



Aged Care
Standards and Accreditation Agency Ltd

Cumberland Manor

RACS ID 4297

Cnr Wiltshire St & Cumberland St

SUNSHINE VIC 3020

Approved provider: Primary Caring Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 20 October 2015.

We made our decision on 12 September 2012.

The audit was conducted on 6 August 2012 to 7 August 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

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

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

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Cumberland Manor 4297

Approved provider: Primary Caring Pty Ltd

Introduction

This is the report of a re-accreditation audit from 6 August 2012 to 7 August 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 6 August 2012 to 7 August 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:	Marian (Sandra) Lacey
Team member:	Leah Kane

Approved provider details

Approved provider:	Primary Caring Pty Ltd
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Details of home

Name of home:	Cumberland Manor
RACS ID:	4297

Total number of allocated places:	74
Number of residents during audit:	67
Number of high care residents during audit:	58
Special needs catered for:	Nil

Street:	Cnr Wiltshire St & Cumberland St	State:	Victoria
City:	Sunshine	Postcode:	3020
Phone number:	03 9311 7079	Facsimile:	03 9311 7048
E-mail address:	cumberlandmanor@netspace.net.au		

Audit trail

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

Interviews

	Number		Number
Director of Nursing	1	Residents/representatives	9
Registered nurses	4	Volunteers	2
Care staff	5	Laundry staff	1
Administration assistant	1	Cleaning staff	1
Catering staff	1	Maintenance staff	1
Director	1	Allied health professionals	2
Lifestyle/OH&S representative	1		

Sampled documents

	Number		Number
Residents' files	10	Medication charts	6
Summary/quick reference care plans	10	Personnel files	6
Resident agreements	6		

Other documents reviewed

The team also reviewed:

- Activity calendar, participation and evaluation records
- Allied health communication books
- Audits, schedules and results
- Care accountability charts
- Clinical care folder
- Comments and complaints records
- Continuous improvement register and information
- Diabetes management folder and plans
- Education records
- Equipment lists
- Essential safety measures documents
- External contracts/agreements
- Fire and emergency test records
- Food safety plan with third party audit
- Generic and industry standard risk assessments
- Incident reports and data analysis
- Infection control records and data analyses

- Leisure and lifestyle information
- Maintenance records - reactive and preventative
- Material safety data sheets
- Medication competencies
- Meeting minutes and schedules
- Memoranda
- Menus
- Mission and vision statement
- Newsletters
- Night duties folder
- Nursing registrations
- Pest control records
- Police check and statutory declaration records
- Policies and procedures
- Position descriptions
- Recruitment policies and procedures
- Registration of food premises
- Regulatory compliance information
- Resident annual reassessment folder
- Resident trust accounts
- Residents' information handbook
- Residents' information package
- Residents' information package and surveys
- Restraint authorities
- Staff information and handbook
- Staff rosters

Observations

The team observed the following:

- Activities in progress
- Advocacy, external complaints process and other support service brochures in multiple languages
- Archive, storage and document destruction processes
- Egress and exit routes
- Equipment and supply storage areas
- Fire and emergency equipment
- Interactions between staff and residents
- Living environment

- Locked suggestion box
- Meal preparation and service
- Medication round
- Mission and vision statement
- Musical entertainment
- Noticeboards
- Notification of Agency visit on display
- Security keypads
- Sign in/out register
- Storage of medications

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 actively pursues continuous improvement across all 4 Accreditation Standards through audit results, feedback at meetings, "Opportunities to improve" forms, complaints, surveys and incident reporting. Staff are able to provide formalised suggestions through the improvement forms or at meetings. Residents and representatives told us management inform them of changes made at the home and they are welcome to make suggestions and give feedback. Staff said they are familiar with the systems for managing continuous improvement and they are encouraged to communicate their suggestions for improvement. Management communicates results of improvements through meetings, memoranda or general discussions.

