



Aged Care
Standards and Accreditation Agency Ltd

Beuaraba Lodge

RACS ID 5043

10 Weale Street

PITTSWORTH QLD 4356

Approved provider: The Pittsworth and District Hospital Friendly
Society Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 29 April 2016.

We made our decision on 14 March 2013.

The audit was conducted on 19 February 2013 to 20 February 2013. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

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

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

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Beuaraba Lodge 5043

Approved provider: The Pittsworth and District Hospital Friendly Society Ltd

Introduction

This is the report of a re-accreditation audit from 19 February 2013 to 20 February 2013 submitted to the Accreditation Agency.

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

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

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

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 19 February 2013 to 20 February 2013.

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:	Gayle Wain
Team member/s:	Dee Kemsley

Approved provider details

Approved provider:	The Pittsworth and District Hospital Friendly Society Ltd
--------------------	---

Details of home

Name of home:	Beuaraba Lodge
RACS ID:	5043

Total number of allocated places:	80
Number of residents during audit:	76
Number of high care residents during audit:	57
Special needs catered for:	Dementia and other related disorders

Street/PO Box:	10 Weale Street	State:	QLD
City/Town:	PITTSWORTH	Postcode:	4356
Phone number:	07 4619 8422	Facsimile:	07 4619 8400
E-mail address:	janet.newlands@beuarabaliving.org.au		

Audit trail

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

Interviews

	Number		Number
General Manager	1	Residents/representatives	9
Director of Nursing	1	Clinical Manager	1
Clinical Nurse Consultant	1	Administration Manager	1
Registered staff	3	Workplace Health and Safety Consultant	1
Assistant in Nursing staff	4	Hotel Services staff	3
Catering staff	2	Lifestyle staff	2
Maintenance staff	2		

Sampled documents

	Number		Number
Residents' files	8	Medication charts	11

Other documents reviewed

The team also reviewed:

- 'Tattler' newsletter
- 'Wish list 2013'
- Activity evaluation forms
- Activity visitor details (attendance records)
- Agreement to bedroom change forms
- Application pack
- Audit schedule and audits
- Case conference records
- Certificate of classification
- Chemical register
- Cleaning schedules and checklists
- Clinical assessments and monitoring charts
- Clinical incidents and analysis
- Comments and complaints information
- Continuous improvement plan and action plans
- Controlled drug register
- Daily profile (care plan summary)
- Day book/communication/diary
- Duties lists

- Education attendance records and competencies
- Emergency disaster plan
- Faxes to medical officers
- Fire equipment monitoring and maintenance records
- Food safety plan
- Handbooks – staff, residents, volunteers
- Lifestyle planner (calendar)
- Maintenance planners and records
- Medication reviews
- Memoranda
- Menu
- Minutes of meetings
- Orientation information
- Palliative care resources
- Policy and procedures
- Protective assistance assessments and authorisation
- Quality folder
- Reportable assaults register
- Resident antibiotic use list
- Resident care agreement
- Resident checklist (entry)
- Resident dietary info
- Resident evacuation lists
- Residential care agreements
- Roster
- Safety data sheets and risk assessments
- Temperature checklists and monitoring records
- Wound management plans

Observations

The team observed the following:

- Accreditation information displayed
- Activities in progress
- Administration and storage of medications
- Advocacy, internal and external complaints brochures and posters
- Allied health facilities
- Clinical, chemical and cleaning storage areas
- Clinical handover process

- Co-located medical centre
- Electronic clinical information system
- Emergency assembly areas
- Fire panels
- Fire/emergency evacuation instructions, signage and maps
- Hand washing facilities
- Interactions between staff, representatives and residents
- Internal and external living environment
- Manual handling and mobility assistive devices
- Meal and beverage service
- Notice boards and notices on display
- Personal protective equipment in use
- Sharps disposals
- Spills kits
- Suggestion box
- Swipe card access to secure areas
- Wall mounted hand sanitisers

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's continuous improvement system identifies plans and implements improvement opportunities against the Accreditation Standards. Staff and residents/representatives contribute to the improvement system through meetings, surveys, the comments and complaints system and audits. Improvements are monitored prior to being evaluated and completed. Feedback to residents, representatives and staff relating to progress, status and review of improvements is communicated through meetings, newsletters, noticeboards, written and electronic mail and verbally. Residents/representatives and staff are aware of the avenues available to raise improvement requests and actively contribute to the home's continuous improvement.

