Aged Care
Standards and Accreditation Agency Ltd

Capel Sands Aged Care

RACS ID 3548
8-16 Capel Avenue
ROSEBUD WEST VIC 3940

Approved provider: Aged Care Services 23 (Capel Sands) Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 20 October 2016.

We made our decision on 29 August 2013.

The audit was conducted on 22 July 2013 to 23 July 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

Capel Sands Aged Care 3548

Approved provider: Aged Care Services 23 (Capel Sands) Pty Ltd

Introduction

This is the report of a re-accreditation audit from 22 July 2013 to 23 July 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 22 July 2013 to 23 July 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:	Gillian Walster
Team member:	Sylvia (Lynne) Sellers

Approved provider details

Approved provider:	Aged Care Services 23 (Capel Sands) Pty Ltd

Details of home

Name of home:	Capel Sands Aged Care
RACS ID:	3548

Total number of allocated places:	60
Number of residents during audit:	59
Number of high care residents during audit:	56
Special needs catered for:	No

Street:	8-16 Capel Avenue	State:	Victoria
City:	Rosebud West	Postcode:	3940
Phone number:	03 5982 1811	Facsimile:	03 5982 1911
E-mail address:	capelsandsdon@acsagroup.com.au		

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

Interviews

	Number		Number
Management/Administration	7	Residents/representatives	9
Clinical staff	8	Hospitality staff	6
Lifestyle staff	1	Maintenance staff	2

Sampled documents

	Number		Number
Residents' files and care plans, clinical and lifestyle	12	Medication charts	12
Resident agreements	6	Personnel files	6

Other documents reviewed
The team also reviewed:

- Allied health information
- Approved suppliers list and agreements
- Audit schedule, audits and results
- Cleaning procedures, schedule and signoff sheets
- Clinical charts and forms
- Communication diaries
- Continuous improvement plan
- Corrective action request forms and register
- Duty lists
- Emergency procedures manual and contact numbers
- Fact sheet – incident reporting
- Fire equipment service log books
- Food safety plan
- Handover sheets
- Incident reports and registers including critical incident – mandatory reporting
- Kitchen cleaning schedules and records, temperature checks
- Laundry procedures
- Lifestyle documentation including, calendar, participation sheets and evaluations
- Maintenance documentation including priority action work plans
- Material safety data sheet folders
- Meeting minutes
- Memoranda

- Menu
- Monthly infection report
- Newsletters
- Nurses' registration and police certificate register
- Occupational health and safety documentation
- Pest control records
- Policies and procedures
- Position descriptions
- Resident dietary and nutrition requirement records
- Residents' information handbook
- Roster
- Self-assessment report
- Staff handbook
- Surveys
- Test and tagging program
- Training calendar /feedback form /attendance records
- Wound management register.

Observations

The team observed the following:

- Activities in progress
- Archives
- Charter of residents' rights and responsibilities on display
- Chemical storage and material safety data sheets
- Cleaning in progress and cleaners storage areas
- Display boards and noticeboards
- Emergency evacuation plans displayed
- Equipment and inventory storage areas including clinical stores
- External and internal complaint information
- Fire detection systems and equipment
- Gastroenteritis kit
- Interactions between staff and residents
- Internal and external living environment
- Key pad security
- Lunch time meal and snack service
- Medications administered
- Observation trolley and supplies
- Secure medication storage.

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

Management operate a quality improvement system based on scheduled audits, surveys, the comments and complaints process, feedback from meetings, legislative changes, hazards and incidents. The system is responsive to opportunities to improve. When a deficit is identified management implement corrective actions through a corrective action request form and a priority action work plan. Designated staff conduct further assessment to monitor outcomes. All stakeholders have access to 'Have your say' and 'corrective action request' forms to suggest improvements or raise issues of concern. The facility manager maintains a plan for continuous improvement to track outcomes for long term items and refers short term items to relevant areas or staff to be actioned. Management undertake evaluation of outcomes and conduct monthly analysis of all collected data to identify any resultant trends. Reports are developed and management discuss results at a range of scheduled meetings. Management said they encourage residents, representatives and staff to make suggestions for improvement. Residents and representatives said they feel well informed about improvements at the home.

