Carinya Lodge Hostel  
RACS ID 3019  
Carinya Crescent  
KORUMBURRA VIC 3950  
Approved provider: Carinya Lodge Homes Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 21 September 2015.

We made our decision on 9 August 2012.

The audit was conducted on 3 July 2012 to 4 July 2012. The assessment team’s report is attached.

We will continue to monitor the performance of the home including through unannounced visits.
Most recent decision concerning performance against the Accreditation Standards

**Standard 1: Management systems, staffing and organisational development**

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

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

**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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
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<tbody>
<tr>
<td>2.1 Continuous improvement</td>
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</tr>
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</tr>
<tr>
<td>2.3 Education and staff development</td>
<td>Met</td>
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<tr>
<td>2.4 Clinical care</td>
<td>Met</td>
</tr>
<tr>
<td>2.5 Specialised nursing care needs</td>
<td>Met</td>
</tr>
<tr>
<td>2.6 Other health and related services</td>
<td>Met</td>
</tr>
<tr>
<td>2.7 Medication management</td>
<td>Met</td>
</tr>
<tr>
<td>2.8 Pain management</td>
<td>Met</td>
</tr>
<tr>
<td>2.9 Palliative care</td>
<td>Met</td>
</tr>
<tr>
<td>2.10 Nutrition and hydration</td>
<td>Met</td>
</tr>
<tr>
<td>2.11 Skin care</td>
<td>Met</td>
</tr>
<tr>
<td>2.12 Continence management</td>
<td>Met</td>
</tr>
<tr>
<td>2.13 Behavioural management</td>
<td>Met</td>
</tr>
<tr>
<td>2.14 Mobility, dexterity and rehabilitation</td>
<td>Met</td>
</tr>
<tr>
<td>2.15 Oral and dental care</td>
<td>Met</td>
</tr>
<tr>
<td>2.16 Sensory loss</td>
<td>Met</td>
</tr>
<tr>
<td>2.17 Sleep</td>
<td>Met</td>
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</tbody>
</table>
### 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.

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

### 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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Accreditation Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>4.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>4.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>4.4 Living environment</td>
<td>Met</td>
</tr>
<tr>
<td>4.5 Occupational health and safety</td>
<td>Met</td>
</tr>
<tr>
<td>4.6 Fire, security and other emergencies</td>
<td>Met</td>
</tr>
<tr>
<td>4.7 Infection control</td>
<td>Met</td>
</tr>
<tr>
<td>4.8 Catering, cleaning and laundry services</td>
<td>Met</td>
</tr>
</tbody>
</table>
Audit Report

Carinya Lodge Hostel 3019
Approved provider: Carinya Lodge Homes Inc

Introduction
This is the report of a re-accreditation audit from 3 July 2012 to 4 July 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team’s findings regarding performance against the Accreditation Standards
The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes
Audit report

Scope of audit
An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 3 July 2012 to 4 July 2012.

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

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

Assessment team

<table>
<thead>
<tr>
<th>Team leader</th>
<th>Heather Inglis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team member</td>
<td>Jennifer Clarke</td>
</tr>
</tbody>
</table>

Approved provider details

<table>
<thead>
<tr>
<th>Approved provider</th>
<th>Carinya Lodge Homes Inc</th>
</tr>
</thead>
</table>

Details of home

<table>
<thead>
<tr>
<th>Name of home</th>
<th>Carinya Lodge Hostel</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACS ID</td>
<td>3019</td>
</tr>
<tr>
<td>Total number of allocated places:</td>
<td>42</td>
</tr>
<tr>
<td>Number of residents during audit:</td>
<td>42</td>
</tr>
<tr>
<td>Number of high care residents during audit:</td>
<td>2</td>
</tr>
<tr>
<td>Special needs catered for:</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street</th>
<th>Carinya Crescent</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>Victoria</td>
</tr>
<tr>
<td>City</td>
<td>Korumburra</td>
</tr>
<tr>
<td>Postcode</td>
<td>3950</td>
</tr>
<tr>
<td>Phone number</td>
<td>03 5655 2125</td>
</tr>
<tr>
<td>Facsimile</td>
<td>03 5658 1624</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:carinya@tpg.com.au">carinya@tpg.com.au</a></td>
</tr>
</tbody>
</table>
Audit trail
The assessment team spent two days on-site and gathered information from the following:

