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 May 2015.

We made our decision on 12 March 2012.

The audit was conducted on 14 February 2012 to 15 February 2012. The assessment team’s report is attached.

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

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

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

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

**Standard 2: Health and personal care**

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

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Accreditation Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>2.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>2.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>2.4 Clinical care</td>
<td>Met</td>
</tr>
<tr>
<td>2.5 Specialised nursing care needs</td>
<td>Met</td>
</tr>
<tr>
<td>2.6 Other health and related services</td>
<td>Met</td>
</tr>
<tr>
<td>2.7 Medication management</td>
<td>Met</td>
</tr>
<tr>
<td>2.8 Pain management</td>
<td>Met</td>
</tr>
<tr>
<td>2.9 Palliative care</td>
<td>Met</td>
</tr>
<tr>
<td>2.10 Nutrition and hydration</td>
<td>Met</td>
</tr>
<tr>
<td>2.11 Skin care</td>
<td>Met</td>
</tr>
<tr>
<td>2.12 Continence management</td>
<td>Met</td>
</tr>
<tr>
<td>2.13 Behavioural management</td>
<td>Met</td>
</tr>
<tr>
<td>2.14 Mobility, dexterity and rehabilitation</td>
<td>Met</td>
</tr>
<tr>
<td>2.15 Oral and dental care</td>
<td>Met</td>
</tr>
<tr>
<td>2.16 Sensory loss</td>
<td>Met</td>
</tr>
<tr>
<td>2.17 Sleep</td>
<td>Met</td>
</tr>
</tbody>
</table>
### Standard 3: Resident lifestyle

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

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

### Standard 4: Physical environment and safe systems

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

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Accreditation Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>4.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>4.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>4.4 Living environment</td>
<td>Met</td>
</tr>
<tr>
<td>4.5 Occupational health and safety</td>
<td>Met</td>
</tr>
<tr>
<td>4.6 Fire, security and other emergencies</td>
<td>Met</td>
</tr>
<tr>
<td>4.7 Infection control</td>
<td>Met</td>
</tr>
<tr>
<td>4.8 Catering, cleaning and laundry services</td>
<td>Met</td>
</tr>
</tbody>
</table>
Introduction
This is the report of a site audit from 14 February 2012 to 15 February 2012 submitted to the Accreditation Agency.

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

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

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

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

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

- 44 expected outcomes
Site audit report

Scope of audit
An assessment team appointed by the Accreditation Agency conducted the site audit from 14 February 2012 to 15 February 2012.

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

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

Assessment team

<table>
<thead>
<tr>
<th>Team leader:</th>
<th>Angela Scarlett</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team member:</td>
<td>Margaretha (Margaret) Byrne</td>
</tr>
</tbody>
</table>

Approved provider details

<table>
<thead>
<tr>
<th>Approved provider:</th>
<th>IBIS No 3 Pty Limited</th>
</tr>
</thead>
</table>

Details of home

<table>
<thead>
<tr>
<th>Name of home:</th>
<th>IBIS Care Wynyard</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACS ID:</td>
<td>8419</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total number of allocated places:</th>
<th>60</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents during site audit:</td>
<td>51</td>
</tr>
<tr>
<td>Number of high care residents during site audit:</td>
<td>49</td>
</tr>
<tr>
<td>Special needs catered for:</td>
<td>Nil</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street:</th>
<th>Cnr Quiggin St &amp; Moore St</th>
<th>State:</th>
<th>TAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>Wynyard</td>
<td>Postcode:</td>
<td>7325</td>
</tr>
<tr>
<td>Phone number:</td>
<td>0364421760</td>
<td>Facsimile:</td>
<td>03 6442 1765</td>
</tr>
<tr>
<td>E-mail address:</td>
<td><a href="mailto:wynyard@ibispl.com.au">wynyard@ibispl.com.au</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Audit trail
The assessment team spent two days on-site and gathered information from the following:

Interviews

<table>
<thead>
<tr>
<th>Number</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management</td>
<td>2</td>
</tr>
<tr>
<td>Nursing/care staff</td>
<td>8</td>
</tr>
<tr>
<td>Allied Health</td>
<td>2</td>
</tr>
</tbody>
</table>

Sampled documents

<table>
<thead>
<tr>
<th>Number</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents’ files</td>
<td>12</td>
</tr>
<tr>
<td>Resident care plans</td>
<td>6</td>
</tr>
</tbody>
</table>