Examples of improvement initiatives relevant to Standard 1 Management systems, staffing and organisational development includes:

- To enable the facility manager to monitor and analyse the monthly education program, management developed and implemented an education overview summary report. The facility manager summarises the information on the report to track staff participation and evaluate the training provided.
- A review of the staffing structure occurred due to the increasing needs of residents. As a result and following a request from catering staff, management allocated additional hours to the kitchen roster. Management advised the staff have provided positive feedback from catering staff about the new hours.
- Management supported a resident to developed, initiate and author a newsletter to keep residents and representatives informed of the day to day goings on from a resident's perspective. Management said they assist with the printing and distribution of the newsletter. Residents and representatives have provided positive feedback about the introduction of the newsletter and are requesting input into the content of stories published.
- Management set up an instant message service to provide information to staff in a timely manner regarding roster vacancies and other issues concerning their work practices. Management said staff are happy with the service.

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 organisation has systems to ensure management receives and disseminates information and monitors compliance with relevant legislation, regulations and guidelines. The organisational head office receives legislative changes through membership to peak bodies, legislative update services, local, state and federal government and professional organisations. Management amends documentation and the facility manager disseminates it to staff through electronic mail, meetings and consultation, memoranda and notices. Regulatory compliance is a standing agenda item at all meetings and compliance monitoring occurs through automatic electronic alert systems, observations and audit processes. Staff are aware of their responsibilities in relation to regulatory compliance and confirmed management inform them when changes occur.

Examples of responsiveness to regulatory compliance obligations relating to Standard 1 Management systems, staffing and organisational development include:

- Systems to ensure compliance with police certificate requirements for all staff and contractors.
- Completion of statutory declarations in relation to criminal histories for any staff or volunteers who have been a citizen or permanent resident of a country other than Australia after the age of 16.
- Availability of information about internal and external complaints mechanisms and advocacy services.
- Stakeholder notification of the re-accreditation audit.

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

Management and staff have appropriate skills and knowledge to perform their roles effectively. The recruitment process outlines the knowledge and skills required for each role within the home. Educational requirements are identified through staff appraisals, annual training needs analysis, resident needs, observation, audit results and changes to legislation. Staff are encouraged to participate in education sessions and to identify and undertake other professional development opportunities. There is a variety of education formats including face-to-face, self-directed learning packages and external training. Education attendance records and evaluations are completed and management use a training matrix to confirm staff attend. Management and staff said they are satisfied with the type, frequency and availability of education provided. Residents and representatives are satisfied staff have the appropriate levels knowledge and skills to deliver care.

Recent education relating to Standard 1 Management systems, staffing and organisational development includes:

- incident reporting

- delegation of care
- ACFI refresher training
- documentation and legal responsibilities.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has formal and informal comments and complaints processes that are accessible to residents and representatives, staff and visitors. Management communicate information about internal comments and complaints processes, independent external complaints resolution to stakeholders through the resident agreement, resident and staff handbooks, and brochures displayed within the home. Management provide a suggestion box to enable the lodgement of confidential concerns and resident, representative and staff meetings provide a forum to raise issues of concern. Management respond in a timely manner and maintain confidentiality of individual complaints. Residents and representatives said they are aware of the internal and external complaint processes and are satisfied management addressed complaints appropriately and promptly.

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 its vision, mission and values statements in information provided to residents, staff and management. Management demonstrates its commitment to the provision of quality via all components of the quality management system on site and at an organisational level.

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

There are appropriately skilled, qualified and sufficient staff to meet resident care needs. The recruitment process is based on skill requirements outlined in position descriptions and interviews and reference checks are completed. Management assisted by the organisational human resources office maintain a database and monitoring procedure for police certificates, statutory declarations and professional registrations. Position descriptions inform and guide staff, new staff undergo an orientation program and complete buddy shifts to assist them to adjust to their roles. Staff complete compulsory competencies and have access to ongoing education. There are processes to manage planned and unplanned leave and adjustment of

staff levels occurs to meet resident care needs. Residents, representatives and staff said they are satisfied with staffing levels and the knowledge and skills of staff.

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

Management ensure stocks of appropriate goods and equipment are available to provide quality service delivery. Maintenance staff and contractors maintain and service all equipment through a scheduled and preventative maintenance program and provide a twenty four hour service. Designated staff order clinical, continence, housekeeping and catering supplies through preferred suppliers using effective stock assessment and rotation processes. Staff maintain spare stock and use inventory lists for each service area. All supplies are stored in clean and secure areas in the home. Management purchase items of equipment after trial and evaluation and feedback from relevant staff. Qualified staff conduct electrical testing and tagging according to a schedule. Staff and residents said they are satisfied with the availability of goods and equipment and reported maintenance is completed in a timely manner.