<table>
<thead>
<tr>
<th>Interviews</th>
<th>Number</th>
<th>Interviews</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management</td>
<td>2</td>
<td>Residents/ Representatives</td>
<td>11</td>
</tr>
<tr>
<td>Administration</td>
<td>2</td>
<td>Volunteers</td>
<td>2</td>
</tr>
<tr>
<td>Clinical and care staff</td>
<td>3</td>
<td>Hospitality staff</td>
<td>3</td>
</tr>
<tr>
<td>Lifestyle staff</td>
<td>2</td>
<td>Maintenance staff</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sampled documents</th>
<th>Number</th>
<th>Sampled documents</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents’ files</td>
<td>11</td>
<td>Medication charts</td>
<td>10</td>
</tr>
<tr>
<td>Summary/quick reference care plans</td>
<td>5</td>
<td>Personnel files</td>
<td>6</td>
</tr>
<tr>
<td>Resident agreements</td>
<td>6</td>
<td></td>
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</tr>
</tbody>
</table>

Other documents reviewed
The team also reviewed:

- Activity program and participation spreadsheet
- Asset and chemical registers
- Audit schedule, audits and reports
- Blood glucose monitoring charts
- Catering certificates, food safety plan and records and third party audits
- Cleaning schedules and duty statements
- Clinical reports
- Comments, suggestions and complaints records
- Communication books
- Compulsory reporting flow chart
- Continuous improvement plan
- Controlled substance registers
- Diabetic management plans
- Education records
- Environmental inspections
- Evacuation drill reports
- External contractor information and sign in book
- Fire systems maintenance records
- Handover sheet
- Incident report data and associated analyses
• Infection control information
• Initial assessments and care plans
• Inventory and equipment documentation
• Leisure and lifestyle information
• Material safety data sheets
• Medication competencies
• Meeting minutes
• Memoranda
• Menu
• New resident checklist
• Occupancy permit
• Occupational health and safety information
• Orientation checklist
• Police check register
• Policies and procedures
• Position descriptions
• Preventative and corrective maintenance programs
• Professional registration records
• Recruitment documentation
• Reportable incidents folder
• Residents’ information package and associated documents
• Service improvement requests
• Staff information package
• Staff roster
• Staff training records
• Surveys
• Vision, mission and philosophy statements
• Visitor sign in book
• Weight records.

Observations
The team observed the following:

• Activities in progress
• Annual essential safety measures report
• Archiving and secure destruction
• Charter of residents’ rights and responsibilities
• Chemical and hazardous goods storage
• Colour coded infection control systems
• Equipment and supplies and storage areas
• Evacuation kit and resident list
• External complaints brochures
• Facility map showing evacuation points
• Fire and safety equipment and signage
• Hand washing sinks and signage
• Interactions between staff and residents
• Internal and external living environment
• Lifting equipment and mobility aids
• Maintenance in progress
• Meal service and drinks rounds in progress
• Noticeboards and whiteboards
• Notification of reaccreditation visit on display
• Oxygen storage
• Security systems and signage for visitors
• Suggestion boxes.
Assessment information
This section covers information about the home’s performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development
Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

Team’s findings
The home meets this expected outcome

The home has a quality system for continuous improvement across the four Accreditation Standards. The home identifies opportunities for improvement from a range of sources including resident and staff feedback, meetings, comments and complaints, hazards and adverse events, survey and audit results. Management document issues and opportunities in the home’s continuous quality plan and record actions for individual continuous improvement activities. Management communicate results through meetings, memoranda, newsletters, noticeboards and education. Management review and evaluate outcomes generated through the system. Staff said they are aware of the continuous improvement system and confirm improvements are ongoing. Residents and representatives confirm ongoing improvements occur at the home.