Examples of recent improvements undertaken by the home in relation to Standard 1 Management systems, staffing and organisational development include:

- The home has employed two staff with Fire Safety Advisor qualifications. The staff facilitates fire training and inductions for staff. The Clinical Manager stated this has resulted in a "more robust induction process" as there is now qualified staff ensuring all staff have the required knowledge of the home's processes in the event of a fire or other emergency.
- The home has introduced one mandatory training day for staff rather than multiple sessions over a year. Staff are allocated one day a year where they are required to attend a mandatory training day. During this day they complete all mandatory training topics such as infection control, manual handling and compulsory reporting. The Clinical Nurse Consultant stated staff feedback with the new format has been positive.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to identify changes to legislation and regulatory requirements. Policies are updated as required to reflect any changes and relevant staff are informed of legislative changes through meetings, education sessions, memoranda and an electronic alert system. Policies are accessible to staff and compliance with legislation and the Accreditation Standards is monitored through regular audits, surveys, incident and hazard data and observation of staff practice. The home has a system to monitor police certificates and professional registration requirements.

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 to ensure staff have the appropriate knowledge and skills to perform their roles. Education and training needs are developed in response to legislative requirements, performance appraisals, incident data, resident feedback and observation of staff practice. Staff are encouraged to attend internal and external training opportunities with further educational needs being identified through annual training needs analysis, meetings, audits and the needs and preferences of residents. Staff demonstrate skills and knowledge relevant to their roles and are satisfied with the support they receive from management to identify and develop their skills.

Particular to this Standard, staff stated they have attended education sessions in complaints mechanisms, human resource information and accreditation.

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 have access to information regarding the internal and external complaint processes. Information relating to internal and external complaint mechanisms is provided through the resident handbook and brochures are displayed throughout the home. Management has an 'open door' policy or alternatively residents/representatives can complete improvement forms and place them in the suggestion box located in the entrance of the home. Residents also have the opportunity to raise any issues of concern at resident meetings and forums. Residents/representatives and staff indicated they are aware of, and have confidence in the complaints process.

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 organisation has documented the home's vision, values, philosophy, objectives and commitment to quality. This information is available to residents/representatives and staff in the residents' handbook, staff handbook, orientation information and is displayed throughout the home.

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

Employment processes at the home, include the selection, recruitment, orientation and ongoing training and development of staff. The orientation program includes mandatory training topics and staff receive 'buddy' shifts and training specific to their role. Staff skills and knowledge are generally monitored and supported through educational opportunities identified at annual performance monitoring, annual training needs analysis, competency assessments, audits and attendance at education/training. All staff have a current criminal history clearance prior to commencement of work and alerts are provided to relevant staff prior to expiry. A roster is maintained to ensure there is appropriate and adequate staffing for all shifts. The roster is reviewed and adapted regularly in response to the changing care needs of residents. Planned and unplanned leave replacements are maintained from the home's current staffing numbers and casual staffing pool. Staff state they have adequate time to complete their duties. Residents/representatives are satisfied with the timeliness of staff response to requests for assistance.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure appropriate goods and equipment are available for service delivery. The quality and condition of equipment and services are monitored through risk assessments, maintenance requests and improvement forms. Equipment needs are identified by management, staff and health professionals based on the needs and preferences of residents. Staff have the opportunity to add to the 'wish list' for equipment at the home. Equipment and stock is monitored to ensure it meets legislative requirements, infection control and work health and safety practices. Equipment is maintained through preventative maintenance schedules and reactive maintenance processes. Residents and staff are satisfied adequate stocks of goods and equipment are available within the home.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has systems and processes to guide the confidential collection, use, storage and destruction of information in accordance with regulatory requirements. The home has established areas to store and locate confidential information and electronic information is password protected with access restricted to appropriate personnel. There are archiving and document control systems to ensure confidentiality and privacy is maintained when handling information. The home utilises a combination of paper based and electronic information systems for the dissemination and storage of resident and staff information. Information is

provided to staff and relevant stakeholders through written and electronic correspondence, minuted meetings, newsletters and memoranda. Ongoing monitoring of the information management system generally occurs through auditing processes as well as staff and resident/representative feedback. Staff reported sufficient information is provided to enable their duties to be carried out effectively. Residents/representatives are satisfied the communication of information is timely and management provides them with the information to make informed decisions.

