is gathered in consultation with residents and their families and friends and it provides information regarding past community roles, educational and career interests, cultural and spiritual needs and current interest in the home's social calendar. This information is generally used to develop individual plans of care. The home's social calendar includes one-to-one and group sessions tailored to meet residents' needs and preferences. Popular activities include exercise and yoga sessions, outings, cooking, indoor volleyball, games and accessing the internet. Volunteers assist with many group and individual activities. The Activities Co-ordinator evaluates individual lifestyle programs on a scheduled basis by reviewing activity participation in consultation with residents and families. Effectiveness of the lifestyle program is monitored through participation, feedback at monthly residents' meetings, audits and surveys. Residents and representatives are satisfied residents have a wide range of activities in which they can participate, according to their preferences.

3.8　Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings

The home meets this expected outcome

The home has systems to value and foster individual interests, customs, beliefs and cultural and ethnic backgrounds. Initial entry assessment and ongoing care reviews identify residents' cultural, religious and spiritual preferences. Residents are assisted to maintain individual religious and spiritual support, including outings to participate in community services such as funerals. Cultural, religious and significant days are celebrated including birthdays, Melbourne Cup, Easter and Remembrance Day. The home conducts annual memorial days to remember deceased residents and volunteers. Ecumenical church services

are conducted on a regular basis. The home monitors and evaluates residents' cultural and spiritual needs through feedback and surveys. Residents and representatives are satisfied residents' individual interests, religious and cultural needs are identified and fostered.

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

Each resident/representative participates in decisions about the services the resident receives and are enabled to exercise choice and control. There are mechanisms to prevent infringing on the rights of other people. Resident preferences are gathered on entry and reviewed on an ongoing basis. Care and lifestyle assessment and review processes include consultation with residents and representatives. The home obtains feedback from residents via surveys, conversations and resident meetings. Advocacy agencies and external complaint mechanisms are discussed and authorised representatives are identified. Brochures for external advocacy services are displayed and these services are invited to visit the home to address resident meetings. Staff have been trained to assist residents to exercise choice and control over their lifestyle, including decisions around rising and settling times and alcohol consumption with meals. Residents are satisfied they are able to exercise choice and control regarding their needs and preferences.

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 within the residential service and understand their rights and responsibilities. The home has processes to provide information about fees and charges, security of tenure, rights and responsibilities, the comments and complaints system and alternative sources of advice. These are included in the resident agreement and handbook, with additional information displayed in the home. Room changes relevant to their care needs are discussed with the resident or authorised representative and documented appropriately. Any changes to agreements or legislation are communicated to residents and their families through meetings or letters. Monitoring processes assist the home to protect residents and include surveys, meetings and feedback forms. Residents and representatives are satisfied residents are assisted to understand their 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

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

Continuous improvement initiatives related to Standard 4 Physical environment and safe systems are generated through analysis of data and information collected from environmental audits, resident/representative feedback, hazard, incident and infection data analysis and trending.

Improvements implemented relevant to Standard 4 Physical environment and safe systems include, but not restricted to:

- Feedback from staff identified an opportunity to enhance the outdoor living area and promote a sense of calmness. As a result the home has installed an outdoor water feature. Residents have been involved with the choosing of the waterfall and ensuring it is switched on and off at appropriate times each day.

- The home received complaints relating to missing clothing and the inability to identify all of the residents' washing. To easily identify the owner, staff are now attaching designated coloured wool strands to dark socks and other dark articles of clothing. This initiative has reduced the amount of unclaimed laundry and complaints from residents.

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

Team's findings
The home meets this expected outcome

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

The home has processes to monitor and maintain regulatory compliance relating to physical environment and safe systems. This includes implementing occupational health and safety regulations, monitoring and maintaining fire safety systems, certification codes, infection control guidelines and food safety requirements.

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

In relation to Standard 4 Physical environment and safe systems, the home has provided training for staff on a range of topics including fire and emergency, fire warden training, manual handling and infection control.

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

Residents and representatives are satisfied residents live in a safe and comfortable environment. Encouragement is given to residents to personalise their rooms with memorabilia and home comforts. Residents have access to dining rooms, indoor and covered outdoor areas for relaxation. Residents' safety is enhanced with coded access and key access to storage and service areas. Call bells are provided and available to assist non ambulating residents. Preventative and reactive maintenance schedules and cleaning programs assist in providing a comfortable and safe environment. The home has a policy of minimal restraint and uses discreet monitoring processes to monitor resident whereabouts when necessary. Duress alarms have been installed to improve the security and safety of residents and staff. Monitoring of the environment occurs through audits, incident and hazard collation and analysis and stakeholder feedback.

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 to monitor and improve health and safety and to provide a safe working environment that meets regulatory requirements. Occupational health and safety (OHS) policies and procedures guide staff in their daily work. Incidents and accidents are recorded, investigated and analysed through the environmental risk management meetings and changes to systems implemented and reviewed as required. The home monitors OHS through audits, meetings, workplace inspections and observation of staff practice. Staff have been provided with education about OHS issues relevant to their work areas and are aware of their responsibilities in relation to their own safety. Chemicals are stored securely in the home.

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

Policies and procedures outlining fire, security and emergency procedures are accessible to all staff. Training is provided at orientation and is a yearly mandatory condition of employment. Warden training has been provided and fire drills conducted. The home has accessible up-to-date lists detailing resident transfer requirements. An accredited external contractor, along with the home's maintenance staff, monitors and maintains fire safety and emergency equipment. The home has a no smoking policy. The home has a programmed visit organised to renew its triennial fire certification. Audits, fire drills and workplace inspections assist in monitoring compliance with emergency procedures.

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 appointed a designated staff member to manage its infection control program. Information on current outbreaks and resources is available to staff at the home. Staff are provided with training and personal protective equipment and are familiar with strategies to minimise the risk of spreading infection. Pest control is monitored by the maintenance department with external assistance available if required. Staff and residents have been encouraged to take up immunisation opportunities offered by the home. Information on infection outbreaks is documented and analysed to identify trends and minimise risk. Spill kits and containment bins for sharps are available. Infection control practices are monitored through audits, observation, staff appraisals and feedback processes.

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 systems to provide catering, cleaning and laundry services. Residents' food preferences and needs are communicated to the kitchen on entry to the home and when changes are made. Meals are prepared and cooked on-site and menus are developed based on resident preferences and feedback. Residents are offered alternatives at each meal and individual resident's special needs are catered for. Cleaning is provided through a scheduled routine and as needed. Laundry services are provided on-site for residents' personal clothing. The home monitors hospitality services through resident and staff feedback, observation of staff practice, internal and external audits and reporting processes. Staff are guided in their duties by duty lists and policies and procedures. Staff are aware of their daily responsibilities and are satisfied with their working environment. Residents and representatives are satisfied with hospitality services provided by the home.