Recent improvements relating to Accreditation Standard 1 include:

- Management identified that staff did not have a thorough knowledge of the continuous improvement process, including the logging, implementation and evaluation of continuous improvement activities. Management provided detailed education to staff regarding the continuous improvement process undertaken at the home. Data indicates that following the education, staff's contribution to continuous improvement has increased.
- Staff in the higher care areas of the home provided management with feedback that more staff were required. Management undertook an evaluation of staffing hours in conjunction with resident fall's analysis. Management identified that the most common times for resident falls was between 11am to 2pm and from 4pm to 8pm. Management increased staff shift hours across the home to ensure extra staff were available at the times the falls were prevalent. Management identified that resident fall rates decreased in response to the increase shift hours, and staff were more satisfied in their roles.

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 processes and systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Management demonstrated they receive updates and information pertaining to regulatory compliance through subscriptions to a legislative update service, notices from government departments and agencies, membership with a peak industry bodies, attendance at external meetings and training sessions. Staff interviews and documentation confirmed management informs staff of

changes to regulatory requirements, standards and guidelines. Mechanisms include policy and procedure updates, training sessions, memoranda and meetings.

Examples of responsiveness to regulatory compliance relating to Standard one includes:

- Processes to ensure the currency of police record checks for staff, contractors and volunteers
- Monitoring of the credentials of registered and enrolled nurses
- Management notified residents, representatives and staff of the reaccreditation assessment visit
- Management maintains and archives documentation and records in accordance with legislative requirements.

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

Recent training in relation to Standard 1 includes:

- care planning process
- continuous improvement
- understanding accreditation.

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 informs residents, representatives and staff about the internal and external complaints processes initially through handbooks and are regularly reminded at meetings. Complaints, compliments and suggestion forms are the written internal process for documenting comments and complaints. We observed the forms are accessible and a secured box is available for confidentiality. Residents, representatives and staff stated management is friendly and helpful, has an open door policy and they are very comfortable raising issues if required. External complaints brochures are accessible; staff confirmed their

knowledge of the complaints processes and reported they assist residents to raise comments as required. Residents and representatives expressed their satisfaction with management's responses to issues raised.

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 and prominently displayed the home's mission and vision, and philosophy of care including its commitment to quality of care and respect for individual differences. Management actively demonstrates the home's commitment to its vision and mission through the quality program and the positive support provided to residents, representatives and staff.

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 residents residing at the home expressed their satisfaction with the sufficiency and capabilities of the staff working within the home. Systems and processes are in place to recruit, retain, manage and support appropriately skilled and qualified staff. Policies and procedures guide staff recruitment, orientation, rostering, staff replacement, and management processes and records confirm these systems. Management develops rosters, reviews resident mix regularly, and increases staffing levels on a short term basis as the need arises. Staff said they have access to information about their roles and responsibilities including position descriptions and confirmed the staffing levels are flexible and appropriate. Residents and their representatives confirmed they were satisfied with staffing levels and staff knowledge.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Management has processes and systems to ensure there are sufficient stocks of appropriate goods and equipment for quality service delivery. There is a preventative maintenance program to ensure all equipment is in working order and review of maintenance records indicates there is appropriate response to requests. Stock ordering and rotation processes include support by external providers, stock review and monitoring by designated staff. Appropriate systems are in place for purchasing and replenishing of stock and equipment and staff are involved in equipment trials prior to purchase. Stock is stored in clean and secure areas enabling staff access to goods and equipment. Staff, residents and

representatives said there are adequate supplies of goods and equipment to meet resident needs and management is responsive to their requests.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Management and staff have access to current policies and clinical and other relevant resource documentation. Resident and staff handbooks, newsletters, noticeboards and communication books are in use. Information is disseminated at shift handovers and by memoranda, meetings and newsletters. There are processes for document review and control, password protection and back up of electronic information and secure storage, archiving and destruction of confidential documents. Staff, residents and representatives confirmed they are satisfied with the level of information provided including opportunities for feedback and communication with management.

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

Management and systems ensure external services provided meet an agreed standard. External contractors have signed service agreements specifying standards of service delivery, police checks, ongoing certification or registration and insurance requirements. Staff provide feedback about the quality of services and contractors to management who act on identified gaps. Staff and residents are satisfied with the services provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about management's system to actively pursue continuous improvement.

