



Aged Care
Standards and Accreditation Agency Ltd

Craigcare Pascoe Vale

RACS ID 4175

1 Virginia Street

PASCOE VALE VIC 3044

Approved provider: Glenn-Craig Villages Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 13 November 2016.

We made our decision on 01 October 2013.

The audit was conducted on 20 August 2013 to 21 August 2013. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

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

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

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Craigcare Pascoe Vale 4175

Approved provider: Glenn-Craig Villages Pty Ltd

Introduction

This is the report of a re-accreditation audit from 20 August 2013 to 21 August 2013 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 20 August 2013 to 21 August 2013.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of three 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:	Gerard Barry
Team members:	Margaret Lett
	Mary Norman

Approved provider details

Approved provider:	Glenn-Craig Villages Pty Ltd
--------------------	------------------------------

Details of home

Name of home:	Craigcare Pascoe Vale
RACS ID:	4175

Total number of allocated places:	140
Number of residents during audit:	127
Number of high care residents during audit:	104
Special needs catered for:	Nil

Street:	1 Virginia Street	State:	Victoria
City:	Pascoe Vale	Postcode:	3044
Phone number:	03 8311 3700	Facsimile:	03 8311 3721
E-mail address:	johngillett@craigcare.com.au		

Audit trail

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

Interviews

	Number		Number
Management/administration	3	Residents/representatives	12
Clinical/carers/lifestyle	14	Volunteers	2
Hospitality/environmental staff	4		

Sampled documents

	Number		Number
Residents' files	12	Medication charts	12
Summary/quick reference care plans	1	Personnel files	7
Residents' lifestyle care plans	13	Resident agreements	10

Other documents reviewed

The team also reviewed:

- Approved supplier list
- Audit schedule, audits and analysis
- Blood glucose monitoring charts
- Catering records
- Doctors' communication folder
- Document notice and acknowledgement forms
- Education calendar and records
- Employee welcome pack and handbook
- Essential services records
- External contracts
- Feedback and improvement forms, trending and analysis
- Food safety program
- Incident reports
- Internal audits
- Lifestyle calendar
- Maintenance records
- Mandatory reporting file
- Master supplier contract agreement spreadsheet
- Material safety data sheets
- Meeting minutes
- Memoranda

- Mission, values and service essentials
- Newsletter in English and Italian
- Police certificate, professional qualifications registers
- Selected policies and procedures
- Position descriptions
- Regulatory compliance folder
- Resident handbook in multiple languages
- Staff roster
- Staff, volunteer and contractor handbooks
- Surveys and analysis
- Weight monitoring folder
- Wound charts.

Observations

The team observed the following:

- Activities in progress
- Chapel
- Charter of residents' rights and responsibilities on display
- Equipment and supply storage areas
- Feedback forms and lodgement box
- Fire and emergency equipment
- Interactions between staff and residents
- Internal and external living environment
- Lifting and mobility equipment
- Meal service
- Medication trolleys
- Resident and staff interaction
- Resident and staff noticeboards
- Secure memory support unit
- Storage of medications
- Wound trolleys

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Management at Craigcare Pascoe Vale has a continuous improvement system that shows improvements in management, staffing and organisational development. The system includes feedback and improvement forms, audit tools and schedules, risk assessments and feedback mechanisms to all stakeholders. Management monitors the effectiveness of improvement processes through satisfaction surveys, meetings and evaluations. Management reviews, analyses for trends, discusses with staff and actions collected information. Staff said they are involved with auditing processes and are informed of outcomes of audits and improvements required and actions taken. Residents and representatives are satisfied with the home's improvement processes.

Examples of improvement in Standard 1 include:

- In response to staff advising they had difficulty in accessing documents after hours, the home has installed a computer and printer at each nurses' station. Feedback from staff is positive, with management stating staff appear more confident in computer use and staff confirming they now have easy access to current forms at their work site.
- Following staff requests, and to enable quick access to appropriate suppliers of services, the home has developed an external services register. The home uses this register to monitor police certificates, insurances and contract expiry dates. Feedback has been positive.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Management has systems for identifying and updating legislation and regulatory compliance requirements. Peak body memberships, sector network forums, external advisers and the home's legal representation provide information on changes in legislation and regulatory compliance. Meetings, memoranda, electronic mail and revised policies and procedures inform staff about compliance requirements. Management demonstrated monitoring of compliance through audits, competency testing, incident reporting and observation. Staff confirmed they received information about regulatory compliance and residents were satisfied with information management provided them regarding the accreditation visit.