Recent improvements relevant to Standard one include:

- An audit identified the need for a more detailed equipment inventory. A designated staff person subsequently developed a photo catalogue of all equipment with storage and maintenance details. Management said the catalogue has assisted staff to locate and maintain equipment.
- Resulting from staff feedback, management developed an educational resource area in the main staff room. Non-clinical staff confirmed they now have better access to educational information previously only accessible to clinical staff.

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

Team’s findings
The home meets this expected outcome

The home has a system to identify and comply with relevant legislation, regulatory requirements and guidelines across all four Accreditation Standards. Management receives information through a legislative update service, peak bodies and Government departments. The care manager disseminates requirements for regulatory compliance to relevant areas of the home through meetings, memoranda and education. Management review and amend policies and procedures in response to legislative changes. Staff confirmed they receive information about regulatory compliance issues relevant to their roles. The home includes relevant updates on regulatory compliance at resident and representative meetings.
Examples of responsiveness to regulatory compliance obligations relating to Standard one include:

- The home has a system to maintain police record checks for staff, volunteers and external contractors.
- The home displays up to date information about the Aged Care Complaints Scheme.
- Professional registrations of staff are monitored and maintained.
- The home notified residents, representatives and staff 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

The organisation demonstrates management and staff have the knowledge and skills required for effective performance in relation to the Accreditation Standards and in particular to management systems, staffing and organisation development. The development of the education program is through needs analyses via performance reviews, staff survey and stakeholder input. Management develop a calendar of education/training and employ a range of delivery methods such as in-house sessions, external consultants, seminars/conferences, competency evaluation, video-based and on-line learning. Management maintain attendance records and a database to monitor staff training. Staff are satisfied they are able to access training opportunities. Residents and representatives are satisfied with the knowledge and skills of staff.

Recent training in relation to Standard 1 includes:

- aged care funding instrument (ACFI) – Getting it right
- computer software training
- management also use ‘The Standard’ as a tool to inform activity

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 provides residents, representatives, staff and visitors with formal and informal avenues to make comments and complaints. Management discuss this with residents and their representatives upon entry to the home. The home provides information to stakeholders about internal complaints processes and external resolution services through information packages, meetings, residential agreements and brochures. Mechanisms to notify the home of concerns or suggestions include comment and complaint forms, correspondence, meetings and direct discussion with management who employ an “open door” policy. Documents show the home is responsive to stakeholder feedback and concerns are actioned. Residents and representatives said they feel very comfortable approaching both staff and management with concerns and feel confident appropriate follow up will occur. Staff are able to describe appropriate actions for following through on resident comments and complaints.
1.5 Planning and leadership

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

Team’s findings

The home meets this expected outcome

The home has documented vision, mission and philosophy statements that are on prominent display in the home. Management communicate these statements consistently in relevant stakeholder publications such as information handbooks and employment packages. The committee of management set and review the home’s strategic plan with regular committee meetings. Quality improvement is a standing agenda item at all facility-based meetings including resident and representative meetings.

1.6 Human resource management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure appropriately skilled and qualified staff are available to meet residents’ individual needs. The home has documented systems and processes for the recruitment, selection and retention of qualified staff. All new staff undertake orientation and the home implements a performance appraisal with staff annually. Line management support and supervise staff on an ongoing basis to ensure the maintenance of staff skills and practices. Rosters reflect the appropriate type and numbers of staff are rostered to meet residents’ needs in clinical and non-clinical areas. Planned and unplanned vacancies are backfilled through permanent and casual staff availability. Staff levels are increased on an as needs basis for special resident requirements. Staff said management supports them and staffing levels are adequate. Residents provided positive feedback about their supports and confirm staffing levels are adequate to meet their individual needs.