Recent improvements relating to Accreditation Standard 2 include:

- Management decided reassessment for all resident care needs will occur annually, for best practice rather than funding purposes. Management developed a schedule for reassessment based on resident anniversary date. Evaluation demonstrated that the reassessments resulted in greater information regarding resident care needs which in turn improved resident care.
- Management determined that a dietitian should attend the home on a regular basis rather than on referral. The dietitian now attends the home two days per month in addition to referrals. Management said that the same dietitian attends the home which has provided consistency of care and knowledge of residents. Management's evaluation indicates there is increased staff knowledge of nutrition and hydration and improvement in resident weight management.
- Staff fed back to management that they were not always able to read the labelling on the Webster packs; the packs were heavy and taking up too much room. Management responded by liaising with the pharmacist regarding the replacement of Webster packs with medication sachets. The pharmacist provided staff with training in the use of the sachets and management monitored implementation and staff knowledge. Management evaluation demonstrates less medication errors and increased staff satisfaction.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Management has systems to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident health and personal care and there are processes to ensure and monitor compliance. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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

- Registered nurses oversee provision of care and specialised nursing needs for residents
- Medications are stored safely and administered according to regulations
- There are policies and procedures to manage unexplained resident absences.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes. Management has systems and processes to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to residents’ health and personal care.

Education in relation to Standard 2 includes:

- behaviour management
- care planning process
- caring for elderly with diabetes
- continence education
- dysphagia and thickened fluids
- falls prevention
- medication management
- nutrition and wounds
- oral and dental care
- pain management
- progress notes
- specialised nursing needs
- weight loss in aged care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Management and staff demonstrates residents receive care appropriate to their needs and preferences. Staff use industry standard assessments, observation charts and risk assessment tools. There is regular consultation with residents and representatives as well as medical officers and all residents when they enter the home and regularly thereafter as required. Staff develop a care plan in consultation with residents and representatives and describe residents’ specific needs and preferences. Management monitor clinical care through the home’s quality auditing system. Residents and representatives said they were happy with the care residents receive.

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

Management and staff demonstrates that appropriately qualified staff identify residents’ specialised nursing care needs. Nursing staff assess all residents when they enter the home for their specialised nursing requirements and staff develop a specific care plan to address specialised needs. Staff meet resident care needs in the prescribed manner pertaining to clinical requirements and there is delivery of care under the direction and supervision of qualified nursing staff. Nursing staff develop a care plan in consultation with residents and representatives, medical officers, including allied health professionals and there is care plan review on a regular basis, as required. Residents and representatives said they were satisfied with the care residents receive.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Staff arrange referrals to appropriate health specialists in accordance with assessed needs and preference. Management demonstrate staff promptly refer residents to specialists as needed and as preferred. Staff assess all residents for their health and related requirements on entry to the home and staff develop a comprehensive care plan in consultation with residents and representatives that is regularly reviewed. Staff have access to a range of external health services that visit on a regular basis. Residents and representatives say they are satisfied with the care residents receive.

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

Staff and management as verified and observed, manage residents’ medication safely and correctly. Staff say their competency to administer medications is generally checked annually. Medications are stored according to relevant legislation, regulatory requirements and professional standards and guidelines. There are systems in place to manage residents who wish to self-administer medications. All residents are assessed for their medication needs on entry to the home and care plans developed in consultation with residents and representatives. Outcomes of administration of ‘as needed’ medication is generally documented. Registered nurses regularly review care plans. Residents and representatives were satisfied residents’ medication is managed safely and correctly.

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

Management demonstrates its pain management approach ensures all residents are as free as possible from pain. All residents are assessed for pain on entry to the home and thereafter as required. Staff develop and regularly review care plans with input in the care plan development from residents and/or their representatives. Staff demonstrate knowledge of the variety of pain management approaches used to ensure residents are as free as possible from pain. Staff and management monitor the administration of pain relieving medication with prompt evaluation of the impact of administration. Staff consult with residents’ medical practitioners. Residents and representatives confirm they are satisfied with pain management for residents.

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

Management and staff maintains the comfort and dignity of terminally ill residents. Staff assess all residents on entry to the home for residents’ terminal wishes and palliative care requirements. The development of palliative care plans takes place at the time of requirement and the home uses a multidisciplinary approach, which includes complementary therapies as appropriate. There is emotional and spiritual support provided to residents and representatives, with supplies of specialised equipment provided. Staff have access to external palliative care organisations that provide support as required. Management and staff say they give extensive support to residents, families and staff during this important stage of a resident’s life.