Examples of responsiveness to regulatory compliance obligations relating to Standard 1 include:

- a system for ensuring police certificates for staff, volunteers and contractors
- statutory declarations for staff who were citizens or permanent residents of a country other than Australia since turning 16 years of age
- discussion of the re-accreditation audit at stakeholder meetings and displaying notices of the visit throughout the home.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

Management employs staff according to the education and skill criteria established in the position descriptions. Management monitors staff skills through a series of competencies and provides planned education sessions to further enhance their knowledge. Management develops an annual education calendar based on identified needs, staff input, and changes in legislation and business strategies. Management maintains records of staff attendance at all education sessions. Educators use a range of delivery methods such as in-house sessions, external consultants, workshops, self-directed learning packages and competency evaluation. Staff have opportunities to attend seminars, conferences and network groups. Staff and documentation confirmed management provides a positive education experience aimed at improving skills to benefit staff and residents.

Examples of education topics relating to Standard 1:

- commonwealth funding tool
- complaints management
- induction and orientation.

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

Management has established a comment and complaints mechanism as part of the continuous improvement system. It is accessible to residents, representatives, staff, volunteers and visitors. Feedback and improvement forms have a section for comments and complaints and a locked box is located at entry to the home for the deposit of these forms. Information about internal and external complaint services is accessible via information brochures including resident handbooks and resident agreements. Complaints are registered and actioned by management who in turn informs the originator of the final outcome. Staff, volunteers, residents and representatives said they were encouraged to voice any concerns that may arise and felt comfortable doing so.

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

Management has documented its mission, values and service essentials aimed at continuously improving the quality of service delivery across all areas of residential aged care. Management displays these statements prominently in the home and repeats them in a range of internal documents such as all information handbooks.

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 employs sufficient and appropriately skilled and qualified staff to deliver care and services to residents. The corporate office provides the home's human resource management system. The staff recruitment and selection process meets organisational goals and the ever changing needs of residents. All staff have position descriptions; new staff have a probationary period, buddy shifts and an induction program to both the facility and the corporate entity. Management reviews staff numbers and ensures they fill any vacant shifts. Staff stated management was supportive, and were satisfied with the current staffing levels. Residents said they were satisfied with the skills, knowledge and responsiveness of staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home demonstrated an effective system to ensure appropriate goods and equipment are available for quality service delivery. Key personnel monitor stock levels and management have an effective re-ordering process using an approved suppliers list. Adherence to maintenance and cleaning programs occurs to ensure equipment is fit for use at all times. Reviewing and updating of goods and equipment reflects any identified special needs of the resident population. Staff receive appropriate training on any new equipment. Equipment, supplies and chemicals are securely stored with access restricted to authorised personnel. Residents and staff stated adequate supplies of appropriate goods and equipment were available at all times.

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 has implemented systems allowing staff access to current and accurate information appropriate to their roles. Management regularly updates procedures, guidelines and information tools, with key staff updating resident care and service information. Staff maintain the confidentiality and security of resident and staff information and archive older information. Computer systems are password protected with restricted levels of access to files and with regular back up of electronic data. The home communicates with residents and representatives at their meetings, in newsletters, noticeboard displays and individual case conferences as needed. Residents, staff and documentation confirmed management keeps stakeholders informed through verbal and written communication such as memoranda and minutes of meetings.

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 provides externally sourced services to meet the residential care service's needs and service quality goals. The organisation implements formal agreements which include information on insurance, police certificates, qualifications, confidentiality and expected service levels. Scheduled reviews monitor compliance and satisfaction prior to contract renewal. Contractors wear identification badges and sign a register on entry to the site. A list of preferred service providers is available which staff can access afterhours in an emergency. Residents, their representatives and staff said they are satisfied with the services provided by contractors in the home.