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 to ensure external service providers meet the home's needs and service goals. A preferred providers' list is available for regularly used services and all contractors visiting the home are required to register at reception. Service agreements outline the home's requirements and the quality of service to be provided. Any issues regarding the quality of service provided are addressed by the General Manager. External providers have a current criminal record check or are supervised by the Maintenance Officers while attending the home. Staff and management are satisfied with the external service contractors providing the home's care and service needs.

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.

Examples of recent improvements undertaken by the home in relation to Standard 2 Health and personal care include:

- The home identified their existing assessment tool in relation to evaluating residents' at risk of falls only identified and/or addressed components of the residents' needs. As a result, in December 2012 management introduced a new resident falls risk tool and all residents were reassessed. Management and staff reported the new assessment tool is easy to use and properly identifies and highlights residents at risk. Management further advised, and review of documentation confirmed, incidents of residents' falls have gradually decreased.
- In order to address identified skill mix gaps and to look at up-skilling clinical staff (specifically the home's enrolled nurses), the Clinical Nurse Consultant has developed and introduced a suite of competencies. These competencies are dependent on the role and past experience of clinical staff and are provided for registered nurses, enrolled nurses, care staff and clinical trainers (for example those students completing their Certificate III and IV in Aged Care). Clinical competencies are completed on an annual basis and/or as the need is identified (performance management), with the Clinical Nurse Consultant monitoring the competencies to completion. The new competencies are based on current best practice and now form the home's required clinical procedure. Management reported they have seen an increase in continuity of care and staff knowledge since the introduction of the competencies.
- The home has recently implemented a new assessment in relation to the application of restraint, which assesses the specific and individual residents' (a) need and triggers for the application of restraint, (b) interventions and strategies trialled prior to the application of restraint and (c) restraint application authorisation. Management stated the new form provides more prompts for staff to follow, appropriate information in relation to other strategies already trialled by staff and reasons and/or conditions for the application of the restraint. The residents' family (enduring power of attorney) and medical officer sign the restraint assessment/authority once completed. Management further advised education has been provided to staff on using and completing the new form.

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 systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to health and personal care.

Particular to this Standard, the organisation has systems to ensure registrations of registered staff remain current and the reporting of unexplained absences of residents is in accordance with legislative requirements.

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 systems and processes to maintain staff knowledge and skills. Staff demonstrate skills and knowledge relevant to their roles and are satisfied with the support they receive from the home to identify and develop their skills.

Particular to this Standard, staff stated they have attended education sessions in medication management, diabetes management, continence management, pressure area care, dementia management, pain management and syringe driver usage.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has processes to assess residents’ initial and ongoing clinical care needs and preferences. Residents’ daily profiles are completed on entry to the home from information provided by the resident/representative, hospital discharge notes and medical referral notes. Comprehensive and focus assessments are then completed to form individualised care plans that direct the provision of care. Residents’ care is evaluated every three months, or as care needs change. All registered staff, care staff and allied health contribute towards resident progress notes on an ‘exceptional reporting’ basis. Follow-up is generally actioned by registered staff, in conjunction with the Clinical Manager. Residents/representatives have input into the ongoing provision of the resident’s care via the care plan review process and through case conferences that are conducted annually. Staff have an understanding of individual resident care needs and preferences and are satisfied with the communication processes used to inform them of resident’s clinical care needs and changes. Residents are satisfied the clinical care provided is appropriate to their needs and preferences.

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 needs and preferences of residents requiring ongoing specialised nursing care are identified on entry to the home, or as care needs change. This information is included in the resident’s individualised care plans to guide staff practice. Registered nurses are available on-site 24 hours a day, seven days a week, to assess and generally oversee specific care requirements. These currently include diabetic management, catheter care, oxygen therapy, colostomy care, complex pain and wound management. Professional development training, the use of external specialist services and clinical resource material is available to support staff to care for residents with specialised needs. Appropriate equipment and sufficient stock is accessible to enable residents’ specialised nursing care needs to be met. Residents are satisfied with the quality of care provided at the home and the support received with their specialised care needs.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents have access to a range of health specialists who provide services such as physiotherapy, speech pathology, podiatry, dietetics, optometry, dental care, audiology, pathology and mental health services. A referral mechanism is initiated by registered staff in conjunction with the Clinical Manager. Health specialists regularly attend the home and staff coordinate external appointments when necessary. The outcome of referrals, including instructions for ongoing care are actioned, documented and retained in residents’ clinical records with changes incorporated into the residents’ care plan as required. Residents are satisfied with the choice and access to other health specialists.