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 organisation has document and data control systems. Management capture information through a variety of mechanisms, such as audits, surveys meetings and the complaints system. Assessment and care planning documentation generally provides adequate information to enable staff to meet resident care needs. Electronic and paper based systems are used to record resident data and personnel records are stored in restricted areas and staff are aware of the organisation's policy pertaining to confidentiality issues. Review of policies and procedures is ongoing to ensure staff, residents and representatives receive and have access to appropriate and up to date information. Information stored on computers is password protected and accessed by authorised personnel only. Management store archived documents in secure areas until the end of the required time limit. Staff shred other confidential information as required. Staff said management inform them of changes in resident's care needs at handover and at change of each shift.

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 procurement manager at the organisational level is responsible for sourcing and managing all external service providers and to review service contracts on an annual basis or as required according to performance. Currently the home has established service contracts with external providers specifying the home's needs including regulatory requirements and

specific services required. External providers are orientated to the home and management provide them with information related to the home. Contractors are required to record entry and exit at the main reception area. Management raise any dissatisfaction with the contractor and seek other suppliers if there is no resolution to the issue. Management and staff reported satisfaction with the services provided by the home's current contractors

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home pursues continuous improvement related to resident health and personal care with the overall systems described in expected outcome 1.1 Continuous improvement.

Examples of improvement initiatives implemented by the home relevant to Standard 2 include:

- The organisation developed and implemented a communication assessment tool to enable staff to identify residents' sensory losses appropriately. The new assessment includes touch, smell and taste. Management said they provided staff with training on the use of the tool and the new assessment is well established.
- Management identified a need to purchase new equipment for nursing care, specialised nursing and palliative care. As a result they have purchased alternating air mattresses and pressure care booties to improve the comfort of residents when needed.
- Following a request from a resident, management established an exercise room and purchased new exercise equipment following discussion with the physiotherapist. Management advised us residents use the exercise room and equipment to maintain and improve their strength and fitness. Residents said they are very happy with the exercise room and we observed residents using the equipment during our visit.
- Management have introduced wound champions who were provided with education and training from an external wound specialist. Management said the introduction of the wound champions has resulted in a decrease in complex wounds and a consistency in wound care and an evidence based approach to wound care.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Management has systems to identify and ensure the home meets regulatory compliance obligations in relation to health and personal care. Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

Examples of responsiveness to regulatory compliance relating to Standard 2 Health and personal care includes

- Management maintain a system identifying professional registrations of registered nurses and enrolled nurses are current.
- A system to manage mandatory reporting requirements for unexplained absences of residents is included in policy manuals and the information is available to staff.

- Management has a registered nurse overseeing residents' specialised nursing care on all shifts.
- Medications are stored and administered 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

Management have processes to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to residents' health and personal care. For details regarding the home's systems and processes, refer to expected outcome 1.3 Education and staff development.

Recent education relating to Standard 2 Health and personal care includes:

- medication management
- diabetes management
- pain management
- mandatory reporting
- blood glucose level competencies.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

There are processes to ensure residents receive appropriate clinical care. Staff conduct assessments according to a schedule and determine each resident's needs and preferences. Assessments, care plans and verbal handovers generally inform staff of individual resident care needs. Appropriately qualified and experienced staff provide care to residents. There is a resident of the day process to evaluate residents and staff maintain records of care. Regular medical reviews and increased monitoring occurs when needed. Staff said they have sufficient time to provide the planned care for residents. Residents and representatives are complimentary of the care provided to residents.

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

Appropriately qualified staff identify and meet specialised nursing care needs of residents. Staff assess, plan and review residents' specialised care needs and use specific audits, tools and charts to monitor residents, analyse care and ensure the delivery of care is managed effectively. Policies and procedures guide staff in the provision of specialised care and referral and consultation with specialised health professionals occurs. Management provide

education in areas of complex care specific to the residents' needs. Residents with specialised care needs include those with diabetes, catheter care, wound management and pain management. Staff said they have sufficient time and resources available to provide specialised care and residents said they are satisfied with the specialised care they receive.