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 an established continuous improvement system that shows ongoing improvement in resident health and personal care. For a description of the home's system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

Examples of continuous improvement in Standard 2 include:

- To enable a systematic method of checking, monitoring and follow up in clinical areas, the home has developed a checklist for clinical care coordinators to use. Feedback from clinical care coordinators has been positive.
- Following audit gaps, the home has made changes to the resident of the day process. Prior to changing care plans, staff are required to undertake a nursing assessment. Management advised care plans are more relevant and responsive.

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.

Examples of responsiveness to regulatory compliance relating to Standard 2 include:

- appropriately qualified persons performing specific care planning activities and care tasks
- monitoring professional registrations to ensure currency
- rostering a registered nurse on all shifts, ensuring guidance and support for staff
- safely storing and administering medication in accordance with relevant protocols.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management demonstrate staff have the knowledge and skills to provide effective health and personal care to residents. The home provides ongoing education to maintain skills that reflect the needs of the current residents. Refer to expected outcome 1.3 Education and staff

development for more information about the home's systems and processes. Staff said they were satisfied with the clinical education offered and confirmed they undergo skill competencies.

Examples of education topics relating to Standard 2:

- medication management
- nutrition and hydration
- oral and dental care
- roles and responsibilities for registered nurses
- 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

The assessment of residents' care needs commences on entry to the home and care plans document these needs. Risk assessments are undertaken when there is an identified need. Staff regularly review resident care plans and inform the general practitioner of any changes in resident needs. Registered nurses update care plans on a needs basis. Residents and their representatives stated, and documentation confirmed a consultative approach to care planning occurred. Staff training and access to policy and procedures assist in ensuring staff have direction. Communication of resident needs by a handover at the change of shift, documented care plans and memoranda assist in ensuring staff awareness of resident care needs. Management and staff monitor resident care through clinical audits, an incident reporting process and analysis of clinical indicators. Residents and representatives stated staff assist them in addressing their care needs.

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

Registered nurses supervise the assessment, care and review of residents' specialised nursing care needs. Reviews occur according to a schedule. Care plans reviewed addressed blood glucose monitoring regimes specified by the resident's general practitioner, oxygen therapy regimes, feeding tube regimes and urinary catheter drainage and equipment cleaning requirements. Registered nurses monitor resident parameters. Consultation with residents and their representatives regarding residents' specialised care needs occurs on a regular basis. Residents stated the nurses address their needs.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Resident referral to a number of allied health practitioners by staff and their general practitioners includes a physiotherapist and podiatrist, who visit the home on a regular basis. In addition, a speech pathologist, dietitian, the regional aged care psychiatric team and palliative care services are available for consultation. Optometry and hearing services visit on a needs basis. Staff stated a dental service is available and they support residents who wish to attend practitioners in the community. Residents and their representatives were satisfied with the services available.

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 receive medication correctly and safely. Residents and their representatives confirm that they receive the correct medication at the correct time. The home stores medications appropriately and performs regular counts of scheduled medications. Audits, independent pharmacy reviews and an advisory committee oversee the system for continued safety. There are processes to order and receive urgent medications. Incident management includes the review of practice. Registered nurses manage the medication system, receive medication training and are competency tested to ensure safe and correct medication practices.

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

Pain assessments are undertaken when residents enter the home. Assessment tools have the capacity to assess the pain levels of people who are cognitively impaired. Residents with chronic pain are on regular medication in addition to ‘as needed’ medications. Care plans describe strategies to assist any resident with pain. Staff record resident pain in the progress notes and staff document the outcome of ‘as necessary’ pain relief medications administered to residents. Residents stated staff managed residents care well.

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

Clinical staff document residents’ advanced care plans, residents’ power of attorney and/or trustee information at the time of entry to the home. Palliative care commences following consultation with the medical staff and representatives. Staff stated they have access to a

specialist palliative care service when required and have guidelines available for reference. Staff stated they respected residents' care needs and provided residents' families with support. Representatives confirmed staff consult them regarding the care of their family member.

