Aged Care
Standards and Accreditation Agency Ltd

Castlemaine Health
RACS ID 3401
20 Cornish Street
CASTLEMAINE VIC 3450
Approved provider: Castlemaine Health

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 13 June 2015.

We made our decision on 18 April 2012.

The audit was conducted on 20 March 2012 to 21 March 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

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

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

Standard 2: Health and personal care
Principle:
Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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

Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Castlemaine Health 3401

Approved provider: Castlemaine Health

Introduction

This is the report of a re-accreditation audit from 20 March 2012 to 21 March 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 20 March 2012 to 21 March 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of four 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:	Adrian Clementz
Team members:	Helen Fitzpatrick
	Catherine Evans
	Emma Martin

Approved provider details

Approved provider:	Castlemaine Health

Details of home

Name of home:	Castlemaine Health
RACS ID:	3401

Total number of allocated places:	188
Number of residents during audit:	152
Number of high care residents during audit:	90
Special needs catered for:	Dementia specific house

Street:	20 Cornish Street	State:	Victoria
City:	Castlemaine	Postcode:	3450
Phone number:	03 5471 1555	Facsimile:	03 5472 4546
E-mail address:	quality@castlemainehealth.org.au		

Audit trail

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

Interviews

	Number		Number
Executive management	3	Residents	23
Unit management	3	Representatives	8
Registered nurses	7	Volunteers	1
Nurse practitioner palliative care	1	Human resources management and staff	2
Nurse practitioner candidate	1	Clinical educator	1
Enrolled nurses	3	Risk and occupational health management	3
Care staff	12	Supply management and engineering	2
Lifestyle staff	3	Occupational health and safety representatives	2
Medical, pharmacy and allied health	4	Administrative assistants	5
Health Information manager	1	Hospitality management	4
Infection control officer	1	Cleaning and laundry staff	6
Quality improvement manager	1	Catering staff	2
Information technology manager	1		

Sampled documents

	Number		Number
Residents' clinical files	48	Residents' contractual files	10
Residents' lifestyle files	11	Personnel files	11
Summary/quick reference care plans	22	Medication charts	22

Other documents reviewed

The team also reviewed:

- Activities program, participation records and memory support resources
- Annual essential safety measures report
- Audits, surveys and inspection reports
- Certificate of food safety audit
- Clinical and care assessments
- Complaints registers 2011 and 2012
- Comprehensive medical assessments
- Departmental action plans
- Dietary information and monitoring processes
- Dietician referral pathway for weight loss forms
- Drugs of addiction records
- Education plan and training records
- Example emails between pharmacy and units
- Falls risk and manual handling instructions
- Fire and emergency procedures and documentation
- Food safety program and associated monitoring documentation
- Food services complaints register
- Incident and hazard reports
- Infection control register
- Laundry and cleaning procedures, schedules and monitoring documentation
- Medication refrigerator temperature check records
- Meeting minutes
- Memoranda and newsletters
- Menus
- Observations charts
- Occupational health and safety documentation
- Orientation and induction processes
- Performance appraisals
- Pest control records
- Plan for continuous improvement and associated documentation
- Point of surveillance of infection and device use
- Policies and procedures
- Position descriptions and staff handbooks
- Preventative maintenance schedules and processes
- Purchasing processes and records
- Quality reports
- Recruitment and selection records
- Regulatory compliance monitoring processes and registers
- Resident handbook and entry pack
- Resident list and handover sheets
- Resident welcome kit
- Restraint documentation
- Risk management framework and associated documentation
- Rosters
- Staff communication diaries
- Staff training, education and performance records

- Unplanned weight loss referrals
- Volunteers' inductions
- Wound assessments and charts

Observations

The team observed the following:

- Activities calendar and activities in progress
- Archives and confidential destruction and storage processes
- Building security systems
- Call bell system
- Catering transportation processes
- Charter of residents' rights and responsibilities
- Chemical storage and material safety data sheets
- Cleaning, laundry and maintenance in progress
- Emergency evacuation maps, evacuation pack and egress routes
- Equipment and supply storage areas
- External complaints and advocacy information
- Feedback forms and lodgement boxes
- Fire and safety equipment and signage
- House dining rooms during lunchtimes, morning and afternoon tea
- Infection control processes, inventory and equipment
- Information table and communication boards
- Interactions between staff, residents and representatives
- Living environment and gardens
- Medication administration and storage
- Mobility, sensory and eating aids in use
- Staff handovers
- Storage of confidential information
- Wound management equipment

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 organisation has a system and processes to support a comprehensive continuous improvement program. Identified opportunities for improvement come from scheduled audits, feedback/complaints forms, project proposals, incident report data, meetings, surveys and corporate strategies. All improvements are registered and monitored for progress and evaluation of results occurs on completion. Senior management receive regular reports on improvement activities, audit results and trend data. Staff, residents and representatives are informed through meetings, notices, memoranda and electronic mail. Feedback/complaint forms are available throughout the houses to support these processes. Staff, residents and representatives report they are encouraged to contribute to quality improvement and that they are kept well informed about changes resulting from improvement activities.

Recent improvements relevant to Standard one include:
- The home has introduced an equipment check register that registers all equipment located within the individual residential care units. This register is audited three monthly to ensure all equipment is available and in working order.
- As a result of consumer feedback a full systems review of the finance office's admission of residents process was conducted to ensure compliance with the Aged Care Act 1997. The review identified when the responsible staff member was on leave there are not sufficient staff to cover their duties in relation to resident agreements. The review also identified that the documented procedures are not always implemented when the person is away. The procedures have been reviewed and redeveloped to address the issues which ensure compliance with legislative requirement..
- Care staff identified inconsistencies in information provided at handover including telephone communications. A simple but effective system for prioritising information when communicating about a resident and their situation has been identified and will be introduced in June 2012 following clinical staff education and training. It is expected that the system will ensure best practice hand over systems that are consistent across the organisation.

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 a system to identify and comply with relevant legislation, regulatory requirements and guidelines across all the four Accreditation Standards and there are processes to monitor compliance. Information is received through sources such as legislative update services, peak bodies and Government bulletins. This information is interpreted by executive management and tabled at relevant management forums. Policies and procedures are reviewed and amended in response to legislative changes. Stakeholders are kept informed through electronic alerts, memoranda, education sessions and meetings. Staff confirm they receive information about regulatory compliance issues relevant to their roles.

Examples of responsiveness to regulatory compliance obligations relating to Standard one include:
- The home has a system in place to maintain police record checks for staff.
- There are processes to ensure statutory declarations are maintained for staff who were citizens or permanent residents of a country other than Australia since turning 16 years of age.
- Professional registrations of staff are monitored and maintained.
- Residents, representatives and staff were notified of the reaccreditation visit.

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 has a system to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively across all four Accreditation Standards in the home. Recruitment processes and selection criteria incorporate the knowledge, skills and qualifications required for each position. Staff have access to a range of internal and external training opportunities. Individual and group education is informed by changes in legislation, government-funded initiatives, annual performance appraisals, training needs analysis and identified clinical and care requirements. Mandatory training is completed through compulsory attendance at professional development and study days. Training schedules are communicated to staff through flyers, noticeboards and electronic mail. The team observed staff applying appropriate skills and techniques in relation to their care, lifestyle and other roles. Staff are satisfied with the education opportunities available to them.

Recent examples of education and training relating to Standard one include:
- aged care funding instrument
- bullying and harassment
- advanced diploma of management.

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

Team's findings
The home meets this expected outcome

The residential service has a mechanism for internal and external complaints accessible to all stakeholders. Comments and complaints information is on display in the home including the external complaint resolution service. Information is also included in the resident welcome pack. Confidential suggestion boxes are located in accessible places throughout the units. Management report and documentation confirm use by all stakeholders with investigations, actions and feedback all occurring in a timely manner. Residents and representatives say they are generally able to make a suggestion or raise a complaint and response from management is generally appropriate and well received.