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

There are systems to ensure adequate stocks of appropriate goods and equipment for quality service delivery is available. Nominated staff regularly order hospitality, clinical, other health and general supplies from preferred suppliers. Staff generally rotate stock where required and goods are stored in clean, tidy and secure storage areas. New equipment is usually trialed prior to purchase to ensure it is appropriate and staff training is provided to ensure usage is safe and appropriate. There are effective corrective and preventative maintenance procedures to ensure equipment is safe and in working order. Staff, residents and representative are satisfied with the quality and availability of stock and equipment and management’s responsiveness to their requests.
1.8 **Information systems**  
*This expected outcome requires that "effective information management systems are in place".*

**Team's findings**  
The home meets this expected outcome

The home has systems to ensure staff and residents are able to receive and provide information to support resident care. Confidential resident and staff information is securely stored and there are procedures for information access, storage and destruction consistent with relevant legislation. Management back up electronic information on an external drive. The home’s care manager regularly reviews policies and procedures. The home communicates information to staff through meetings, noticeboards, memorandum and direct correspondence. The home consults with residents and representatives about care and services as part of scheduled care reviews or more frequently as required. Residents, representatives and staff are satisfied they have access to relevant information.

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 effective systems to ensure external contractors provide services within agreed quality standards. Management maintains a register of approved providers and access local community providers where possible. External contractors sign in and out of the home and are required to read the homes’ policy about provision of services and agreed conduct. Processes are in place to ensure current police checks of contractors. Management monitor the effectiveness of external services through a variety of mechanisms including the homes’ service improvement request system, staff and resident meetings, comments and complaints and quality audits. Staff and residents are satisfied with the external services provided.
Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a system that shows ongoing improvements in resident health and personal care. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard two include:

- Management identified the opportunity to contract a visiting podiatry service. The service now attends the home regularly. Management said residents are very satisfied with the podiatry services provided and ease of access.
- Staff feedback resulted in a new desk and clipboard wall system for the organisation of daily monitoring charts in the handover area. Staff said they are satisfied with the reduced clutter and ease of access to relevant documents for residents’ clinical care.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a system to identify and ensure the home meets regulatory compliance obligations in relation to resident health and personal care. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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

- The home demonstrates compliance with regulatory requirements regarding medication management and storage.
- Appropriately qualified personnel carry out specific care planning activities and care tasks.
- The home has policies and procedures and provides education to staff about their responsibilities in relation to unexplained resident absences.
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 ensures there are systems and 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. Refer to expected outcome 1.3 Education and staff development for the overall system.

Education in relation to Standard 2 includes:
- medication competency including theory and practice
- indwelling catheter competencies
- blood glucose testing and diabetes basic observation
- Parkinson disease.

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

**Team’s findings**
The home meets this expected outcome

Residents receive appropriate care which meets their care needs and preferences. The home has an ongoing review and evaluation system for identifying residents’ personal health and care needs. An individual care plan is developed from medical, allied health and personal information gathered from the resident on entry to the home. The enrolled nurse reviews and evaluates the resident's care plan regularly; registered nurses review high care resident needs. Monitoring of clinical outcomes occurs through internal assessment processes, clinical data and staff observation. The monitoring of staff practices occurs through the quality system and compliance with the home’s policies, procedures and protocols. The review of care plans and staff interviews show care needs are consistent with documentation and updated as required. Residents expressed satisfaction with the quality of care provided.

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

**Team’s findings**
The home meets this expected outcome

Appropriately qualified staff provide residents' specialised nursing care needs. A specialised care plan guides staff in the delivery of residents' care. Registered nurses oversee the provision of specialised care such as wound care, complex pain management and diabetes management. The review of documentation confirms care staff provide specialised care needs in accordance with instructions from medical and/or allied health professionals. Staff feedback and the review of documentation indicate resources and internal auditing together with education support staff in the delivery of specialised care. There are sufficient equipment and supplies available to perform specialised care needs. Residents confirmed the home meets 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

Care staff refer residents to appropriate health professionals in accordance with their identified needs and preferences. The review of documentation together with staff, resident feedback indicates referrals to allied health professionals occur to improve resident outcomes. Documentation and interviews with residents indicates referrals to specialists occur and include pathology services, medical specialists, optometrists, physiotherapists, dieticians, dentists and audiologists. Residents stated they are satisfied with the referral process and support provided by the home to access allied health professionals.