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

There are processes to assess new residents and to record their nutritional and hydration needs in care plans. A regular review of residents' nutritional and hydration needs occurs as part of the resident of the day process. Clinical staff inform the kitchen of residents' dietary needs and they are able to provide at short notice food for residents who have changed needs. Staff weigh residents regularly and follow a process regarding the referral of residents with unexpected weight loss (or gain) to a dietitian. The kitchen provides residents with morning and afternoon drinks, with snacks available for residents who are on modified diets. We observed staff assisting residents with special needs. Residents stated they liked the food and fluids 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

Staff assess and record residents' skin care needs in their care plans. Staff document in the incident reporting system the development of any skin tears, bruises, lacerations and ulcers. Management analyse and trend this information. Following referral, the podiatrist also assesses residents' nails and writes a care plan. Residents with wounds have these photographed and documented in charts and registered nurses supervise and review the care. Skin care products are available for residents and general practitioners prescribe medicated skin care products to residents with rashes. Residents stated staff cared for them well.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

The assessment of residents' continence status commences when they enter the home and staff develop care plans based on their assessed needs. Care plans and other documents record which continence aid and toileting times are required. The registered nurse regularly reviews these in consultation with the resident. There is a system to order new aids and staff stated there were adequate supplies. Residents stated they were satisfied with the program

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The assessment of residents commences on entry to the home, with the recording of challenging behaviours and the development of strategies to manage these behaviours. Specialist services are available for consultation and the general practitioner assists in the management and care of residents with challenging behaviour. Incident forms document behaviour incidents. We observed the home to be calm and residents provided with a range of activities, including one-on-one activity, dependent upon their level of need. Residents of the home are able to spend time in their rooms or in the communal areas, which include garden, sitting and dining areas. The home maintains a restraint free philosophy. Residents stated they were satisfied with the care provided.

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

Staff undertake an assessment of residents’ mobility and dexterity when they enter the home and document these in care plans. Assessment tools include an assessment of the risk of falls. Discussion regarding falls incidence statistics occurs at the staff meetings. A physiotherapist reviews any resident who falls. Regular environmental audits and falls statistics monitor falls risk factors. The physiotherapist prescribes residents at risk of falls an individual exercise program and staff assist the resident to continue with the exercise program when the physiotherapist is not on site. The maintenance program includes residents’ mobility aids and we observed staff reminding residents of the appropriate use of these. Residents stated they were satisfied with the home’s approach to maintaining their mobility.

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 assessment of residents’ oral and dental health commences when they enter the home and this guides strategies used to assist their dental hygiene, as documented in care plans. Staff review care plans regularly and update them when needed. Referral to a dental service and/or a dental technician occurs when residents require these services. Consultation occurs with general practitioners, speech pathologists and dietitians for residents with oral, dental and swallowing difficulties. Residents stated staff assisted them with their oral 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

The assessment of residents’ sensory integrity includes the assessment of all five senses. Registered nurses refer residents to their general practitioner and allied health practitioners if there is an assessed need. Care plans describe strategies to assist residents with most types of sensory loss and include the identification of any sensory aid used. The review of care plans occurs regularly, with updates including the advice of practitioners. Staff are able to describe strategies used to assist residents with sensory loss. Residents stated staff assisted them with their sensory aids.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The assessment of residents’ sleep patterns commences when they enter the home. Documentation of residents’ sleep patterns includes any trouble the resident has with sleep, their sleep routine and method used to assist sleep and care plans developed to address any identified needs. Night staff record any sleeplessness in residents’ notes. Staff regularly review plans and refer residents to specialist services if changes occur and update plans if necessary. Staff assist residents who are unable to achieve natural sleep patterns by strategies including pharmacological intervention and environmental modification. Residents stated they were able to sleep undisturbed by others.

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 actively pursues improvements in the areas of resident lifestyle. For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

Examples of improvements in Standard 3 include:

- In response to requests from residents, the home has relaunched the local newsletter in addition to the broader organisational newsletter. Informal feedback from residents has been positive.
- Following a review of the lifestyle program and specific resident histories in the memory support unit, the home has designed a series of activities specific to residents. These include wash day activities, baby therapy, vegetable garden and laying out clothing patterns on material. While staff have yet to evaluate the programs, staff state the unit is much calmer and there has been a reduction in behaviours.