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 consistently documented the residential care service's vision, mission, aims and objectives and includes a commitment to quality care. These declarations of strategic intent are communicated to stakeholders through handbooks and other key documents.

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

Management demonstrate the numbers and types of staff are appropriate to meet residents' requirements and this is reviewed in response to changing resident needs. The organisation has a human resource management system that includes formal recruitment, selection and induction processes. Staff are supported in their role through policies and procedures, position descriptions, handbooks, meetings, regular education and intranet resources. Processes to monitor staff practice include performance appraisal, competency tests and formal feedback mechanisms. Staff say they are provided with sufficient time and support to perform their roles. Annual leave is planned and there are processes to ensure unplanned leave is filled by bank and/or casual staff. Residents and representatives are satisfied with the care and services provided by 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

The organisation and residential services have systems to ensure stocks of appropriate goods and required equipment is available. Consumables are purchased to a regular order cycle and adequate stock holding levels are maintained. There are processes for the rotation of stock and the urgent ordering of inventory. Equipment needs are identified through observations, audits, feedback mechanisms and risk management and occupational health forums. There are processes to ensure equipment is maintained in optimal condition. Storage areas are secure, clean and sufficient for inventory and equipment not in use. Staff, residents and representatives are satisfied with the sufficiency and quality of supplies and equipment available in the home.

1.8 Information systems

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

Team's findings
The home meets this expected outcome

Management and staff have access to information that is accurate and appropriate to their roles. Information provided to residents and representatives on entry to the home includes a resident information pack and a resident agreement. Residents and representatives are kept informed through memoranda, newsletters, care consultations and meetings. Processes to keep staff informed include policies and procedures, education, meetings, handover and position descriptions. Staff and management confirm that the clinical documentation system provides accurate and accessible information suitable for resident care. Discussion of results from routinely collected data occurs at meetings and is available to relevant staff. Confidential records and information is stored securely. There is a backup system for computerised information and there is a secure archive procedure in place. The team observed notices, memoranda, newsletters, minutes of meetings that confirms staff and residents are informed of the residential care's operations.

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 organisation contracts with a wide variety of external service providers. Service agreements set out the scope, frequency and standard of the services to be provided. There are processes to monitor the currency of service providers' relevant qualifications, certifications and insurances . The quality of services is evaluated through formal and informal feedback processes. Staff and residents are satisfied with the services provided by external 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 organisation has a system that shows ongoing improvements in resident health and personal care in the residential care services. For a description of the system, refer to expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard two include:
● The contract pharmacy, which supplies dose managed aids, identified that aids returned to the pharmacy sometimes contain medications left in some of the blisters. A process was put in place whereby the pharmacy emails the nurse unit manager with information about doses left in the pack and the nurse unit manager then investigates the causes and reports incidents where indicated. The pharmacist and management said that this system has provided valuable information for addressing issues with staff practice and addressing deficiencies in systems.
● The dietician identified there was an increase in the number of residents requesting vegetarian meals and there was an issue with ensuring appropriate protein intake for those residents. A review of all vegetarian meals was conducted in consultation with the catering manager to ensure vegetarian meals contain appropriate proteins.
● The staff in Penhall house indentified that there was an increase in the number of residents needing schedule eight medication and that there is a lack of appropriate storage. As a result, the home has purchased two controlled drugs safes that will be in place by the end of March 2012. Management said this will ensure safe and efficient storage of schedule eight medications.
● Staff identified not all residents are able to access regular eye care checks. A survey of residents and representative indicated a high level of interest in utilising an external visiting eye care service which was subsequently organised. Forty five residents underwent ocular health checks and the home has organised with the company to visit annually. Management said there was very positive feedback about the service from residents and representatives.

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 organisation has a system to identify and ensure the residential services meet 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 residential services demonstrate compliance with regulatory requirements regarding medication management and storage and shows evidence relevant protocols are followed.
- Appropriately qualified staff carry out specific care planning activities and care tasks. For example, registered nurses oversee care plans of residents with assessed high care needs.
- The organisation has policies and procedures and staff are made aware of 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

The organisation has a system to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of resident health and personal care. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard two includes:
- medication management
- diabetes management
- continence management
- wound management.