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

Medications are stored safely and managed in accordance with legislation. The medication management system includes a resident assessment, a medication plan and an internal and external review process to capture any changes. The medication chart records the residents’ special considerations, the level of assistance required to administer medications and their allergies. The review of documentation and interviews with staff confirm the monitoring of staff practices through competency assessments, auditing and the review of incident reports. The medication advisory committee meets regularly and reviews all data related to medication incidents. We observed staff following the home’s procedures when administering medications. Residents stated they are satisfied with the manner in which the staff manage their 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

Residents are as free as possible from pain. Residents’ pain levels and management strategies are identified on entry to the home and then as needed. A pain flow chart is used to capture the pain levels of residents who are experiencing pain. Care plans identify the location, intensity, triggers and effective interventions for the pain. Care staff record pain evaluations and resident’s response to planned interventions in the progress notes. The review of care plans and discussions with staff demonstrate staff use alternatives to manage pain such as heat packs, repositioning, the application of rubs, spa baths and massage. The physiotherapist and diversional therapist contribute to the integration of services to assist in the management of residents’ pain. Residents confirmed pain relief interventions are effective.
2.9 Palliative care

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

Team's findings

The home meets this expected outcome

Residents' have terminal care directives and preferences discussed on entry to the home and as required. Residents are aware end of life palliation is not provided at the home. Staff reassess residents' care needs and wishes annually and as the resident's condition changes. When indicated, residents' terminal care wishes and preferences guide staff in the management of the resident's needs. Palliative care consultants, counselling services and spiritual representatives provide expertise and support for residents who require palliation and their representatives. The home monitors its performance in this area through the quality system. Resident representative feedback confirms satisfaction with the manner in which the home meets residents' palliative care needs.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Residents receive adequate nutrition and hydration. Processes are in place for identifying, assessing and reviewing residents' nutrition and hydration status. Clinical indicators such as weight loss trigger referrals to the resident's medical doctor or the dietician. Strategies are in place for residents with weight loss such as food charting and nutritional supplements. The review of documentation confirms the catering department correctly transfers and monitors resident information on dietary preferences, cultural needs, medical requirements and the need for assistive devices. Well-proportioned meals with refreshments are available throughout the day. Residents are happy with the quantity, quality and choice of the meals provided. Residents also spoke of the satisfaction and enjoyment of meals prepared on the premises.

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 is consistent with their general health. Staff observe and assess residents' skin integrity on entry to the home to identify residents that may require additional interventions. Staff assess residents' skin integrity using a risk rating tool and residents' skin integrity is monitored through staff observation, care reviews and the incident reporting system. Registered nurses oversee the care and evaluation of wounds and staff provide referral to a wound consultant as required. Residents state interventions are implemented to improve skin integrity such as the use of emollient creams, repositioning, pressure relieving equipment, footbaths, nutritional supplements and activities to enhance circulation. The review of documentation indicates staff reposition, massage and monitor residents' skin integrity. Staff attend manual handling training and management support work practices through the provision of transfer equipment to maximise residents' skin integrity. Residents are satisfied with the manner in which staff 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

Care staff assist residents in managing their continence needs effectively. There is an ongoing review and evaluation system for identifying residents’ continence needs. Residents are assessed on entry to the home and as required. The process includes charting residents’ urinary and bowel continence over a three to seven day period and evaluating the results to develop a continence care plan. Care strategies include toileting times, continence aid types, triggers for residents with chronic urinary tract infections and bowel management. Staff have access to specialist services as needed. Staff are supported through education and practices are monitored through audits and the review of infection rates. Staff stated adequate supplies of continence aids are available. Residents stated they are happy with the systems for managing their continence needs.

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

Team's findings
The home meets this expected outcome

The home manages residents with challenging behaviors effectively and safely. Systems are in place for identifying, assessing and monitoring residents with challenging behaviours. Staff assess residents over seven days with strategies recorded on their care plans. Documentation reviewed indicated staff conduct risk assessments and develop plans in partnership with the resident to ameliorate the behavior. Staff take appropriate action in redirecting or implementing interventions. Staff interviews confirm they are aware of resident’s behavioral triggers and effective interventions. Staff provide referrals to mental health teams to improve resident outcomes. Staff are aware of processes to follow in the event of an unexplained resident absence. The team observed staff engaging with residents and redirecting them when necessary. Residents stated they are satisfied with the manner in which staff assist them in their behavior management.