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

Competency assessed registered nurses, enrolled nurses and care staff assist with the administration of residents’ medications. Registered nurses are available onsite 24 hours per day, seven days per week for consultation regarding administration of ‘as required’ (PRN) medication. Resident medications are supplied in blister packs (or individual containers) delivered to the home on a weekly basis. Medications are stored securely and registered staff are aware of procedural and legislative requirements relating to the administration and storage of medications and controlled drugs. Residents’ attending medical officers review residents’ medications regularly and an external pharmacist conducts reviews annually. Evaluation of the medication management system is conducted through the monitoring of medication incidents, observation of staff practice, via medication administration committee meetings and the auditing processes. Residents are satisfied their medication is administered safely and correctly.

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’ pain management needs are identified and assessed on entry to the home, and on an ongoing basis as identified. Verbal and non-verbal pain assessment occurs and interventions are recorded on the resident’s care plan to guide provision of care. Strategies to manage residents’ pain include massage, repositioning, magnetic therapy provided by the physiotherapist, exercises and range of movement exercises and ‘as required’ pain medication. Medication measures include regular prescribed oral pain relief and topical slow-release pain relief patches. Effectiveness is assessed and monitored by registered nurses, in conjunction with the Care Manager, with any changes being recorded in residents’ progress notes and/or pain assessment and referred to the residents’ attending medical officer for further review. Residents are satisfied their pain is managed effectively and staff respond to requests for assistance if they experience pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has processes to provide appropriate care and comfort for terminally ill residents. Residents’ end-of-life wishes (including where provided the resident’s advanced health directive) are discussed with the resident/representative on entry to the home, and/or through a case conference as the residents’ health status changes. Residents are supported to remain in the home during the palliative phase of care and family are enabled to stay with residents during this time if they wish to. Care needs are managed in consultation with residents, their representatives, their medical officers, allied health specialists and chaplains as required. Specialised equipment is available to assist residents to remain as free from pain as possible. Staff are aware of the care needs and measures required to provide comfort and dignity for terminally ill residents and support for their families.

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’ dietary requirements are identified and assessed on entry to the home including their personal likes and dislikes and medical dietary needs. Care strategies required to support residents’ nutrition and hydration needs are incorporated into their care plans and communicated to all staff, including kitchen staff. Care strategies include assistance with meals, provision of dietary aids, regular beverage rounds and the provision of thickened fluids and modified texture diets. Residents are routinely weighed on entry to the home and then monthly. The registered nurses, together with the Clinical Manager, generally monitor variances in weights and unintended weight loss is analysed for causative factors. The provision of supplements and increased weights are initiated as identified, with referral to the

resident's medical officer, speech pathologist and dietitian for further review as required. The effectiveness of nutrition and hydration is reviewed through observation at meal service, care staff monitoring and feedback from residents at meetings and/or on a one to one basis. Residents are satisfied the home provides adequate nourishment and hydration.

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 integrity and the potential for compromised skin integrity is assessed on entry to the home and preventative strategies are implemented as appropriate. These strategies include the use of aids/equipment such as air flow mattresses, limb protectors, promotion of sun therapy, regular repositioning, provision of supplements and additional fluids and the use of moisturising creams. Wounds and treatments are monitored via wound management charts, with enrolled nurses providing ongoing wound care. The registered nurses and Clinical Manager regularly review residents' wounds and wound care. Staff have access to external specialist advice for more complex wound care and/or ongoing review when required. The incidence of injury/skin tears is captured and analysed for trends/triggers and interventions are implemented as appropriate. Staff receive education in manual handling at orientation and on an annual basis with the view to ensuring residents' skin integrity is not compromised in any way. The effectiveness of skin care is reviewed through analyses of clinical indicators, the audit process, observation and staff feedback. Residents are satisfied they receive care and assistance to maintain 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 status is assessed on entry to the home with urinary and bowel assessment charts commenced to identify patterns. Residents' individual continence programs are developed and are detailed on care plans to guide the provision of care. A daily bowel record is maintained for each resident which registered staff monitor and action. Bowel management programs include dietary fibre in the form of pear and orange juice for breakfast, increase in fluids, provision of fruit and the administration of aperients as prescribed. Care plans record strategies to promote and manage residents' continence needs including regular toileting programs, assistance with personal hygiene and provision of appropriate continence aids. Continence link nurses monitor residents' initial and ongoing continence aid use for appropriateness. Staff have an understanding of residents' individual toileting schedules and continence needs. Residents are satisfied with the level of assistance and aids provided to manage their continence.