2.4   Clinical care

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

Team's findings
The home meets this expected outcome

Qualified health professionals assess, plan and evaluate resident needs on entry and according to need. Reassessment of clinical needs occurs in response to changes in resident health status and every three months following the formulation of a care plan. The home has an electronic documentation system which staff have been trained to use. Staff participate in both verbal and written care communication systems and staff interviewed demonstrated a sound knowledge of individual residents' care needs. We observed staff to provide care in accordance with the assessed needs of residents and in a respectful manner. Residents and relatives confirm they are consulted about care needs, informed of care planning and provided with information about the care services available to residents. They expressed satisfaction with the clinical care residents receive and the medical treatments given.

2.5 Specialised nursing care needs

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

Team's findings
The home meets this expected outcome

The complex and specialised nursing care needs of residents at the home are assessed, planned and provided by appropriately qualified and experienced staff and specialists. Examples of specialised provided are medication management, diabetic care, wound management, pain management, oxygen therapy, suprapubic and indwelling catheter management, stoma care and palliative care. Specialised nursing care plans are developed by registered nurses in consultation with the resident and the care team and staff refer to external service providers with specific expertise in areas of clinical care when necessary. Complex care monitoring is managed using specific guidelines from general practitioners and other health professionals. Staff said they are aware of residents' specialised care needs and confirm registered nurses are always available to provide care as needed. Residents and representatives are satisfied with the delivery of specialised care.

2.6 Other health and related services

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

Team's findings
The home meets this expected outcome

A variety of health specialists are available to visit the home and residents are supported to attend external specialists as needed. Examples of referrals to specialist services include occupational therapy, podiatry, mental health teams, psychiatry, ophthalmology, pathology, audiology, respiratory consultants, wound management consultants, dieticians, speech pathologists, palliative care and physiotherapy services. Their recommendations are recorded in residents' files, inform the care planning process and are monitored by registered nurses and appropriately trained care staff. Residents and representatives state they are satisfied with the referral process and follow up with 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

The home's medication management system meets required legislative and regulatory standards. Staff practice demonstrates adherence to defined medication procedures and competency training is completed. Medical practitioners prescribe and monitor resident medication requirements including effectiveness, interactions and adverse events. An annual independent medication review by the pharmacist from the collocated hospital occurs. Medication prescribing, ordering, storage, administration, documentation and disposal systems are clear and well defined. Staff were observed following these processes including correct storage, checking of dangerous drugs and dating of opened medications. Monitoring and review of medication systems occurs through medication chart audits, monitoring of medication incidents and taking immediate remedial actions. A discussion of findings and required actions occurs at multidisciplinary medication meetings. Residents said that they are satisfied with medication administration.

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

The care team ensure all residents are as free from pain and discomfort as is possible. Residents who indicate a change in comfort levels or develop new pain are assessed and interventions are documented on care plans. Staff explore and trial alternatives to medication and document the effectiveness of 'as necessary' analgesia. The health care team monitors the resident's response to planned interventions and their review is documented in the progress notes. Staff can access advice on pain management by referring to the local palliative care nurse practitioner and the resident's general practitioner. Care staff we spoke to were able to describe individual resident needs and explain signs of discomfort they observe for. Residents interviewed said they are happy with the way their pain is being managed.

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

Team's findings
The home meets this expected outcome

The comfort and dignity of terminally ill residents is maintained. Staff assess residents for their end of life care needs, choices and preferences and record this information in their care plan. The home accesses medical care for residents during the palliative care phase and staff can refer to a palliative care nurse practitioner who liaises with the resident, the staff and the resident's medical practitioner to achieve the best outcome for the resident. Staff can also arrange for pastoral care services to ensure the resident and their representatives are supported during palliation. Our review of progress notes confirms care provision during the palliative phase is regularly reviewed to reflect residents' changing needs including pain relief, nursing care, nutrition and hydration and skin care. Staff interviewed could demonstrate an awareness of residents' pain needs and effective strategies used.