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

To optimise levels of mobility and dexterity staff assess all residents on entry to the home. There is development of a comprehensive care plan in consultation with the physiotherapist, resident and representative and health specialists as required. Staff ensure there are strategies in place to minimise falls risks to the resident, including review of each fall that occurs. Staff review mobility and dexterity care plans on a regular basis. The team observed residents using mobility aids. Staff encourage residents to attend exercise programs and staff administer pain relief to residents requiring it. Residents and representatives say they are satisfied with the mobility assistance residents receive.
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

Management and staff ensure residents' oral and dental health is maintained. Staff assess residents’ oral and dental care on entry to the home through the established assessment program. Staff develop an individualised care plan in consultation with residents and representatives and care staff review it regularly. Staff offer residents the option of continuing to visit their regular dentist, with support to attend external appointments, or to utilise a visiting dental service. Specific care plans detail the assistance residents require in order to ensure attendance to regular oral care, with risks and difficulties identified and documented. Residents and representatives confirm they are satisfied with the home’s approach to managing residents’ oral and dental care.

2.16 Sensory loss
This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team's findings
The home meets this expected outcome

Management demonstrate its approach to residents’ sensory losses are identified and managed effectively. Staff assess all residents on entry for any sensory loss and develop a care plan in consultation with residents and representatives. Care delivered is consistent with care plans and staff regularly evaluate and review care plans. Management review the home environment and monitor staff practices through the quality system and identify and document improvements. Residents and representatives confirm they are satisfied with the approach to managing residents’ sensory losses in relation to all five senses.

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

Management and staff demonstrate its practices enable residents to achieve natural sleep patterns. Staff assess all residents on entry for their sleep requirements with identification of established patterns. Staff develop a comprehensive care plan in consultation with residents and representatives and staff promote natural sleep to meet individual residents’ needs. Care plans document the use of sleep aids, medication strategies for sleep promotion as appropriate and any alternative strategies for sleep support. There is regular review of the care plan by staff. Residents say they feel safe at the home and report they are able to get a good night’s sleep.
**Standard 3 – Resident lifestyle**

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

### 3.1 Continuous improvement

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

**Team’s findings**

The home meets this expected outcome

The home has a system that shows ongoing improvements in the area of resident lifestyle. Refer to expected outcome 1.1 Continuous improvement for further details on the home’s continuous improvement system and processes.

Recent improvements relevant to Standard three include:

- Resulting from suggestion made at a resident meeting, the home held a seafood banquet day. Lifestyle staff said resident satisfaction was extremely high and at resident request, the home now holds a monthly seafood banquet and are implementing other special meal events such as “Shanks” day. Residents said they enjoy the special food days and are involved in planning.

- A workplace inspection identified a potential risk for residents due to a steep embankment at the edge of the vegetable patch. Subsequently maintenance installed a suitable fence that has increased safety and attractiveness of the area. Residents confirmed they enjoy accessing and working in the vegetable garden.

### 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 and ensure the home meets regulatory compliance obligations in relation to resident lifestyle. Refer to expected outcome 1.2 Regulatory compliance for further details on the home’s regulatory compliance system and processes.

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

- The home demonstrates compliance with obligations related to security of tenure, such as provision of a residential agreement.

- The home has processes to manage compulsory reporting of elder abuse.

- The home provides residents with goods and services as required by the Quality of Care Principles 1997 Division 2.1 Specified care and services for residential care services.

- The home has systems to ensure resident privacy, including the secure storage and destruction of confidential information.
3.3 Education and staff development
This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s findings
The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to resident lifestyle. Refer to expected outcome 1.3 Education and staff development for the overall system.

Education in relation to Standard 3 includes:
- lifestyle conference was attended by lifestyle staff
- privacy and dignity
- sexuality in aged care.

3.4 Emotional support
This expected outcome requires that “each resident receives support in adjusting to life in the new environment and on an ongoing basis”.