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 needs of residents with challenging behaviours are identified during the initial assessment phase and on an ongoing review basis. Behavioural assessments are conducted to identify the types of behaviours exhibited, possible triggers and management strategies. Strategies implemented to manage challenging behaviours include one-on-one interaction and distraction, ensuring a safe environment, provision of settling periods and alpha music therapy, review of pain needs, provision of ‘old times movies’, involvement in group activities and medical and/or medication review if required. Specialist advice is available to guide ongoing management of challenging behaviours through referral to Older Persons Mental Health. The need for resident restraint (including environmental restraint) is assessed, authorised, monitored and reviewed on a regular basis. Staff have an understanding of managing residents with challenging behaviours and interact with residents in a manner that encourages positive outcomes. Residents are satisfied the activities of other residents do not infringe on residents’ life at the home.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The physiotherapist conducts a detailed initial assessment in relation to each resident’s specific mobility, transfer and therapy needs. Individualised care plans are developed which includes manual handling instructions. Residents and staff are instructed in the use of mobility and transfer aids and staff undergo training on an annual basis. Physiotherapy assistants (trained by the physiotherapist) undertake exercises and assisted walks with identified residents and lifestyle staff provided exercise based activity programs for residents during the week. Residents at risk of falls are assessed and identified and falls are monitored and reviewed, with preventative actions being taken to improve outcomes for the individual residents. Residents are satisfied with the level of support and assistance provided to maintain their 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’ dental history and preferences relating to the management of their oral and dental health are identified, including the level of assistance needed, which is reflected on residents’ care plans. Care staff monitor residents’ ability to self-manage their oral care and assist when required. Care staff inform registered staff of any concerns which initiates further referral as appropriate. Registered staff, in consultation with the resident/representative, coordinate and arrange dental referrals when a need is identified. Residents are able to attend their preferred dentist. The home maintains stocks of equipment and products to meet residents’ oral hygiene needs, including during the palliative stage of care. Residents are

satisfied with the level of support provided to assist them with the maintenance of oral hygiene and their access to dental health services.

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

All aspects of residents’ sensory needs and/or loss are assessed on entry to the home or as care needs change. Care interventions reflect residents’ identified sensory needs and personal preferences to guide provision of care and assistance by staff. Implemented strategies include the provision of sensory aids and leisure activities. Care staff provide support with activities of daily living and assist residents to manage assistive devices, such as spectacles and hearing aids, to maximise sensory function. Residents are referred to specialists such as audiologists, optometrists and speech pathologists based on their assessed needs and in consultation with the resident or representative and medical officer. Staff coordinate external appointments when required with any changes being incorporated into the resident’s care plan. The home can access hearing and vision equipment repair services should this be required. Residents are satisfied with the assistance provided by staff to identify and manage their sensory care needs and preferences.

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 sleep comfortably and are satisfied with the support provided by staff. Each resident is assessed on entry to the home and information about their usual sleep patterns, settling routines and personal preferences are documented to form part of the individualised care plan. Night routines maintain an environment that is conducive to sleep. Staff have implemented support and comfort measures which include a regular settling routine, attending to toileting/continence and pain management needs and ensuring a comfortable temperature. Medication interventions are administered according to the resident’s attending medical officers’ orders. Staff are aware of each resident’s sleep and rest patterns and personal preferences and regularly check on residents overnight.

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.

Examples of recent improvements undertaken or in progress in relation to Standard 3 Resident lifestyle include:

- A resident who was unhappy at the home and wanting to leave and return to their own home was relocated to a room where they could maintain a small garden bed. The resident was provided with support from management and staff to develop the garden bed. The resident’s emotional and physical wellbeing has improved to where the resident can now self-medicate and regularly attend garden club. One staff interviewed stated “you would not believe the change” in the resident.
- In response to a resident’s request, additional lace curtaining has been purchased and installed in their room to assist with their privacy. One staff stated the curtaining was not required however the resident now “feels better”.

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 systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to Resident lifestyle. Management maintains and monitors systems to ensure residents’ care is in accordance with the Quality of Care Principles 1997.