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

Assessment of residents' dietary needs including allergies, preferences and cultural requirements occurs on entry to the home and on a regular basis thereafter. Menu monitors from the main kitchen receive resident dietary information and there is a process for updating information in a timely manner. A dietician oversees the development of menus for nutritional value. Residents' weight monitoring occurs regularly and procedures outline acceptable weight limits and indicators for intervention for weight changes. The team observed staff providing assistance with meals and fluids including the provision of assistive crockery and cutlery. Residents and representatives confirm that they are satisfied with the quality and quantity of food and drinks provided.

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

The home has systems and processes to promote optimal skin integrity for residents. Staff assess and document all residents for their skin care requirements and preferences and from this information they develop a care plan. Barrier creams are applied where necessary and the importance of adequate nutrition in the maintenance of skin integrity is noted. Pressure relieving mattresses and cushions, limb and feet protectors and support stockings are available and used when necessary. Review of documentation indicates staff reposition, massage and monitor residents' skin integrity. Wound care is managed by registered nurses and enrolled nurses and wound assessments and wound charts describe the wound, the type of dressing to be used and the progress of the wound. Interviews with residents and their representatives confirm their satisfaction with the care provided in relation to skin integrity.

2.12 Continence management
This expected outcome requires that "residents' continence is managed effectively".

Team's findings
The home meets this expected outcome

Residents are assisted to manage their continence care appropriately and with dignity. Care staff complete continence assessments when the resident enters the home and if indicated they develop a continence management program tailored to the residents' needs. Care plans indicate the type and level of assistance required, interventions to minimise urinary infections and regimes including bowel management. Appropriate aids and equipment including bathroom rails, commodes and over toilet chairs are available and provided according to assessed needs to maintain dignity and promote resident independence. Staff refer to a continence advisor to assist them manage residents' colostomies and urinary catheters. Residents who require mobility assistance to maintain continence have a call bell system available to alert staff to their needs. We observed staff assisting residents in a timely and polite manner and noted adequate stock levels of continence aids were available for use in the home. Care staff said they assisted residents to manage their continence discreetly, were able to articulate individual resident's continence needs and said they have access to sufficient continence aids and information regarding the residents' toileting needs. Residents and representatives said they were satisfied with the continence care provided.

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

Staff effectively and safely manage residents with challenging behaviours. When the resident enters the home the care team complete behavioural assessments and this information is used to develop care plans. Documentation reviewed records staff take appropriate action for redirecting or implementing interventions and residents are referred to specialist psycho-geriatric services as needed. We noted instances of comprehensive and detailed care plan strategies to minimise episodes of challenging behaviour particular to each shift. There are

protocols to manage the need for restraint and for any residents who may abscond, however minimal physical or chemical restraint is used. Staff gave examples of various strategies they use to assist in modifying residents' behaviours and we observed them interacting in a peaceful manner with residents and redirecting them when necessary. Residents and representatives said they are rarely disturbed by other resident behaviours and are satisfied with the manner in which residents with challenging behaviours are managed at the home.

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

Team's findings
The home meets this expected outcome

The home provides care that promotes residents' mobility and dexterity. Senior staff assess all residents for their individual mobility, dexterity and rehabilitation needs. The medical officer or staff can refer a resident to a physiotherapist attached to the adjacent hospital who visits residents in the home or sees higher functioning residents in the rehabilitation clinic. Residents at risk of falls are identified through a risk assessment and strategies to decrease falls risks are implemented. We observed residents mobilising throughout the home and residents discussed how they did their daily exercises and joined in the walking group. Residents and their representatives confirm residents receive with physiotherapy and aids are provided.

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

Team's findings
The home meets this expected outcome

The home assists residents to maintain optimal oral and dental health. Staff identify the resident's oral and dental needs and preferences when they enter the home, document this on the care plan and reassess the resident in response to changes in health status and changes in oral comfort and dietary input. Staff develop specific strategies for residents with swallowing difficulties which include texture modified diets and assistance with meals. Residents are able to identify their preferred dental care provider and staff assist them to attend any appointments. Staff said they prompt and assist residents who are unable to manage their oral hygiene independently and residents and representatives confirmed this.