Team’s findings
The home meets this expected outcome

The home supports residents to adjust to life in their new environment and provides emotional support on an ongoing basis. Prior to coming to the home management inform residents about the home, services available, their rights and responsibilities and information about relevant fees and charges. On entry residents are orientated to their room, the environment and amenities and introduced to other residents through a “buddy” system. Lifestyle staff ensure new residents are aware of the activities program and commence assessments capturing social, cultural and spiritual histories. Lifestyle staff identify residents at risk of social isolation and provide additional one to one support. Community volunteers, pastoral workers and counselling services are also available as required. Staff were observed interacting with residents in a caring and friendly manner and residents confirm staff are supportive.

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

Team’s findings
The home meets this expected outcome

The home supports residents to remain as independent as possible and to maintain friendships, family connections and community links. Staff assess residents on entry regarding individual requirements to support independence and care plans are developed and reviewed regularly. The home assists residents to remain as independent as possible with use of mobility and sensory aids and equipment and the provision of an appropriate living environment. Visitors are welcomed and the home supports residents to engage in a range of community activities. Staff monitor residents’ involvement in the activities program and in undertaking activities of daily living and identify if additional assistance is required. Residents said the home supports their independence and they are satisfied with the support and assistance provided.
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 ensures staff support and respect each resident’s right to privacy and dignity. Staff receive information about privacy and confidentiality during orientation and on an ongoing basis. Residents are encouraged to personalise their rooms with their own belongings. The home manages documentation securely and staff hold confidential conversations in private. Residents said staff knock and request permission before entering their rooms, are respectful and maintain their privacy and dignity at all times.

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

The home encourages and supports residents to participate in a range of interests and activities relevant to their individual preferences. Lifestyle staff assess each resident’s past and present leisure interests in consultation with residents and representatives. The home maintains personalised lifestyle needs and preferences in each resident’s care plan with regular review. Activities cater for the needs of residents with physical and sensory support requirements. Lifestyle staff maintain participation records and evaluate activities and special events on an ongoing basis. Residents and representatives have input into the program through meetings, surveys and direct feedback. The home reviews the lifestyle program in response to resident and representative feedback. Residents confirmed a variety of activities of individual interest is available 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 home provides services in a manner valuing and fostering residents’ cultural and spiritual lives and supporting individual interests. The home identifies residents’ cultural and spiritual needs on entry and documents these in each resident’s care plan. Residents are encouraged to celebrate days of significance and local churches conduct regular religious services in the home. The home also supports residents to attend external community services of their choice. Cultural resources are available to staff and interpreter services are available if required. Staff are sensitive to residents’ cultural and spiritual needs and demonstrate knowledge of individual residents’ requirements in this regard. Residents are satisfied with the way staff acknowledge and respect their cultural and spiritual needs.
3.9 Choice and decision-making
This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's findings
The home meets this expected outcome

The home supports residents to exercise choice and control over their lifestyle. Upon entry to the home staff support residents to identify their care and lifestyle preferences. Staff document in care plans and regularly review resident choices regarding care and support. Residents are encouraged to express their wishes through resident and representative meetings, individual consultation, surveys, the comments and complaints process and an 'open door' policy. The home documents powers of attorney and alternative decision makers for relevant residents. Information about advocacy services is available to residents and representatives. Information on resident's rights and responsibilities is contained in the resident information package and residential agreements. The Charter of residents' rights and responsibilities is on display in the home. Staff confirm they support residents to make choices and decisions about their daily routine. Residents said they have opportunity to make choices and decisions about their life at the home.

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

Team's findings
The home meets this expected outcome

Residents have secure tenure within the home and there are processes to ensure they understand their rights and responsibilities. Management provide residents and representatives with information about security of tenure, residents' rights and responsibilities, specified care and services and independent complaint mechanisms prior to entry. The home documents this information in the resident information package and residential agreement. The Charter of residents' rights and responsibilities is on display in the home and management discussed this at a recent resident and representative meeting. The home informs staff about residents’ rights and responsibilities, security of tenure and elder abuse through policy, the staff information package and education. Residents said they feel secure in their home.
Standard 4 – Physical environment and safe systems

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

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

Team’s findings
The home meets this expected outcome

The home has a system that shows ongoing improvements in the area of physical environment and safe systems. For a description of the system refer to Expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard four include:

- Management identified respite residents could not use their electrical equipment while waiting for maintenance staff to tag and test the equipment. As a result, management added information about tagging and testing of electrical equipment to the resident information package. Management said this enables residents to have their equipment tagged and tested prior to entry if they choose, enabling residents to feel at home more quickly as they can use their electrical items immediately.