Particular to this Standard, the organisation has systems to ensure reportable and non-reportable events are managed according to legislative 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 systems and processes to maintain staff knowledge and skills.

Particular to this Standard, staff stated they have attended education sessions in privacy and dignity and confidentiality.

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

Emotional support is provided to residents and/or representatives upon entry to the home by all staff involved in the entry process. Information about residents' social and family history, lifestyle choices and preferences is collected from the residents/representatives through initial and ongoing assessment, with individualised care and lifestyle plans developed accordingly. There are processes to assist new residents to settle in at the home including orientation to the home, provision of information on the home and planned activities, and introduction to other residents, staff and management. Residents are able to bring personal possessions to furnish their rooms and family visits are encouraged and supported. Staff are aware of residents' needs for support at particular times such as loss and bereavement. Residents are satisfied with support received from staff to help to them to adjust to their lifestyle in 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' current lifestyle preferences, interests and abilities are identified during entry to the home to assist with the development of lifestyle and clinical care plans that maximise individual resident's independence. Staff promote and support resident's independence within their capacity in relation to personal care and activities of daily living and appropriate equipment such as mobility and incontinence aids are provided, together with the provision of directional signage, to support residents' independence. Lifestyle staff assist residents to participate in a variety of leisure activities and to maintain links within the community, as well as with family and friends. Monthly resident forums/meetings provide an opportunity for residents to discuss issues and voice suggestions or concerns; concerns can also be addressed through the comments and complaints process. Residents are satisfied with the support provided to enable them to maintain an optimal level of independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home maintains policies and processes to protect residents' privacy and dignity. On entry to the home, residents are provided with information about privacy and confidentiality which is contained in the resident agreement, handbook and completed consent form (for

example in relation to residents' photographs). Staff and management have an awareness of the privacy and confidentiality considerations when providing shift handover and attending to resident care needs. Resident personal, clinical and financial information is stored in a secure manner that protects the confidentiality of residents. All staff sign a confidentiality agreement on being employed by the home. Residents are satisfied their privacy needs are respected and that staff ensure their dignity is maintained.

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' past and current interests are identified through interview and completion of social profile assessment. Individualised lifestyle plans are developed in consultation with the resident/representatives, and reflect the resident's physical and cognitive abilities and identified interests. The homes' seven day activity program includes general group, specialist group (for example the men's group) and individual one-to-one activities, with monthly activity programs provided in the residents' monthly newsletter, posted in resident communal areas, written on white boards and communicated to residents by volunteers and lifestyle staff. Programs are evaluated by review of activity evaluations, feedback at resident forums/meetings and special morning tea functions to encourage input into future activity programs. The activity program is also benefited by a volunteer support group which augments the activities and services (for example outings and pastoral care) provided to residents. Residents are satisfied with the leisure and activity programs offered by 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

Residents' specific cultural and spiritual needs and preferences are identified on entry to the home and lifestyle plans are developed in consultation with the resident/representative. A variety of religious denominations conduct services at the home on a regular basis and pastoral volunteers visit with residents in their rooms. The home has processes in place to ensure residents from culturally and linguistically diverse (CALD) backgrounds have their cultural and spiritual needs identified and met. Days of personal, cultural and spiritual significance are planned and celebrated in the home as a community, and on an individual basis. The menu can be altered to accommodate residents' cultural needs as required. Residents are satisfied their cultural practices and spiritual beliefs are provided for and respected.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents are provided with opportunities to exercise choice and decision making in the planning and provision of care and lifestyle options and are encouraged to be actively involved. Input and feedback is sought from residents/representatives throughout their stay at the home via care and lifestyle plan reviews, resident forums/meetings, resident surveys, audits, comments and complaints processes, and daily one-to-one interaction between staff, management and residents. Staff utilise strategies to incorporate choice into residents' daily care routines and leisure interests. Information for residents about internal and external complaint mechanisms are contained in the resident agreement and handbook, and information displayed in the residents' communal living areas. Residents are satisfied with choices offered in matters relating to their care and lifestyles with staff showing due consideration for their personal preferences and choices.

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/representatives are provided with information about their rights and responsibilities and security of tenure prior to admission and on admission; this information is re-enforced during their time at the home. Information provided includes fees and charges, security of tenure, services to be provided by the home and the resident's responsibilities. Further information regarding resident's rights and responsibilities is contained in the resident agreement and handbook. Ongoing information is provided through newsletters and discussions at residents/representative meetings as the need arises. Residents are satisfied they have secure tenure within the home and are aware of 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.