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

Team's findings
The home meets this expected outcome

Residents' sensory losses are identified and strategies are in place for their effective management. Care staff assess residents' sensory capabilities such as vision, hearing, communication, linguistic, taste on entry to the home. From this information they develop care plans which include the level of assistance residents require if they experience sensory loss and specific information relating to any aid in use. Documentation reviewed indicates that health professionals such as optometrists and audiologists are consulted when required. Staff are aware of individual needs and assist residents who require help with fitting and

cleaning of aids. Residents and representatives said they were satisfied with the home's management of sensory loss.

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

Team's findings
The home meets this expected outcome

Residents are assisted to achieve their natural sleep patterns. When the resident enters the home staff assess the history of established sleep patterns and support these by the care planning process where practical. Many residents have single rooms and those in shared rooms are able to have curtains drawn to reduce light. Medications to assist with sleeping are prescribed at the discretion of the residents' medical officers. Staff are familiar with individual resident's sleeping habits and residents said the home is quiet at night, their preferences are met and they are able to 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 organisation has a system in place that shows ongoing improvements in resident lifestyle in the residential service. For a description of the system, refer to expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard three include:
- The recreation department staff identified a need to provide male residents an opportunity to regularly socialise and participate in mild physical exercise. As a result a weekly pool game has been introduced. Evaluations of the program indicate a high level of satisfaction, consistent attendance and improvement is the men's' skills and balance.
- The staff in Thompson house identified several residents required increased diversional therapy to assist with their behaviour management. An area with bookcases, art equipment, lamps and armchairs has been set up for the residents. This area is close to the nurses' office where the residents can be supervised. Staff report the area has proven to be beneficial and well used.
- The regional library's librarian approached the recreation staff regarding running an eight-week pilot project called 'Bookwell' for the international year of reading. Currently a trial program is available in Spencley house on a weekly basis, with the prospect of continuing after the eight weeks and extending it to other units.
- Recreation staff identified a number of residents in the Spencely house were interested in gardening. A gardening group now meets regularly with the support of staff and a volunteer. Staff say the resident interest remains high and the group provides opportunity for socialisation and some physical exercise.

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 organisation has a system to identify and ensure the residential services meet regulatory compliance obligations in relation to resident lifestyle. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard three include:
- The residential services demonstrate compliance with obligations related to security of tenure, such as offering residents a residential agreement.
- The organisation has policies and procedures and staff are made aware of their responsibilities in relation to compulsory reporting of elder abuse.
- Residents are provided with goods and services as required by the Quality of Care Principles 1997 Division 2.1 Specified care and services for residential care services.

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

Team's findings
The home meets this expected outcome

The organisation has a system to ensure staff have the appropriate knowledge and skills to perform their roles effectively in the area of resident lifestyle. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard three includes:
● person-centred care
● care and management of residents with dementia
● cultural awareness.

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

Processes are in place to support residents to adjust to their new environment when moving into the home and on an ongoing basis. Residents receive an orientation of the home and are introduced to fellow residents and staff. A social history is undertaken that includes life events, interests and abilities and personal and cultural preferences. Staff evaluate residents' emotional needs from observations and assessments and develop a care plan from information gathered. A 'Welcome Kit' outlining the home's leisure and well-being services is given to each resident to aid settling and assist orientation. Residents are encouraged to personalise their rooms with photos and personal effects and volunteer for responsibilities such as conducting residents' activities or household tasks. Residents are provided comfort and support by staff, pastoral care workers and through flexible visiting times for families and friends. Residents and representatives said they are pleased with the manner of emotional support provided by the home.

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

Team's findings
The home meets this expected outcome

The home uses processes to assist residents in achieving maximum independence. Residents' cognitive, physical and emotional status is assessed on entering the home and monitored on an ongoing basis. Care plans are developed to support residents to achieve active control of their own lives through participation in activities within the home as well as other interests with family and community. Staff interviewed reported and we observed that staff are aware of the importance of residents maintaining their independence and provide encouragement where required. Residents said they are satisfied with assistance provided to maintain their independence within the home and their community.