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

Regular assessments ensure residents' needs for specialist referrals are identified. Referrals to health specialists are planned, documented and consistent with resident requirements and preferences. Residents have a medical practitioner of their choice attend them at the home. The physiotherapist assesses residents when they enter the home, provides exercise programs and reviews residents regularly and when requested due to incidents or declining health or condition. Podiatry, optometry and audiology review residents regularly and speech pathology, dietetics, wound specialists, dental services, palliative care and external mental health services review residents when referred by the home. Residents and representatives said staff refer residents to specialists as needed and assist them in visiting outside specialists as required.

2.7 Medication management

This expected outcome requires that "residents' medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

There are processes to safely and effectively manage residents' medication. Medication competent staff administer medication using a packaged system. There are audits to monitor the system, staff undergo education and annual competencies and an external pharmacist reviews residents' medications. The home has policies and procedures available to guide staff in the administration of medication. Medications administered on an as needs basis are recorded and include an evaluation of the medication intervention. The home has processes to ensure the supply of medication is consistent and storage of medication is according to legislative requirements. Staff administering medications said they have a thorough understanding of the medication management system in use and residents and representatives said they are satisfied with the management of residents' medication.

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

There are processes to ensure residents are as free as possible from pain. Staff conduct a pain assessment when residents enter the home and then formulate a care plan to provide strategies to manage pain. Staff assess and monitor residents' verbal, non-verbal and behavioural indications of pain, implement strategies and record the strategies used. Strategies include distraction, massage, medication and heat packs. Staff said they monitor residents' pain including non-verbal response to pain when necessary and provide

interventions as needed. Residents said staff respond appropriately whenever they have pain.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

Staff provide care to residents who are terminally ill and promote their comfort and dignity. Residents' terminal care wishes and palliative care needs and preferences are discussed with residents and representatives. Palliative care plans include symptom management, comfort measures and psychosocial needs. Staff have access to education and resources to support residents in the terminal stages of life. Staff access medical care for residents as necessary and make referrals to external palliative care services if required. Consultation with representatives occurs regarding the care environment and their role in the residents' care. Care for residents includes nursing care and complementary care and staff help support families at this time. Staff said the comfort and dignity of terminally ill residents is maintained.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Management demonstrate a systematic approach to ensure residents receive adequate nourishment and hydration. This involves identification of residents' likes, dislikes, allergies, specific dietary and cultural requirements which are communicate to the kitchen. Regular reviews identify residents at risk of poor nutrition and referrals to dietitians and speech pathologists occur. Increased monitoring of at risk residents and alternative strategies to encourage optimal nutrition and hydration, including the use of supplements are utilised. Staff provide personal assistance with meals in a calm and respectful manner. Organisational policies, procedures and flowcharts guide staff in monitoring resident nutrition, hydration and weight management. Staff said they are aware of residents' dietary requirements and protocols to monitor unplanned weight loss and dehydration. Residents and representatives said staff meet residents' nutrition and hydration 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

There are processes to promote residents' skin integrity consistent with their overall health. Residents have an assessment of skin integrity on entry to the home to identify risks or review an existing skin condition and care plans outline strategies to prevent skin breakdown. Pressure relieving measures in use include alternating air mattresses, cushions and booties. Staff assist residents with ambulation and position changes when needed, monitor skin tears and wounds, access consultants as required and maintain records of care. Staff said they

are familiar with the skin care needs of residents and monitor the condition of residents' skin while they undertake personal care tasks such as showering. Residents and representatives said they are satisfied with the home's approach to maintaining residents' 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

Staff using organisational policies, procedures, protocols and documentation tools effectively manage and meet residents' continence and toileting requirements. Residents' individual continence needs and the assistance and aids they may require are assessed and care plans are formulated. Strategies are provided to maintain skin integrity for residents with incontinence. Infections are monitored, managed and preventative strategies are implemented. Staff are provided with education to assist residents and discreetly maintain residents' dignity. Staff said they have access to sufficient continence aids for residents' needs and are aware of residents' requirements. Residents said their continence needs are met and aids are provided as necessary.