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.

Examples of responsiveness to regulatory compliance relating to Standard 3 include:

- processes to manage compulsory reporting obligations and to educate staff in recognising and responding to circumstances that may require mandatory reporting
- providing residents with a service agreement specifying care and services the home will provide, residents’ rights and responsibilities and fees and charges
- providing residents with goods and services in line with the requirements of *The Aged Care Act 1997 Specified Care and 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 elder rights

Management demonstrated and our observations confirmed staff have appropriate levels of knowledge and skills relating to resident lifestyle outcomes. Refer to expected outcome 1.3 Education and staff development for more information about the home's systems and processes. Attendance records and staff comments confirmed the home supports training on resident lifestyle topics.

Examples of education topics relating to Standard 3:

- elder abuse
- privacy
- spiritual care.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Management ensures each resident receives emotional support upon entry to the home and ongoing. Personalisation of residents' rooms, planned orientation to the home and links to community are encouraged by management. Identification of each resident's emotional support needs and preferences occurs through a review of each resident's clinical and lifestyle assessment and a social profile. Care plans are developed that take into consideration strategies to meet residents' emotional support needs. The effectiveness of support provided by staff is reviewed through satisfaction surveys, feedback and improvement forms, feedback at meetings and informal contact. Residents were satisfied with the emotional support provided by staff to promote residents' well-being.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Staff support residents to be as independent as possible and to participate in the life of the community. Residents' needs are assessed and individualised care plans are developed that document strategies to maximise independence such as physiotherapy and exercise programs. Representatives, friends and volunteers are welcome to assist residents to maintain their individual interests, to participate in outings, to have control over their financial matters where appropriate, and to maintain their civic responsibilities. Continued links with local organisations including churches and schools are encouraged. Residents confirmed they were satisfied their independence is encouraged, supported and respected.

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

Residents and their representatives are informed of the home's commitment to maintaining privacy, dignity and confidentiality, with all residents receiving a copy of the Charter of residents' rights and responsibilities upon entry to the home. Every staff member is provided information in writing about the home's requirements that residents' privacy, dignity and confidentiality must be maintained. Staff sign an affirmation of confidentiality form on commencement of employment. Respectful communication occurs with residents, staff seek permission before entering residents' rooms and confidentiality of resident information is maintained. Residents confirmed staff were respectful of residents' privacy and dignity at all times.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Staff identify and respond to each resident's individual leisure and lifestyle needs, independence and preferences utilising an assessment upon entry to the home. Leisure and lifestyle care planning occurs in consultation with each resident and their representative. Individual lifestyle plans are evaluated to ensure the accuracy and currency of information, and residents are consistently involved in providing suggestions for the home's activity program. The lifestyle program is supported by volunteers who are available to assist residents achieve their individual objectives. Outings are offered regularly and programs such as bingo, carpet bowls and happy hour are active in the home. Residents, representatives and staff said the lifestyle program was promoted, well-resourced and provided positive results for residents.

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

Each resident's cultural, ethnic and spiritual needs and preferences are identified and promoted on entry to the home and ongoing. Support for individual interests and customs is enhanced through continuing links with representatives and friends and the community. Church services are held regularly with local churches supportive of the home. Days of significance to residents are identified, celebrated and respected. Leisure and lifestyle staff promote days of importance to residents such as Anzac Day and Remembrance Day celebrations. Residents are satisfied the home meets their' cultural and spiritual needs and respects and values their customs and beliefs.

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

Staff are committed to promoting and respecting resident choices and decisions ensuring independence is promoted and maintained. Residents have input into the services they receive including their personal care, choice of general practitioner, rising and retiring times, food choices, and their level of participation in activities. Residents and their representatives are encouraged to provide feedback about the care provided via formal mechanisms such as meetings, feedback and improvement forms and satisfaction surveys. Staff said residents are able to have a choice about everything in the home. Residents provided favorable comments regarding the opportunities to exercise choice and control over their individual lifestyle in the home.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents and their representatives confirmed they received appropriate information with respect to the provision of services prior to and on entering the home. The resident agreement contains information about rights and responsibilities, terms of tenure and the schedule of specified services. Management displays the Charter of residents' rights and responsibilities and information regarding the complaint systems and advocacy groups within the home. Residents ageing in place receive a new agreement when they change from low to high care. Residents stated they felt secure in their tenure in the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of improvements in Standard 4 include:

- To improve the dining experience for residents the newly employed executive chef has reviewed the presentation of meals. Improvement to presentation and the initiation of more fresh fruit and vegetables has resulted in positive feedback from residents and less food wastage.
- Following resident feedback, the home has allocated some rooms in a wing for couples. Management stated they now have five couples in the home who use one room as a bedroom and the other as a sitting room. The involved residents and their representatives are happy with the arrangements.

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.

Examples of responsiveness to regulatory compliance relating to Standard 4 include:

- actively promoting occupational health and safety
- displaying material safety data sheets at point of use near stored chemicals
- having an approved food safety program
- maintaining fire equipment and training staff in fire and emergency procedures
- safely storing chemicals and maintaining a chemical register.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have appropriate skills and knowledge to perform their roles effectively in relation to the home's physical environment and safe systems. All staff must attend mandatory training sessions or risk being removed from the staff roster. For further details refer to expected outcome 1.3 Education and staff development.

Recent training and development opportunities relevant to Standard 4 include:

- chemical handling
- fire and emergency
- food handling
- infection control
- occupational health and safety.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management at the home is actively working to provide a safe and comfortable environment consistent with residents' care needs. Residents have private rooms with private ensuites. The home provides safe access to clean, comfortable and well-maintained communal, private and dining areas with sufficient and appropriate furniture. The home provides extensive outdoor areas with landscaped gardens. The home has maintenance staff to monitor the safety of the facility including preventive and routine building and equipment maintenance. Management monitors comfort and safety in the home through regular audits. Residents and their representatives said residents feel safe and comfortable in the home.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment to meet regulatory requirements. Staff have input into the home's occupational health and safety system through meetings and reporting of hazards. A dedicated committee meets regularly, performs workplace inspections and complete risk assessments. Management and relevant staff ensure equipment in the home receives routine and preventive maintenance. The home provides secure storage for all chemicals and dangerous goods. Occupational health and safety is a standing agenda item in meetings, all staff and residents/representatives are actively encouraged to report any hazards or to offer improvement suggestions. Staff said

they are aware of how to report hazards and are satisfied management provides a safe environment.

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

Management and staff are actively working to provide a safe environment to minimise fire, security and emergency risks. The home has documented emergency policies and procedures and provides regular education for staff in fire, security and other emergencies. The evacuation maps and resident lists are current. Exit doors are free from obstruction and staff keep the egress routes clearly maintained. Approved professional contractors regularly carry out testing and maintenance on all emergency alarms and equipment. The home has an electrical testing and tagging system and a safe smoking policy. Staff said they have received fire and other emergency training and know what to do in such an event. Residents and their representatives said they felt safe in the home and generally know what to do on hearing an 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

Management demonstrated it has an effective infection control program in place. Policy, education and a food safety program guide staff practice. Management provide adequate resources, including outbreak kits, blood spills kits, personal protective equipment and hand washing facilities to assist staff in maintaining safe practices. Monitoring practices, including environmental audits, also occur on a regular basis within the home. Management collates statistics of infection types and reviews and uses analysis of results to assist in the maintenance of an effective infection control program. Infection waste bins are available and pest control takes place within the home. Mandatory education, including an orientation to infection control practices, is undertaken. Staff stated they are encouraged to have immunisations and management monitor staff 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

Internal staff provide all catering, laundry and cleaning services for residents. Catering staff have relevant resident information identifying specific nutrition and hydration requirements, food allergies, food preferences and choices. There is a registered food safety plan and a rotating menu offering variety and choice to residents. Staff clean residents' bedrooms daily and perform a scheduled detailed cleaning of bedrooms. Laundry staff follow infection control practices and return residents' personal clothing promptly. The home monitors its hospitality systems through internal and external audits. Residents and representatives confirmed their satisfaction with the catering, cleaning and laundry services provided by the home.