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 demonstrated that each resident's privacy, dignity and confidentiality is recognised and respected. Residents' information is securely stored to maintain confidentiality and accessible to appropriate staff and staff handover occurs discreetly. Residents' right to privacy is reflected in the agreement, the home's privacy policy and in the residents' handbook. Numerous internal and external lounge areas are available to residents, families and friends to encourage privacy and dignity. Staff interviewed demonstrated clear understanding of their responsibilities and practices to ensure residents' privacy and dignity is maintained. Residents and representatives reported staff are respectful and they are confident that private information is managed effectively.

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 has processes to identify, plan and respond to residents' individual and preferred interests and activities. Information on residents' social history, religious and cultural needs, likes and dislikes, activity preferences and independence level is gathered on entry and forms the basis for the development of lifestyle care plans. Activity programs based on residents' needs and interests are reviewed and changed according to residents' feedback and participation. Residents are invited to volunteer their skills and abilities to facilitate activities for fellow residents. Activity calendars are displayed throughout the home and residents are invited to participate in group or one-on-one activities including bus outings, knitting groups, reading and poetry sessions, men's and ladies' groups, café coffee and chat, gardening groups, bingo and quiz games. Residents confirm they are pleased with the quantity and variety of leisure activities provided by the home.

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

Team's findings
The home meets this expected outcome

Management demonstrates it values and fosters each individual resident's interests, customs, beliefs and cultural backgrounds. Residents' cultural and spiritual needs are identified upon entry and information gathered is reflected in care and lifestyle plans. Ecumenical church services are conducted weekly and residents, their families and friends, have access to local clergy and pastoral care volunteers when requested. Residents are also provided opportunity to attend church and prayer services outside of the home. Residents said they are satisfied with the manner in which the residential service supports their cultural and spiritual needs.

3.9   Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has systems in place to enable residents and their representatives to participate in decisions about the services they receive. A care plan is developed on entry in consultation with the resident and their representative. Residents' rights are explained in the residential care agreement and residents' handbook and residents are supported and encouraged to maintain control over their lifestyle within their assessed abilities. Residents are consulted in daily living activities through informal meetings and residents' meetings. Opportunity for residents to provide feedback to management occurs via feedback forms and satisfaction surveys. Staff interviewed said they respect residents' wishes and confirm the importance in consulting with residents about their care. Residents confirm they are consulted about their daily care and given choice in service delivery.

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

Management demonstrated systems and processes are in place to ensure that residents have secure tenure within the home and understand their rights and responsibilities. Residents' pre-entry pack contains a schedule of documents which includes details about the organisation's operations, financial information, orientation, the home's information directory and a checklist. Residents' files included signed resident agreements and financial details. Residents are provided with newsletters outlining information on complaints and feedback mechanisms and outcomes from residents' meetings. Resident rights and responsibilities posters are displayed in the home and contained within the residency agreement. Residents are satisfied with information regarding residents' security of tenure and their rights and responsibilities provided.

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 organisation has a system that shows ongoing improvements in 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:

- A new 100 kilogram capacity laundry washing machine was purchased to increase the organisations capacity to provide a timely service to the home and the collocated hospital, rehabilitation services and community programs.
- The home has trialled and will purchase a commercial infection control spray unit. The unit has the capacity to disinfect a room and its contents in 20 minutes. Management said that this equipment would save time taken to disinfect rooms, soft furnishing and equipment, which is especially important during a gastroenteritis outbreak.
- Due to an increase in the number of residents entering with existing wounds the home has reviewed the entry process to include a process for taking a mandatory swab of all wounds. Management said that this process will provide valuable information for infection control purposes and ensure early interventions are put in place.
- Catering staff identified that they experienced muscular discomfort because of working on the food 'mulcher'. A new job rotation system has been introduced and there have been no further reports of discomfort.
- Maintenance services identified a problem with delays in responding to initial maintenance requests and the need for excessive paper work. Personal digital assistants that connect to the existing computerised system were purchased and are now carried by the maintenance staff. The number of outstanding work orders has decreased from 810 to approximately 400 within a period of four weeks since the introduction of the devices.
- The organisation formalised the no smoking on site policy in November 2011. To optimise staff compliance with the policy the home offers programs to assist staff to stop smoking.

