



Aged Care
Standards and Accreditation Agency Ltd

Colton Court Nursing Home

RACS ID 6980

84 Valley View Drive

MCLAREN VALE SA 5171

Approved provider: Aged Care & Housing Group 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 27 May 2015.

We made our decision on 28 March 2012.

The audit was conducted on 27 February 2012 to 28 February 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

Site Audit Report

Colton Court Nursing Home 6980

Approved provider: Aged Care & Housing Group Inc

Introduction

This is the report of a site audit from 27 February 2012 to 28 February 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 a site 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

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 27 February 2012 to 28 February 2012

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

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

Assessment team

Team leader:	Sandra Lloyd-Davies
Team member:	Anthea Le Cornu

Approved provider details

Approved provider:	Aged Care & Housing Group Inc
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Details of home

Name of home:	Colton Court Nursing Home
RACS ID:	6980

Total number of allocated places:	39
Number of residents during site audit:	38
Number of high care residents during site audit:	31
Special needs catered for:	People with dementia or related disorders

Street:	84 Valley View Drive	State:	SA
City:	MCLAREN VALE	Postcode:	5171
Phone number:	08 8329 4900	Facsimile:	08 8329 4999
E-mail address:	tbowie@ach.org.au		

Audit trail

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

Interviews

	Number		Number
Management, clinical staff and care staff	7	Residents/representatives	8
Other staff	1	Ancillary staff	5

Sampled documents

	Number		Number
Residents' files	9	Medication charts	3
Care plans	9	Lifestyle care plans	4
Progress notes	13	Personnel files	3

Other documents reviewed

The team also reviewed:

- 'Please let us know' forms
- Activity calendar
- Allied health referrals and records
- Archiving schedule
- Charter of residents' rights and responsibilities
- Chemical register and checklist
- Cleaning schedules
- Complaints register
- Contractor agreement
- Contractor's sign in/out book
- Dietician menu review and summary
- Electrical testing and tagging records
- Emergency procedures
- Employee induction manual
- External supplier evaluation
- Food safety plan
- Hazard and incident reports
- Infection control guidelines
- Infection incident data and summaries
- Job descriptions and duty statements
- Material safety data sheets
- Menu
- Plan for continuous improvement
- Police clearance records
- Preventative and corrective maintenance records
- Resident evacuation list
- Resident handbook and information package
- Residential services agreement
- Safe work operating procedures
- Schedule 4 and 8 licence
- Staff education records
- Staff handbook

- Temperature monitoring logs
- Triennial fire safety certificate
- Various audits, surveys and workplace inspections
- Various meeting minutes
- Various policies and procedures

Observations

The team observed the following:

- Activities in progress
- Call bell system
- Chemical storage
- Cleaning in progress
- Confidential storage
- Equipment and supply storage areas
- Fire safety and equipment
- Infection control resources
- Interactions between staff and residents
- Key pad security
- Living environment
- Meal service
- Medication round and storage
- Memory support unit
- Personal protective equipment

Assessment information

This section covers information about 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 corporate and site specific continuous improvement framework to identify opportunities for improvement and monitor compliance with the Accreditation Standards. The home identifies improvement opportunities from various feedback forms, audits, surveys, resident and staff meetings and verbal feedback. The home is responsive to the needs and preferences of residents and representatives. A plan for continuous improvement records actions and timelines and is monitored by the home’s management. Residents and staff are satisfied the home acts upon their suggestions.

Examples of improvement initiatives implemented by the home over the last 12 months in relation to management systems, staffing and organisational development include:

- In response to a corporate initiative to improve the resident handbook, management incorporated changes to the paging system and fire safety. Photographs of the paging system unit and fire safety sign have been included in the resident handbook. New residents receive this updated information.
- The site manager identified an opportunity to improve documentation in relation to work placements. A procedure and standard letter advising students of their shifts has been developed. Staff are able to provide consistent information to work placement students when the site manager is not available.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to identify and monitor relevant legislation, regulations, professional standards and guidelines. Corporate processes ensure legislative updates are distributed to the home’s management. Policies and procedures, work practices and documentation are updated to comply with regulatory requirements. Corporate processes record and monitor police clearances for staff, volunteers and contractors. Management monitors regulatory compliance through staff meetings, audits, surveys, work practices and staff and resident feedback. Staff are informed of legislative changes through the home’s communication mechanisms.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home uses corporate and site specific processes to ensure management and staff have the required knowledge and skills to perform their roles effectively in relation to management systems, staffing and organisational development. Education needs are identified through a corporate staff survey, performance appraisals, work practices, staff meetings and requests from staff. A site specific training calendar is developed from this information. Management monitors staff attendance at training sessions and there are processes for following up attendance at mandatory training. An induction program is provided for commencing staff. Management and staff are satisfied they have access to sufficient education and training to perform their roles effectively.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has processes to inform residents and representatives of internal and external complaints mechanisms, including information in the residents' handbook and residential services agreement. The home uses feedback forms, resident and staff meetings and verbal feedback to gather comments, complaints and suggestions. Management monitor and investigate complaints, implement appropriate action and provide feedback to those individuals concerned. Staff are aware of the comments and complaints system and feel supported in raising concerns with management. Residents and representatives are satisfied that concerns they raise are managed effectively and resolved.

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's vision, mission and values statement is available in resident information packs, the staff induction manual, residential guide and code of conduct. The home is guided by a five year organisational strategic plan. Staff are familiar with the home's commitment to quality care and services.

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 processes for identifying and assessing the required staffing levels and skills to meet residents' needs on an ongoing basis. Corporate human resources assist with the management of recruitment processes including, induction, police clearances and monitoring allied health professional registrations. The home provides an induction program for commencing staff. All staff and volunteers are required to provide a police clearance certificate. The home's management monitors staffing levels and skill mix through staff feedback and incident data to meet resident needs on an ongoing basis. Training needs are identified at appraisals, staff meetings and through work practices. Vacant shifts are filled from a pool of relief staff, or staff from sister sites and agency staff as necessary. Staff have sufficient time to complete their tasks. Residents and representatives are satisfied that staff have the appropriate skills to deliver care and services.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has suitable goods and equipment appropriate for the delivery of services. The home has processes for the ordering, storing and monitoring of equipment to ensure safe and reliable service delivery. Supplies are monitored by responsible staff that maintain optimal levels of stock and monitor the condition of goods and equipment, within budgetary guidelines. The home's monitoring processes include a preventative maintenance program that identifies equipment that needs to be replaced or repaired. An external contractor audits lifter slings regularly for safety and durability. Staff said they are able to request equipment as required and that faulty equipment is repaired. Safe work instructions are located with equipment for easy access and new staff are trained in the use of equipment at induction. Residents and staff interviewed said they were satisfied with the condition and availability of equipment to provide care and services.

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 provides information through the staff handbook, handover process, care planning reviews, staff meetings, policies and procedures and education sessions. Resident information is gathered on entry to the home and care plan documentation is developed from this information. Residents have access to current information through the resident handbook, activities calendars, noticeboards and resident meetings. Monitoring systems include comments and complaints feedback, resident and staff meeting minutes, continuous improvement data and incident reporting. The home has procedures for the effective storage, archiving, disposal and management of information. Resident files are kept in the nurses' stations with access generally restricted to appropriate staff and allied health professionals.

There are processes for the storage, management and archiving of confidential information. Computers are password protected with varying levels of staff access. Staff have access to information required to enable them to perform their duties effectively. Residents are satisfied with the access to appropriate information to assist them to make decisions about their care and lifestyle preferences.

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

External services are generally provided at a standard that meets the home's needs and quality goals. The home has processes for maintaining the standard of external services that are utilised to meet residents and the home's needs. Formal and informal feedback is used to monitor suitability and quality of work. Any identified issues are addressed and the preferred contractor list amended if required. A visitor's book records attending services. Residents and staff interviewed said they were satisfied with current external provider services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, the home identifies improvements from resident and staff feedback, observations, complaints, audits, incident reports and care reviews. The plan for continuous improvement is monitored by management and discussed at staff meetings. Residents, representatives and staff are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to health and personal care include:

- In order to improve infection control outcomes, the home arranged for staff to be trained and credentialled in catheter care. Infection rates were monitored over a five month period. Two residents with indwelling catheters have remained free from infections.
- In response to an identified medication error, the home reviewed their protocols for the administration of blood thinning medications. A procedure has been added to the medication chart. The medical officer has provided guidelines for staff. There have been no further incidents of incorrect administration of blood thinning medications.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