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

Management's approach to behavioural management involves assessment, care planning and evaluation of strategies in consultation with staff, representatives and providers. Staff assess residents' behaviours on entry to the home and additional monitoring and review is undertaken as required. Care plans generally document triggers and strategies to prevent and to manage behavioural occurrences. Staff access medical practitioners, specialists and advisory services for residents who require additional review and management of challenging behaviours. Staff have access to education and resources and provide assistance to residents in a calm, respectful manner and said they are supported in managing residents' behaviours. Residents and representatives said they are satisfied that staff manage behavioural issues effectively within the home.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Management demonstrate each resident's mobility and dexterity ability is optimised. Staff in conjunction with specialists and allied health professionals assesses residents' mobility capacity and falls risk. Strategies provided in the care plan to promote mobility and dexterity include the provision of appropriate aids and exercise programs. Staff follow policies and procedures when incidents occur where residents have fallen. Staff assist residents during meal times and provide dexterity aids such as adaptive cutlery and crockery when needed. Appropriate mobility aids are provided and mechanical transfer equipment is available. Staff

said they have manual handling training which includes safe transfer techniques. Residents and representatives said residents mobility and dexterity is encouraged.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

There are processes to assist residents to maintain optimal oral and dental health. Staff conduct assessments for oral and dental needs and preferences and care plans are developed. Residents are encouraged to maintain their independence with oral care when able and the home has sufficient equipment and supplies to enable appropriate oral hygiene practice. Staff said they assist and prompt residents with daily dental hygiene and observe and document any relevant dental issues. Strategies for residents with swallowing difficulties include texture modified diets and staff assistance with meals. Staff assist residents to attend their preferred dentist or technician when able and external providers visit the home when required. Residents said staff provide assistance with oral and dental hygiene.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

When residents enter the home, staff assess their sensory needs to identify a decline or loss, to coordinate management strategies and to identify requirements for referrals to specialist providers. Staff implement measures to minimise environmental risks, maximise residents' safety and their enjoyment of meals, activities and their living environment. Staff assist residents to attend appointments to their preferred specialist providers. Staff are aware of individual needs and assist residents who require help with care, maintenance, fitting and cleaning of aids and devices. Residents said they are satisfied with the support provided by staff in relation to 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

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

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home pursues continuous improvement related to resident lifestyle with the overall systems described in expected outcome 1.1 Continuous improvement.

Examples of improvement initiatives implemented by the home relevant to Standard 3 Resident lifestyle include:

- Management increased the lifestyle rostered hours to include a five hour shift on Saturday and Sunday enabling staff to provide activities to residents on the weekend. Lifestyle staff and residents commented positively about the weekend program. Management advised the program is now well established.
- A review of the lifestyle program resulted in the introduction of 'Food for thought' manual to enhance cultural awareness and the involvement of residents in other cultures.
- Management provided grief and loss education for staff as an additional part of the palliative care education. Staff provided positive feedback following the sessions.
- Lifestyle staff developed a 'make a wish' program for residents. Staff organised individual activities for residents to fulfil their wish. Staff reported they have granted many wishes for residents including a high tea at sea and a ride on a Harley Davidson motor bike. Residents have provided positive feedback to management about the program. It now is included as a permanent part of the lifestyle program.
- Lifestyle staff organised a photography studio to take portraits of residents and representatives. Staff treated residents and representatives to make-overs and glamour to prepare for the photographer's visit. Management said the day was very successful and many residents and representatives participated and provided very good feedback.

3.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has a system to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to leisure and lifestyle .Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

Examples of responsiveness to regulatory compliance obligations relating to Standard 3 Resident lifestyle include:

- There are processes to ensure management offer residents and representatives a residential agreement when residents enter the home and inform them about their right to privacy and confidentiality.
- There is a system for mandatory reporting of elder abuse.

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

There are processes to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to resident lifestyle. For details regarding the home's systems and processes, refer to expected outcome 1.3 Education and staff development.

Recent education relating to Standard 3 Resident lifestyle includes:

- grief and loss
- elder abuse – mandatory reporting
- privacy and dignity
- leisure and lifestyle training package.

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

Management has effective systems for ensuring residents receive support in adjusting to life in their new environment and on an ongoing basis. A tour of the facility is conducted as an opportunity for prospective residents and their representatives to meet staff and residents. On entry to the home residents are orientated to the layout of the facility, and are assigned a "buddy" to help them adjust to their new environment. Staff commence the assessment process to identify residents' emotional support needs and develop individualised care plans. Strategies are implemented to assist residents that include an active and varied lifestyle program. Residents are encouraged and assisted to pursue their own individual interests where possible either within the facility or the broader community. Staff monitor residents on an ongoing basis for any additional emotional support they may require with specialist referrals initiated when indicated. Residents said they were happy with the level of emotional support provided.