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 organisation has a system to identify and ensure the residential services meet 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 relating to Standard four include:

- Chemical storage is secure and current material safety data sheets are available.
- Oxygen regulators have been replaced in line with a change in guidelines.

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

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

The organisation has a system to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of physical environment and safe systems. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard four includes:
- occupational health and safety
- fire and emergency
- food and fluid textures
- safe food handling.

4.4   Living environment
This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".

Team's findings
The home meets this expected outcome

The home has systems and processes in place to assist in providing residents with a safe and comfortable environment consistent with the residents' care needs. Residents are accommodated in rooms that residents say are well maintained, regularly cleaned and kept at a comfortable temperature. Residents are encouraged to personalise their rooms with their belongings. Comfortable and secure internal and external areas are available for use by residents and their visitors. The home's buildings, grounds and equipment are maintained through regular servicing and maintenance programs by maintenance staff and by external contractors. Staff employ appropriate practices to ensure the safety and comfort of residents. Residents and representatives are satisfied with the living environment the home provides.

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 a system to support the provision of a safe working environment in a manner that meets regulatory requirements. There are documented policies and procedures in relation to safe work practice and staff are made aware of their responsibilities through the orientation process, staff handbook, noticeboards and at meetings. The occupational health and safety program includes mandatory training in manual handling, training in chemical handling for appropriate staff and formal education for representatives. Hazards are identified through maintenance requests, hazard alerts and incident reports, meetings, observations

and environmental audits. An organisational risk management meeting takes place monthly and includes all occupational health and safety representatives. The team observed current material safety data sheets, personal protective equipment in use and appropriate safety tagging of electrical equipment. Staff are able to outline their roles in identifying hazards and minimising occupational risk within 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 home maintains an environment and safe systems of work that minimise fire, security and other emergency risks. A comprehensive emergency management plan is in place that sets out appropriate procedures for a range of external and internal emergencies including contingency plans for total evacuation. Fire and emergency equipment is monitored and maintained by qualified external contractors. Emergency exits and egress routes throughout the residential services are free from obstruction. There is a process to maintain the currency of emergency evacuation information and equipment. Staff are required to complete mandatory annual fire and emergency training and are able to outline their responsibilities in relation to emergency situations. Security systems include a lock up procedure, nightly patrols, keypad access doors and surveillance monitoring. Residents are satisfied the home provides a safe and secure environment and say they are informed them of what to do on hearing the fire alarm.

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 a system and processes to ensure effective infection control throughout the home. Registered nurses and medical practitioners monitor residents with infections. An appropriately qualified infection control officer from the collocated hospital in consultation with portfolio staff is responsible infection control within the home. Collation and analysis of infection data and audits occurs monthly and data trends are reported to management and staff through meetings, reports and memoranda. Appropriate disposal containers for infectious waste and sharps are available and personal protective equipment is accessible to all staff. Gastroenteritis outbreak guidelines and procedures are available. Residents and staff are offered annual influenza vaccinations. The home's staff demonstrate an understanding and knowledge of standard precautions and safe work 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

All food is prepared on site in line with a food safety program, menu rotation and residents' needs. Residents have input into menus and there is a system for ongoing consultation between residents and catering staff regarding menus and changed needs. We observed

meal preparation and service in progress. Residents said they are generally happy with the quality and options of meals available. Cleaning schedules are in place for resident bedrooms and communal areas. Staff confirm they have access to appropriate cleaning and protective equipment such as, gloves, aprons and goggles. Systems are in place for the identification, laundering and delivery of all linen and residents' personal clothing. Residents and representatives said they are satisfied with the hospitality services at the home.