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

The home has systems to monitor and respond to relevant legislation, regulatory requirements, professional standards and guidelines in relation to health and personal care. Nurses' registrations are obtained prior to commencing employment and up-dated annually. Management monitors regulatory compliance through staff meetings, audits, care reviews and staff and resident feedback. Relevant information is available to staff through the intranet system. Staff are aware of regulatory requirements relating to residents' health and personal care, including the safe storage of medications.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

The home has processes to identify, plan and monitor staff education based on legislative requirements, staff requests and residents’ care needs. Management monitors staff attendance at training sessions and there are processes for following up attendance at mandatory training. Training undertaken by clinical staff includes; palliative care, medication credentialing and swallowing deficits. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive clinical care that is appropriate to their individual needs and preferences. The home has a process for assessing, care planning and monitoring individual health and personal care needs and preferences on admission and on an ongoing basis. While care strategies are regularly reviewed in consultation with residents the general practitioner and other health professionals, this is not consistently recorded in resident progress notes. Care is monitored through audits and informal feedback from residents, their representatives and staff. Staff interviewed said they have access to care plans and progress notes that are stored securely in resident’s rooms. Staff practices were consistent with documented care strategies. Residents said they were satisfied with the level of consultation and with the health and personal care provided.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Residents receive specialised nursing care that is appropriate to their individual needs and preferences. The home assesses specialised nursing care needs on admission, during the regular review process and informally through staff and resident feedback. A range of health specialists visit the home to provide assistance with a variety of specialised care requirements including podiatry, physiotherapy and speech pathology. All specialised care needs are documented in care plans and staff provide care consistent with these documented requirements. Residents said they were satisfied with the level of consultation and with the specialised nursing care provided.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents receive other health and related services that are appropriate to their individual needs and preferences. The home has processes for referring residents to external health specialists and uses an external contractor that supplies a range of in-house health services including physiotherapy, dietician and speech pathology. Care strategies are reviewed and updated in line with allied health recommendations in consultation with residents and their representatives. Other health and related services are monitored through the home’s audits and informal feedback from residents and staff. Residents are assisted to access external appointments where necessary and said they were satisfied with the level of access they have to other health and related services.

2.7 Medication management

This expected outcome requires that “residents’ medication is managed safely and correctly”.

Team’s findings

The home meets this expected outcome

Residents’ medications are managed safely and correctly. The home has a process for the assessment, management and monitoring of residents’ individual medication needs and these are documented and evaluated regularly. Medications are kept in secure storage in resident’s rooms with medication charts and care plans. Drugs of dependence are stored separately in a manner consistent with legislation. Residents who self-administer are risk assessed regularly and monitored for safe practice by staff. Review processes including incident reporting and internal audits are used to monitor and maintain safe and correct administration, supply and storage of medications. Residents said they were satisfied with the level of consultation they receive about their medications.

2.8 Pain management

This expected outcome requires that “all residents are as free as possible from pain”.

Team’s findings

The home meets this expected outcome

Residents receive pain management that is appropriate to their individual needs and preferences. The home has a process for assessing pain on admission. Various tools are used for the ongoing monitoring of pain and strategies are documented in care plans. The home uses a range of pain relieving strategies including, hot packs, massage, heat rubs, sheepskins, pressure relieving devices including mattresses and repositioning. Staff are aware of the non-verbal signs of pain and provide formal and informal feedback about residents’ pain. Residents interviewed said they are satisfied with how their pain is managed.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Residents receive appropriate palliative care that maintains their comfort and dignity during the terminal stages. The home has a process to capture individual palliative care wishes on admission. Staff have palliative care training and discuss with residents and their representatives their emotional and spiritual support requirements. These requirements are documented in care plans to guide staff practice. Appropriate equipment is available including an infusion pump for the administration of pain relieving and comfort care medications. Representatives interviewed are satisfied the home maintains terminally ill residents’ comfort and dignity.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents receive nutrition and hydration that is consistent with their needs and preferences. The home’s assessment process identifies individual nutritional requirements, hydration needs and level of independence or assistance required on admission. Each resident’s dietary needs are communicated to the housekeeper who notifies the central corporate kitchen. Ongoing weight monitoring and diet charting triggers further review and assessment by dietitians or speech pathologists where required. Recommendations from allied health services are communicated directly by the registered nurse to the housekeeper who makes any relevant changes to documentation in the homes two pantries and corporately. Residents said they were satisfied with the home’s approach to meeting their nutrition, hydration and associated support needs.

2.11 Skin care

This expected outcome requires that “residents’ skin integrity is consistent with their general health”.