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

The organisation demonstrates residents receive adequate nutrition and hydration. Staff assess all residents for their nutrition and hydration needs on entry to the home. Staff have a systematic approach to assessing needs and involves appropriate professionals and a multidisciplinary approach. Cultural, religious and personal dietary preferences are noted and any food allergies identified. Staff identify residents at risk of developing malnutrition and/or dehydration through a range of assessment tools including weight monitoring and mealtime observation, with appropriate medical and allied health professionals brought in to manage nutrition, as required. Residents and representatives report satisfaction with the quality and quantity of food offered to residents.

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

Management and staff ensures its practices maintain residents’ skin integrity and are consistent with residents’ general health. Using the home’s admission process, staff identify residents at risk of impairment to skin with industry standard risk assessment tools. Staff identify specific needs and document these in care plans that are developed and reviewed by registered nurses. There is regular consultation with resident/representatives and allied health professionals, as required. Management and staff monitors assessment tools for their effectiveness. Residents and representatives said they were satisfied with the way in which the home manages skin integrity for residents.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

Management demonstrates there is an effective continence management program provided to residents. Staff assess all residents on entry to the home and a comprehensive care plan developed in consultation with residents and/or representatives and other specialist services, as required. Staff obtain a detailed history through interview and/or the assessment process. Nursing staff regularly review care plans and management monitors staff practices through a comprehensive auditing system. Staff are supported in the provision of care and service by registered nurses and further specialist services are available should the need arise. Residents and representatives were satisfied with continence management.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Management demonstrates its approach to behavioural management is generally effective in meeting residents’ needs. Staff assess all residents upon entry to the home for any behavioural management needs and a care plan developed through consultation with the resident and/or representative. Staff confirm education on appropriate methods for managing residents with challenging behaviours. If the need for restraint has been determined, staff assess the need, is deemed the last resort, is authorised and administered at a minimum form and level in accordance with safety guidelines. Residents said they were satisfied with how the home manages 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

Staff assess all residents for their mobility and dexterity needs on entry to the home. Staff develop a comprehensive care plan in consultation with the resident/representative, physiotherapist and other health specialists as required. Management and staff ensures there are strategies in place to minimise falls risks to the resident, including review of each fall that occurs from the physiotherapist. Staff review mobility and dexterity care plans on a regular basis. The team observed residents using mobility aids. Staff encourage residents to attend exercise programs and we observed residents to receive pain relief. Residents and representatives said they were satisfied with the mobility assistance residents receive.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Management and staff ensure the maintenance of residents' oral and dental health. Staff assesses residents' oral and dental care on entry to the home through the assessment program. Staff develop a comprehensive care plan in consultation with residents and representatives and reviewed regularly by registered nurses. Staff offer to residents the option of continuing to visit their regular dentist with support to attend external appointments or to utilise a visiting dental service. Specific care plans detail the assistance residents require in order to ensure attendance to regular oral care with risks and difficulties identified and documented. Residents and representatives confirm they were satisfied with the home's approach to managing residents' oral and dental care.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Staff and management ensure each resident's' sensory losses are identified and managed effectively. Staff identify and assess residents on entry for sensory losses such as hearing, vision and any communication difficulty. Staff develop a care plan in consultation with residents and representatives. Care delivered is consistent with care plans, nursing staff regularly evaluate and review care plans. Management review the home environment, monitor staff practices through the quality system, and identify and document improvements. Staff identify residents with sensory losses, staff make available appropriate aids to residents in conjunction with medical review and resident and representatives input. Residents and representatives confirmed they were satisfied with the approach to managing residents' 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

Management and staff demonstrates its practices enable residents to achieve natural sleep patterns. Staff assess all residents on entry to the home for their sleep requirements and staff identify any patterns. Staff develop a comprehensive care plan in consultation with residents and representatives. Staff promote natural sleep to meet individual residents’ needs and the care plan documents the use of sleep aids, pharmacological strategies for sleep promotion as appropriate and any non-pharmacological strategies for sleep support. There is regular review of the care plan by staff. Residents say they feel safe at the home and report they are able to get a good night’s sleep.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about management’s system to actively pursue continuous improvement.