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

Staff access a variety of systems to assist residents to maintain their independence. Lifestyle staff assess residents' lifestyle needs and preferences, such as social, cultural and community interests on entry to the home and conduct regular reviews of care plans. Care files record the level of support and assistance required and management identifies residents who require an authorised person to act for them. Management provides information to residents and representatives outlining the resident's right to take leave and discusses services to support their needs. Physiotherapy and activities programs assist residents to maintain social and physical independence. Management provides open and flexible visiting times and encourages representatives and friends to visit. Residents and representatives said they participate in decisions regarding activities of daily living and management and staff support them to be as independent as possible.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management provide residents and representatives with information about their right to privacy and discuss how they use the information they gather. Privacy brochures are included in the entry pack. Staff assess and identify residents' privacy and dignity needs and preferences and communicate these in care plan documentation. Management ensure residents' clinical and financial records are stored in locked offices and these are accessible to relevant care and administrative staff to maintain privacy and confidentiality. Management conduct surveys and gain verbal feedback from residents and representatives to evaluate the effectiveness of strategies to ensure residents' privacy and dignity is recognised and respected. Staff said they are aware of their responsibilities in protecting residents' privacy, dignity and confidentiality and residents said staff are respectful when attending to their needs.

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

Management ensures its systems encourage and support residents to participate in a range of interests and activities. Lifestyle staff complete profile assessments in consultation with residents and representatives and develop individualised care plans. Staff conduct reassessment and review of care plans regularly as residents' needs or wishes change. Lifestyle staff ensure residents receive a copy of the activity calendars and display information on notice boards within the home. Activities include small groups and individual one on one, staff consider specific linguistic and cognitive needs. Evaluation and review of the program and individual activities occur through observation, participation records and

resident feedback. To ensure satisfaction with the activities offered staff monitor participation levels and encourage residents to participate in providing ideas for activities at the resident and representative meetings or directly to lifestyle staff. Residents and representatives said they were satisfied residents are encouraged and supported to participate in interests and activities of interest to them.

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 organisation has processes to identify, respect and maintain residents' cultural customs, beliefs and spiritual backgrounds. Staff assess residents' cultural and spiritual needs on entry to the home and develop care plans identifying individual wishes and requirements. Residents have access to regular church services and pastoral care. The activity program includes celebrating days of significance, theme days, birthdays and cultural days of importance to any individual residents. Resources are available to communicate with and support residents from culturally diverse backgrounds should this be required. Residents said they were satisfied with the home's response to their cultural and spiritual needs

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Management ensure the rights of residents to make decisions and exercise choice and control over their lifestyle is recognised and respected. Care and lifestyle assessments record choices and preferences. Care plans, dietary lists and records of activities document personal preferences which lifestyle and nursing staff review regularly in consultation with residents and representatives. The home has a complaints system with forms displayed prominently and resident surveys, meetings and comment forms provide regular feedback. Clinical staff conduct care consultations with residents and representatives. Residents state staff respect their choices and preferences and encourage them to participate in decisions about their care and to give feedback.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The organisation has a system to ensure residents and representatives understand their rights and responsibilities and have access to information regarding security of tenure at the home. Management provide information about security of tenure, residents' rights and responsibilities, specified care and services outlined in the *Aged Care Act 1997* and complaint mechanisms to residents during the entry process. The information is also contained in the resident handbook and agreement. Management offer an agreement on

entry to the home to all residents and representatives. The Charter of residents' rights and responsibilities and information regarding independent complaint services and advocacy groups are on display within the home. Management inform staff about residents' rights and responsibilities, specified care and services and elder abuse through policy, hand books and education. Residents and representatives said they are satisfied with residents' security of tenure and confirm they feel comfortable to approach management with any queries they may have.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home pursues continuous improvement related to the physical environment and safe systems with the overall systems described in expected outcome 1.1 Continuous improvement.