Team’s findings

The home meets this expected outcome

Residents receive skin care that is appropriate to their needs and preferences. Individual resident’s needs are assessed on admission and on an ongoing basis. Screening tools, hydration risk assessments and monitoring charts are used to help identify skin care strategies and treatments. Strategies used by the home include food supplements, regular podiatry and physiotherapy, protection for bony prominences and daily moisturising. Qualified staff manage the clinical assessment of wounds and wound care strategies. Monitoring processes include a regular skin audit. Referrals to external specialists are arranged as required. Residents interviewed said they were satisfied with the care provided in relation to their skin integrity.

2.12 Continence management

This expected outcome requires that “residents’ continence is managed effectively”.

Team’s findings

The home meets this expected outcome

Residents generally receive continence care that is appropriate to their individual needs and preferences. The home assesses resident’s continence history and individual needs on admission and strategies including the aids required and scheduled toileting times are documented in care plans. Monitoring processes include the recording of daily bowel habits and the incidents of urinary tract infections are monitored regularly. The home has a continence carer who liaises with the home’s contracted continence product supplier. Staff are provided with training in the correct use of continence products. Residents interviewed said they were satisfied that their continence needs were being met.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Residents generally receive effective behaviour management that is appropriate to their needs. Assessments are conducted on admission and on an ongoing basis. Individualised behaviour management strategies are documented in care plans. Triggers, strategies and progress notes are monitored to minimise the incidence of identified behaviours. The home has a secure environment for wandering residents and utilises the use of equipment including wandering alarms to minimise the use of restraint. When restraint is used, it is generally risk assessed, monitored and implemented in consultation with residents, representatives and the general practitioner. Staff have been trained in behaviour management including dementia training at induction. Residents and representatives said they are satisfied with the homes approach to managing challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Residents receive care that demonstrates each resident’s level of mobility and dexterity is optimised. The home has a process for the assessment of residents’ mobility and dexterity needs on day one of admission. Admission information is documented in the interim care plan and strategies implemented pending a review by the visiting physiotherapist. Each resident is referred to the visiting physiotherapist for functional capacity and chronic pain assessment. The home monitors staff practice and raises awareness about falls prevention for commencing staff at induction. Other staff are made aware of falls prevention strategies at mandatory training days and staff meetings. Complementary strategies including Vitamin D supplements, exercise regimes, cognitive stimulation and frequent safety checks have contributed to reducing falls in the home. Residents and representatives interviewed said they were satisfied with the home’s approach to optimising residents’ mobility and dexterity.

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

Residents’ oral and dental health is maintained. Oral health assessments are conducted on admission and on an ongoing basis to identify individual oral and dental care needs. Care plans provide individual resident oral and dental hygiene strategies that are regularly reviewed and evaluated. Residents are actively supported to access dental services and all allied health contacts are recorded on the referral form and filed with exceptional reports. Staff have been trained to effectively assist residents with their oral and dental care. Residents interviewed said they were satisfied with the homes approach to managing their oral and dental care.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Residents’ sensory losses are effectively managed in relation to all five senses. The home assesses all five senses on admission and individual strategies are recorded in the care plan. Strategies are identified to facilitate greater sensory enjoyment and include large font books, increased lighting, cognitive stimulation and massage. Additional spice is added to food and a regular BBQ lunch is cooked to increase olfactory and palate stimulation. The home monitors staff practice and reviews sensory loss on a regular basis. Staff are aware of residents’ sensory losses and the strategies required to address them. Residents interviewed said they were satisfied with the home’s approach to managing their sensory losses.

2.17 Sleep

This expected outcome requires that “residents are able to achieve natural sleep patterns”.

Team’s findings

The home meets this expected outcome

Residents are able to achieve natural sleep patterns. The home obtains a sleep history and settling preferences on admission and monitors residents’ sleeping patterns in the first four to six weeks after admission. Strategies are documented in the care plan and include individual settling times, hot milk drinks, special pillows and soothing massage. Ongoing monitoring identifies any sleep disturbance and strategies are reviewed to address them. Most of the residents have their own unit, which minimises disturbances at night. Resident safety is monitored with the introduction of wandering alarms. Residents interviewed said they were satisfied that they are able to achieve a natural sleep pattern.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, the home identifies improvements from resident and staff feedback, surveys, activity evaluations, observations and complaints. The plan for continuous improvement is monitored by management and discussed at staff meetings. Residents, representatives and staff are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to Resident lifestyle include:

- Staff identified an opportunity to assist a frail resident to participate in gardening. Mobile raised garden beds were provided for the resident. The resident is satisfied with this initiative.
- As a result of feedback from a new resident, the home introduced an art group to the activities program. The group was initially held fortnightly and residents with an interest in arts were encouraged to attend. Due to resident feedback and interest, the art group sessions are now held on a weekly basis.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

The home has systems to monitor and respond to relevant legislation, regulatory requirements, professional standards and guidelines in relation to resident lifestyle. Residential services agreement procedures are managed by corporate office. Management monitors regulatory compliance through staff meetings, surveys and resident and staff feedback. Relevant information is available to staff through the intranet system. Staff are aware of regulatory requirements relating to resident lifestyle, including protecting residents’ privacy and maintaining confidentiality of resident 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

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

The home has processes to identify, plan and monitor staff education based on legislative requirements, staff requests and residents' care needs. Management monitors staff attendance at training sessions and there are processes for following up attendance at mandatory training. Training undertaken by staff includes; mandatory reporting and elder abuse awareness. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

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 assesses residents' emotional needs on entry to the home by completing a social history profile. This information is incorporated into the resident's care plan. The home monitors and evaluates the effectiveness of emotional support delivered to residents through meetings, surveys and one-to-one discussions. Residents have access to pastoral and mental health services as required. Visits from family, friends and community groups are encouraged. Staff provide one-to-one support to help residents settle into their new environment. Residents are satisfied with the level of emotional support provided.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents' lifestyle preferences, interests and abilities are identified during initial assessments and reviewed on a regular basis. The home monitors resident satisfaction through comments and complaints mechanisms, surveys, resident meetings and verbal feedback. Residents are assisted with lodging postal votes during elections. Staff and volunteers assist residents to participate in leisure activities and to maintain links with family, friends and community groups. Residents are satisfied the home assists them to maintain their independence and participate in community activities according to their needs and preferences.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home maintains processes to protect residents' privacy and dignity, including a staff code of conduct. On entry to the home residents are provided with information about their rights and responsibilities. Anticipatory directives and palliative care requests are recorded and respected. Files containing residents' personal information are stored in the nurses' station with access limited to authorised staff and visiting health professionals. The home monitors resident satisfaction through comments and complaints mechanisms, resident meetings and verbal feedback. Staff are aware of appropriate practices, such as knocking on residents' doors and maintaining privacy when delivering personal care. Residents are satisfied staff are courteous and respectful of their privacy.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents' interests are identified on entry to the home and incorporated into lifestyle care plans. An activities program is posted throughout the facility. Group and individual sessions include activities suiting the needs and preferences of residents with limited mobility and sensory deficits. Staff use activity attendance records, surveys, formal evaluations and resident feedback to monitor and evaluate resident participation in the activities provided. Residents are satisfied they have the opportunity to participate in a range of activities appropriate to their needs and preferences.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home identifies the cultural background, spiritual beliefs and social history of residents on entry to the home and implements strategies to meet their needs on an ongoing basis. Residents are supported to engage in events and activities of spiritual significance to them. Pastoral services are available to residents on a regular basis. Management and staff monitor and evaluate residents' spiritual and cultural needs through resident meetings and surveys. The home recognises and celebrates residents' birthdays and significant cultural days such as ANZAC day and Christmas day. Staff are aware of residents' cultural and spiritual preferences and needs. Residents are satisfied that the home values and promotes individual interests, beliefs and cultural backgrounds.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents' information in relation to personal choice is gathered on entry to the home and integrated into care plans, including end-of-life decisions. Residents are encouraged to decorate their rooms to reflect individual preferences. A petty cash system enables residents to access their own money as required. Management and staff monitor resident satisfaction through surveys, resident meetings and comments and complaints mechanisms. Staff assist residents to exercise choice and control over their lifestyle. Residents are satisfied they are able to exercise choice and control regarding their needs and preferences.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents are informed of their security of tenure and resident rights and responsibilities on entry to the home. Residents and representatives are provided with a resident handbook, residential services agreement and information on the home's services. Room changes are carried out in consultation with residents and representatives. Residents and representatives satisfaction is monitored through meetings and verbal feedback to staff and management. Brochures regarding independent sources of advice and advocacy are available within the home. Staff are aware of resident's rights and responsibilities. Residents are satisfied their tenure is secure and the home supports their individual needs and preferences where possible.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 4 Physical environment and safe systems, the home identifies improvements from resident and staff meetings, incident and hazard data, worksite inspections, observations, complaints and audits. The plan for continuous improvement is monitored by management and discussed at staff meetings. Residents, representatives and staff are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to the Physical environment and safe systems include:

- The site manager identified an opportunity to improve the home’s call bell system and resident safety. A pendant call bell has been provided to each resident. Where appropriate the pendant call bell system incorporates a movement sensory for residents at risk. Management say call bell response times have improved.
- The home identified an opportunity to improve resident safety in the secure memory support unit. New bench space has been created and the hard slate floor replaced. Staff say the new kitchen is pleasant and easier to clean. Feedback from residents and representatives has been positive.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

The home has systems to monitor and respond to relevant legislation, regulatory requirements, professional standards and guidelines in relation to the physical environment and safe systems. Management monitors regulatory compliance through staff meetings, audits and staff and resident feedback. Audit processes; include triennial fire safety inspections, worksite inspections and food safety audits. Occupational health and safety policies and procedures are in line with professional standards and guidelines. Relevant information is available to staff through the intranet system. Staff are aware of regulatory requirements relating to the physical environment and safe systems, including their responsibilities in the event of an emergency.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

The home has processes to identify, plan and monitor staff education based on legislative requirements, staff requests and residents' care needs. Management monitors staff attendance at training sessions and there are processes for following up attendance at mandatory training. Training undertaken by staff includes; food safety, fire and emergency and manual handling. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

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 generally provides a safe and comfortable environment that meets the residents' individual needs. The home has a corrective and preventative maintenance program that generally includes electrical testing of all equipment. The living environment is monitored through audits, residents and staff feedback and incident and hazard reporting. Staff are aware of the safety issues that are specific to the home and use wandering and door alarms to monitor external door access in the units. Residents and representatives interviewed said they were satisfied the home ensures their safety and provides a comfortable environment in which to live.

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 provides a safe working environment that meets regulatory requirements. The home actively works towards providing a safe environment through the provision of policies and procedures that guide staff practice. Staff interviewed said they are provided with equipment that is fit for use and ongoing safety training including induction, manual handling, fire and emergencies and the safe use of equipment. Occupational health and safety is monitored through the home's incident, accident, hazard reporting and audit processes. Staff said they are satisfied they have access to information that promotes a safe working environment and are aware of their responsibilities for occupational health and safety.

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 established processes for detecting and acting on fire, security and other emergency risks and incidents. External fire services regularly monitor and maintain fire systems and equipment. Emergency procedure information is stored in a central location and also contains contingency plans for power failure, gas leaks, hot water loss and heat wave conditions. The home has identified that while it is not in a fire risk area, its staff and residents would be susceptible to smoke inhalation during a bush fire and have prepared emergency kits accordingly. Staff interviewed could name the home's fire zones and were aware of the home's fire and emergency procedures. The site manager has attended training conducted by the local country fire service and has utilised their skills in the development of the home's fire plan. Residents and representatives said they know what to do on hearing an alarm and feel safe and secure.

4.7 Infection control

This expected outcome requires that there is "an effective infection control program".

Team's findings

The home meets this expected outcome

The home has an infection control system that is effective in identifying and containing infections. Residents are assessed on admission for infection and strategies documented in care plans. The home uses equipment specific to each resident and individual lifting slings are laundered in each resident's unit laundry. Refrigeration and food temperatures are tested as per the home's policy and staff generally use the personal protective equipment provided. The home has an audited food safety program. The site manager monitors an infection control surveillance program that identifies infection trends. Staff said they have appropriate equipment to contain and prevent infection. Residents and representatives interviewed said they were satisfied with the practices employed by the home to minimise the incidence of infection.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hospitality services are provided in a way that enhances resident's quality of life and the staff's working environment. A corporate menu that is reviewed by a dietician offers variety to meet residents' individual dietary needs and preferences. Residents' dietary requirements, food allergies and preferences are identified and communicated to relevant staff and regularly updated. There are processes for ordering and returning stock. Residents' rooms and communal areas are cleaned according to a schedule. Housekeeping services are monitored through audits, surveys, resident meetings and comments and complaints processes. Staff have access to work schedules, policies, procedures and guide staff practice. Residents and representatives are satisfied with the catering, cleaning and laundry services provided by the home.