Recent improvements relating to Accreditation Standard 3 include:

- Staff identified that some residents who chose to rise later in the morning were missing the morning exercise activities. Lifestyle staff introduced exercise activities in the afternoon to capture late risers. Resident feedback regarding the introduction of afternoon exercise activities has been positive.
- Management determined that it would be good for residents to have an indoor sensory garden. Management contacted the local school and students painted a tropical garden in panels. Management arranged installation of the panels in mural formation on the wall in an area of the home where residents with impaired cognition are situated. Management renamed the area the lavender room, now used for late afternoon relaxation and sensory activities. Feedback from residents and representatives around the mural and activities has been positive.

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

Management has systems to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident lifestyle and there are processes to ensure compliance. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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

- Management has systems to demonstrate compliance related to residential agreements
- Management maintains policies, procedures, guidelines and staff education for appropriately managing reportable incidents of suspected or alleged elder abuse
- Policies and procedures to maintain privacy and confidentiality of resident information are in place and followed.

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. Management has systems and processes in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to resident lifestyle.

Examples of education and training provided in relation to Standard three include:

- compulsory reporting
- customer service
- elder abuse
- Maltese culture
- privacy and dignity
- resident rights.

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 demonstrates staff support residents in adjusting to the new environment. Staff develop a social profile in consultation with resident/representatives from information gathered both prior and upon entry to the home, including interview. Regular pastoral services and referral to mental health services is available to residents, as required. Staff monitor residents' emotional needs through comprehensive lifestyle plans that staff regularly review. Residents and representatives said the home is supportive in meeting their individual needs and preferences in an appropriate and compassionate manner.

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 provide support to residents to achieve and maintain their maximum level of independence. Assessment and care planning processes identify, assess and plan for maintaining residents' individual level of physical, social, cognitive and emotional independence. There are strategies in place to maximise independence, which are appropriate for each resident needs and preferences. Visitors are welcome and staff support residents to maintain their individual friendships and community involvement. The team observed residents using mobility aids. Interviews and satisfaction surveys confirm residents are very satisfied their independence is 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

Management ensures staff support and respect each resident's right to privacy and dignity. Staff receive information about privacy and confidentiality during orientation and on an ongoing basis. Staff knock and request permission before entering residents' rooms and close doors during personal care. Residents are encouraged to personalise their rooms with their own belongings. Documentation is managed securely and staff hold confidential conversations in private. Residents said staff are respectful and maintain their privacy and dignity at all times.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Management and staff encourage and support residents to participate in a range of interests and activities relevant to their individual preferences. Lifestyle staff assess residents' past and present leisure interests in consultation with residents and their representatives. Lifestyle staff document resident personalised lifestyle needs and preferences in each resident's care plan and review occurs regularly. Activities cater for the needs of residents with physical, sensory and cognitive deficits with additional support provided for residents with dementia. Lifestyle staff maintain attendance records and evaluate activities and special events on an ongoing basis. Residents and representatives have input into the program through meetings, suggestions and direct feedback. Lifestyle staff review the lifestyle program in response to resident and representative feedback. Residents said the lifestyle program is promoted, well-resourced and provides positive results.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Management and staff provide services in a manner which values and fosters residents' cultural and spiritual lives and supports individual interests. Lifestyle staff identify residents' cultural and spiritual needs on entry and documents these in each resident's care plan. Residents are encouraged to celebrate days of significance and local churches conduct regular religious services in the home. Management and staff also supports residents to attend external community services of their choice. Cultural resources are available to staff and interpreter services are available if required. Staff are sensitive to residents' cultural and spiritual needs and demonstrated knowledge of individual residents' requirements in this regard. Residents are satisfied with the way staff acknowledge and respect their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

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 medical 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, improvement forms and surveys. Staff said residents are able to have a choice about everything in the home. Residents provided favourable comments regarding the opportunities for them to exercise choice and control over their individual lifestyle at the home.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents have secure tenure within the home and there are processes to ensure they understand their rights and responsibilities. Management provide residents and representatives with information about security of tenure, residents' rights and responsibilities, specified care and services and independent complaint mechanisms prior to and on entry, documented in the resident handbook and residential agreement. Management informs staff about residents' rights and responsibilities, security of tenure and elder abuse through policy, the staff handbook and education. Consultation takes place between management, residents and representatives prior to changing residents' rooms. Residents said they feel secure in the home and are aware of their rights and responsibilities.