Examples of recent improvements undertaken in relation to Standard 4 Physical environment and safe systems include:

- The home has purchased outdoor furniture for an outdoor courtyard. The courtyard has also had a retaining wall installed and the gardens have had new plants added. One resident stated the area is “lovely” and they now use the area “often”.
- The home has established a ‘reflection room’ for use by family members of unwell or palliative residents. One representative stated the room is a “quiet place” where they could sit if they wanted to “have time out”.
- The home has reviewed and updated the emergency folder and flipchart. The Clinical Manager stated the information in the folder and flipchart has been shortened, colour coded and made clearer and easier to use. One staff interviewed stated the flipchart was easy to follow.

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 systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to Physical environment and safe systems.

Particular to this Standard, the organisation has a food safety program, which is generally implemented and followed, and processes for monitoring fire and occupational health and 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 systems and processes to maintain staff knowledge and skills.

Particular to this Standard, staff stated they have attended education sessions in food safety, manual handling, infection control and hand washing.

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 environment is maintained and monitored through preventative maintenance schedules, cleaning duty lists, reactive maintenance requests, the reporting and actioning of hazards and investigation of incidents. Residents are encouraged to personalise their rooms with furnishings and decorations. Dining and lounge areas are appropriately furnished to the needs of the residents and are placed throughout the home for ease of use by residents/representatives. The home is secured each evening ensuring a safe environment for residents and staff. Restraint authorities are sought for residents requiring protective assistive devices and are reviewed regularly. Residents are satisfied management is actively working to provide a safe and comfortable environment.

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 demonstrates a commitment to providing a safe working environment that generally meets regulatory requirements through its processes, monitoring systems and education programs. Regular audits of the internal and external environment are completed. The home has an external workplace health and safety consultant attending the home regularly. Staff are introduced to safe working practices through the orientation process, one-on-one buddy shifts and annual education and training sessions. Staff practices are monitored through ongoing observation and competencies. There is a preventative maintenance program to ensure equipment and the working environment is maintained in a safe working condition. Staff are trained in the operation of new equipment and the home is in the process of developing 'safe work practices' manuals to assist and guide staff in the operation of equipment. Staff have opportunities to provide input into the safety program through meetings, improvement forms, hazard and incident forms.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has documented policies to manage fire safety, evacuations and other emergencies. Mandatory fire safety training is provided for staff at orientation and annually thereafter. Regular fire drills are conducted and staff have knowledge of the home's fire and emergency procedures. Evacuation plans are located across the home in accordance with

regulatory guidelines and exits are clear of obstruction. External providers maintain fire systems, equipment and signage. Emergency procedures are documented and available to staff and residents/representatives. The home has processes for maintaining the security of the building after hours. Staff have knowledge of the emergency procedures and the actions to be taken in the event of a fire or other emergency.

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 processes to manage infection control in the areas of clinical, catering, cleaning and laundry practices, with the Clinical Nurse Consultant overseeing the infection control program. Infection control policies are available to guide staff practice including guidelines on outbreak management. Staff are provided with infection control education at orientation, then annually at mandatory training. Residents are administered influenza vaccinations annually by their medical doctor if this is their preference, with a program also being offered to staff. The home has a food safety program in place and safe food practices are generally followed in the kitchen, with regular temperature monitoring, dating of food and correct storage of cold products being observed. The home provides adequate hand washing facilities, sharp containers, spill kits and personal protective equipment for staff, with processes in place to effectively manage waste and pest control. The effectiveness of infection control measures are monitored through review of infection statistics, regular audits and observation of staff practices. Staff are aware of the colour-coded equipment, the use of personal protective equipment and the principles used to prevent cross infection.

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

Residents' dietary needs are assessed and identified on entry including allergies, likes, dislikes and cultural preferences which are documented to ensure individual needs and preferences are met. The home has a winter/summer menu, with allowances made for residents' alternative meal preferences. Residents have input into menu planning through resident meetings and surveys. There is a scheduled cleaning program to guide staff to ensure regular cleaning of residents' rooms and the environment. All laundry is processed at the home using equipment and practices that minimise risks of cross infection. Residents are satisfied with the catering, cleaning and laundry services provided at the home.