- Staff observation and resident feedback identified taps in resident bathrooms were difficult for residents with poor dexterity to turn off properly. Consequently, the home installed new easy turn taps in all resident bathrooms. Residents said they are very happy with the new taps.

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

Team’s findings
The home meets this expected outcome

The home has a system to identify and ensure the home meets regulatory compliance obligations in relation to physical environment and safe systems. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance and guidelines released relating to Standard four include:

- Chemical storage is secure and current material safety data sheets are available to staff.

- The home has policies and procedures for monitoring, responding to and reporting infectious outbreaks.

- The home shows evidence of following relevant protocols in relation to compliance with food safety regulations and guidelines.

- A qualified external provider monitors and maintains compliance with fire and safety regulations.
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 and staff have appropriate knowledge and skills to perform their roles effectively in relation to physical environment and safe systems. Refer to Expected outcome 1.3 Education and staff development for the overall system.

Education in relation to Standard 4 includes:

- fire scenarios and evacuation training
- hand washing competencies
- food safety training
- infection control
- manual handling training.

4.4 Living environment

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

**Team’s findings**

The home meets this expected outcome

Management is working to provide and safe and comfortable environment. Residents live in single rooms with ensuites and they are encouraged to personalise their rooms. Staff maintain the courtyard and pathways; appropriate signage and security features are evident and furnishings and equipment are consistent with residents’ care and safety needs. Monitoring of safety and satisfaction with the environment is through surveys, audits, resident meetings, and a preventative and corrective maintenance program. Appropriate policies and procedures are in place to guide staff practices and to meet regulatory requirements. Residents are satisfied with the comfort and safety of the 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 has effective systems to provide a safe working environment in a manner that meets regulatory requirements. Risk management procedures, including incident reporting and audit processes, are employed to identify and minimise the impact of workplace hazards. Systems are in place to assess risks and develop effective risk controls. The home provides staff with education, equipment and supplies to employ safe work practices. Maintenance staff implement a system of routine and preventative maintenance to maintain the safety of equipment and fabric. The home ensures staff are aware of health and safety responsibilities through documented procedures, education and the orientation process. Staff provide feedback about workplace health and safety issues through service improvement requests,
meetings, the occupational health and safety officer and the elected health and safety representative.

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 effective systems to identify and minimise fire, security and emergency risks. The home has a comprehensive emergency management plan identifying appropriate procedures for a range of external and internal emergencies including contingency plans for total evacuation. Qualified external contractors monitor and maintain the home's fire and emergency equipment. Emergency exits and egress routes are free from obstruction. Security systems include keypad access, lock up procedure and a nightly security check by an external contractor. All staff have completed annual emergency procedures training and are able to describe appropriate actions to undertake in the event of an alarm. The home implements regular evacuation drills and emergency scenario training. Residents feel safe at the home and say they have confidence in the ability of staff to respond to an 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

Management demonstrates its infection control program is effective in identifying and containing infection. There is information on infections and staff practices are consistent with industry standards and guidelines. There is a food safety program and pest control measures are in place. There is monthly data collection regarding infections. There is information available to staff on preventative strategies to minimise the incidents of infection in all areas of the home. Records document resident vaccinations and staff say they have received relevant education and are supported to undergo vaccination. Residents are satisfied with infection control practices.

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

There are systems to ensure provision of hospitality services is in accordance with the residents' needs and preferences. Meals are prepared on site in accordance with a six weekly rotating seasonal menu, with annual dietician review. A food safety plan is in place and is audited by an external contractor, with temperature and equipment monitoring. Schedules are in place to ensure cleaning occurs in the kitchen, laundry and home. Cleaning staff undertake cleaning in accordance with policies and procedures and infection control requirements. An external contractor provides a flat linen service and staff attend to personal laundry on site; personal clothing labels ensure items are returned to the correct resident. Residents were very satisfied with the meals and complimentary of the cleaning and laundry services.