Examples of improvement initiatives implemented by the home relevant to Standard 4 Physical environment and safe systems include:

- Management identified the need to purchase floor line beds for some residents following the completion of falls risk assessments conducted by staff. Management purchased the beds and allocated them to the residents who required them. Management said this has reduced the falls risk for those residents.
- Management purchased a furniture lifter and slider for cleaning staff following feedback from them that some furniture was difficult to move during their cleaning process. Staff reported daily use of the slider reduces strain when they are moving furniture and lessens the risk of injury.
- Management purchased and implemented infrared thermometers to decrease the risk of cross contamination. Management said the introduction of the equipment has increased the accuracy of reporting vital signs, and lessened disturbance to residents who maybe sleeping or have behavioural issues.

4.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home pursues continuous improvement related to regulatory compliance with the overall systems described in expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 4 Physical environment and safe systems include:

- Management have policies, procedures and practices to actively promote a safe environment.
- A food safety program is in operation.
- Maintenance of fire equipment is regularly undertaken. Management ensure staff receive annual fire and emergency training and provide procedures to guide their practice.
- Management has occupational health and safety systems and processes and actively promotes occupational health and safety.

- Chemicals are stored safely in secure areas with a chemical register with material safety data sheets available.

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

Management has systems to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to physical environment and safe systems. For details regarding the home's systems refer to expected outcome 1.3 Education and staff development.

Recent education relating to Standard 4 Physical environment and safe systems include:

- fire and emergency response training
- infection control
- manual handling
- food handling/safety.

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

Management and staff actively work to ensure the residents living environment is safe, secure, clean and comfortable. Residents reside in single or shared rooms with private bathrooms. Residents have secure access to clean and well maintained communal and private living areas including several smaller sitting areas. A large lounge, activities, library and computer areas provide meeting places for all residents. Residents' rooms are personalised with mementos, photographs and personal furniture. Management maintain comfortable temperatures throughout the home including heating and cooling. Staff monitor the living environment through review of incidents and hazards, environmental safety audits and survey data. Residents and representatives said the home is safe and comfortable and appropriate to residents' needs.

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

Management ensures its processes support the provision of a safe working environment and inform staff of occupational health and safety through the orientation process, policies, procedures, meetings, education and manual handling training. Processes support occupational health and safety, including hazard and incident reporting, maintenance

requests, preventative maintenance, risk assessments and environmental audits. Staff have access to appropriate inventory and equipment to promote safe work practice. Occupational health and safety meetings occur, occupational health and safety is an agenda item at staff meetings and key issues are discussed and actioned at management and quality meetings. Staff said they were satisfied management is active in providing a safe work environment and are satisfied with the safety measures taken and the equipment provided by 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

The organisation has developed systems to maintain a secure environment and minimise fire, security and other emergency risks. The home is equipped with emergency, fire fighting and detection systems. Qualified external contractors service the fire fighting and detection systems regularly. Emergency exits and egress routes are free from obstruction; emergency evacuation packs are prepared and include emergency procedures. There are documented contingency plans available to staff to respond to other identified emergencies. Fire and emergency training is part of the induction process and management ensures staff attend annual mandatory training sessions. Residents said they feel safe in the home. Staff were able to describe emergency procedures confidently.

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

There is an effective infection control program which through regular monitoring and quality activities identifies and contains infections. Organisational policies and procedures are in place and regular comprehensive training is provided for staff. Collation, analysis and trending of resident infections occurs. Guidelines on the management of outbreaks such as gastroenteritis and influenza are accessible. Outbreak kits, spill kits, sharps containers, personal protective clothing and hand hygiene facilities are available. Catering, cleaning and laundry procedures follow infection control guidelines and there is a planned pest control program. There is a food safety certificate and the food service undergoes an annual third party audit. Food and refrigerator temperature monitoring occurs. Cleaning schedules and environmental audit documentation are in place. Staff, residents and representatives said they are satisfied that staff identify and manage infections appropriately.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hospitality services enhance residents' quality of life and the staff's working environment. Meals are prepared on site and the catering team follows an approved food safety plan and the kitchen has current external certification. Documented processes for updating and communicating changes to residents' dietary needs and preferences guide staff practices.

Staff offer alternative meals, snacks and drinks throughout the day and the dietitian has reviewed the menu. Cleaning staff follow schedules to ensure regular cleaning of residents' rooms and common areas. The laundry collection and distribution processes ensure prompt return of linen and clothing and staff follow appropriate infection control procedures. Processes are in place for minimising the loss of items. Management ensure staff receive ongoing chemical and infection control training and regular audits of hospitality services monitor the home's performance. Residents and representatives confirm they are very satisfied with the quality of hospitality services provided at the home.