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 management’s system to actively pursue continuous improvement.

Recent improvements relating to Accreditation Standard 4 include:

- Management identified that the contractors undertaking the essential safety measures were not sufficiently accessible and were not prompt to respond to requests from management. Management engaged new contactors who respond immediately to requests and provide fire and emergency evacuation training for staff. Management confirmed that the change in contractor has strengthened safety systems at the home.
- Management recognised that they were unable to monitor consistently infection control practices of staff. Management responded by creating infection control “champions” amongst the home’s staff who undertook infection control training and provided infection control supervision of staff. Management evaluation indicates infection control practices of staff have improved; staff are using more personal protective equipment and resident infections decreased.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation and home has systems to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to the physical environment and safe systems and there are processes to ensure compliance. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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

- Contractors ensure the home complies with annual essential safety measures.
- Staff comply with a food safety program audited annually by a third party.
- Chemical storage is secure and current material safety data sheets are available.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes. Management has systems and processes in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to physical environment and safe systems.

Examples of education and training provided in relation to Standard four include:

- fire and evacuation
- food temperatures and storage
- gastroenteritis outbreaks
- infection control
- manual handling
- thickened fluids
- understanding standard 4 in accreditation.

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

Residents' are accommodated in single rooms or shared rooms with private or shared en-suites. Internal communal areas including dining rooms and smaller sitting areas are available for residents throughout the home. Contractors maintain external courtyards, pathways and gardens conducive to residents use. Appropriate systems ensure staff address and complete maintenance in a timely manner. Environmental audits and checks are completed. Management selects furnishings with consideration to resident safety, creates a home like environment and maintains consistent temperature for the comfort of residents. Residents and representatives are satisfied with the comfort and safety of the home's environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management demonstrate it is working to provide a safe working environment that meets regulatory requirements. Its practices and actions to provide a safe working environment (including safety procedures and through data) are effective. Staff confirm they are aware of, and can demonstrate they observe safe practices. There are systems to regularly monitor

and improve health and safety such as risk assessments, potential and actual hazards related to the physical environment recording system and implementation of improvement activities. Staff confirm they are satisfied management is active in providing a safe working 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 demonstrate the home has established procedures for detecting and acting on fire, security or other emergency risks and incidents. Relevant staff know and understand these procedures, including location of emergency equipment, evacuation plans and procedures, their roles and responsibilities and an understanding of security processes. Residents/representatives confirm they know what to do on hearing an alarm. Approved professionals carry out fire inspections. There is a preventative and corrective maintenance system in particular regarding equipment. Staff confirm they have received fire and other emergency training. Residents and/or representatives confirm residents feel safe and secure in the home and their belongings are also safe.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

There are infection control policies and procedures demonstrating the organisation has an effective program in place. Management collate, summarise and analyse for trends and report on infection control data, then discuss results at various meetings. Personal protective equipment, sanitising gel and hand washing basins with signs are in use throughout the home. There are cleaning schedules for all areas and contracts for the removal of sharps, infectious waste and pest control. Annual staff and resident vaccinations are encouraged and infectious outbreak kits maintained. Staff undertake infection control training and hand washing competencies annually and confirmed their awareness of contemporary infection control principles. Auditing processes assist in the overall monitoring of the infection control program. Residents, representatives and staff said they were satisfied with the home's approach to infection control.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

There is an effective system to enable the provision of hospitality services that enhance residents' quality of life and the working environment for staff. Meals are freshly prepared onsite according to a rotating seasonal menu. The home's catering service meets residents' individual dietary needs and preferences and there are meal alternatives available. Staff follow a food safety program with annual external auditing. The team observed the home to be clean during the visit. Staff provide laundry services onsite across the week and linen is

also laundered on-site. There are processes in place to label residents' clothing and to generally return 'lost' clothing. The home monitors hospitality service performance through observation, feedback mechanisms, internal and external audit processes and satisfaction surveys. Staff, residents and representatives were satisfied with the home's catering, cleaning and laundry services.