Other documents reviewed

- ‘inside IBIS’ – resident newsletter
- accident and incident summaries
- activities calendar and evaluation form
- alleged – suspected assault incident form
- archive register
- attendance lists for training and meetings
- audit and schedule
- authorization to supply safe food for resident consumption forms
- bed replacement register
- behaviour and physical safety management review
- blood sugar monitoring chart
- breakfast menu
- certificate of registration as a food business
- comments, suggestions and complaints form/register
- comments/feedback book on memorial service
- competency tests for extended care assistants
- compulsory reporting of assault policy November 2010
- contractor/supplier register and agreements
- curtain cleaning program
- daily and weekly cleaning task programs
- daily care book
- daily in charge report
- diet analysis folder
- drink thickening guide and drink lists
- education schedule for January to June 2012
- emergency manual
- emergency planning and security policy
- evaluation of trial of teams
- external education list
- fire and evacuation power point presentation
- food handler record of illness forms
- food hygiene Australia – certificate of audit
- form 56
• fridge temperature control log
• hospitality staff meeting minutes
• hot breakfast list
• housekeeping policy and procedures
• human resource management policy
• improvement and deficiency logs
• individual training records
• induction package/induction program evaluation forms
• infection incidence and monthly report
• inventory folder
• job descriptions
• kitchen cleaning schedules
• leisure and lifestyle meeting notes book
• leisure and lifestyle procedures folder
• leisure, lifestyle and wellness activity records and assessments
• lost clothing book
• maintenance report
• maintenance request log
• making decisions about restraint in aged care pamphlet
• manual handling folder
• material safety data sheets
• medication competencies
• meetings terms of reference
• memorandum
• memorial service – order of service sheet
• minutes of meetings
• missing resident procedure flowchart, procedure and register
• monthly activity report
• morning shift team allocation change notice
• national standard and code of practice for manual handling
• notifiable infections flow chart
• outbreak procedure for leisure and lifestyle staff
• palliative care management guidelines
• participation tick sheet folder
• pharmacy order book
• physiotherapy program
• plan for continuous improvement
• police certificate register
• policy and procedures
• programmed maintenance schedule
• reporting elder abuse staff information booklet
• resident activity records
• resident agreements
• resident diversional therapy survey
• resident information for fire evacuation
• resident lifestyle and admission plan
• resident list
• resident risk assessment form
• residential medication management review agreement
• residents on nutritional supplements list
• residents' information handbook
• residents' meeting questionnaire
• restraint authorisation documentation
- restraint register
- risk release form
- self assessment report
- sensory system folder
- sight monitoring charts
- smoking policy
- staff handbook
- staff roster
- staff survey – training needs analysis
- Tasmanian fire service practice evacuation outcome letter
- temperature monitoring forms
- training evaluation forms
- training session plan for elder abuse
- volunteer fire and evacuation training package
- wanderer profile register and profile sheets
- wounds and treatments folder

Observations
The team observed the following:
- activities in progress
- archive room
- blanket warming cupboard
- chapel/church service in progress
- cleaner’s trolley
- cleaning products storage
- communal bathrooms
- computerised nursing documentation system
- emergency supply cupboard
- equipment and supply storage areas
- eye splash kit
- falls risk armbands
- fire and emergency evacuation plans on display
- fire and emergency kit
- fire fighting equipment
- fire panel
- hand washing stations
- infectious waste bins
- interactions between staff and residents
- internal and external living environment
- kiosk
- kitchen
- laundry
- living environment
- lunchtime service
- medical supply cupboard
- medication round
- memorabilia corner
- notice boards
- palliative care room
- pharmacy return tray
- photographs of residents at activities on display
- resident lifting equipment
- residents mobilising within home
• secure storage of medications
• sharps containers
• sign in/sign out books for contractors/visitors and residents
• single and shared residents’ rooms
• smoking areas for residents and staff
• staff assisting residents to ambulate
• staff room
• staff washing hands activities in progress
• storage of medications
• white board in kitchen with dietary information.
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

Ibis home has a quality management system that consists of a register for improvement opportunities including the resolution of complaints. Satisfaction surveys, meetings, comments, suggestions and complaints forms, and suggestions from staff post education are the mechanisms used to identify opportunities for improvement. Management maintains a continuous improvement plan in which it records and evaluates outcomes for opportunities. The continuous improvement plan is a standing agenda item at staff meetings and progress of items reported on. The home has internal auditing processes operating to monitor the effectiveness of its systems. Information is collated, analysed for trends and areas for improvement and discussion occurs with stakeholders as appropriate.

Examples of improvements in Standard one include:

- Following staff suggestion, a change of work allocation was trialled for two weeks. Staff feedback indicated satisfaction with the new work arrangements. The roster was renewed and staff work in three teams. Management said residents feel less rushed and feel satisfied with the new model.
- Management noticed staff notice boards cluttered. A reorganisation of notice boards in the staff room has the noticeboards in two areas with visualisation of the notices clearer and orderly. Management said staff have made positive comments regarding the new arrangements.
- Management introduced an incentive program for staff to encourage staff to read and sign minutes of meetings. Staff are educated regarding the importance of this practice. There is an expectation staff will read relevant information in a more timely manner and the incentive program is currently being trialled.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to capture changes in legislation, regulations and guidelines by its links to their main headquarters in New South Wales and from membership of local organisations, a variety of professional peak bodies and information from government resources. The home’s policies and procedures are communicated to staff via meeting minutes, memoranda or through education sessions, and reflect changes to regulations, professional standards and guidelines. Residents said the home provides them with information on accreditation audits.

Examples of mechanisms to ensure compliance with regulatory obligations met in relation to Standard one includes:
• An effective police check register is in place to ensure all staff, allied health, volunteers and visiting contractors have current national police checks.
• An orientation program is in place, incorporating information to new employees on privacy and confidentiality in accordance with the privacy regulations and principles.
• There is an effective register and record of complaints in accordance with the Office of Aged Care Quality and Compliance.
• There is a system to ensure residents and representatives receive information regarding Accreditation audits, through meetings and minutes and display of notification posters 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 supports and promotes education and further professional development for all staff within the home. An education schedule is prepared half yearly and includes a combination of mandatory education, externally provided courses and subjects arising from an annually submitted training needs analysis. Management provides support for staff in attending internal and external education programmes with a wide range of topics to cover all areas of the four Accreditation standards. Annual competencies, attendance records of education and evaluations of programs occurs and ensures the process is ongoing. All new employees attend a formal orientation program, which include topics considered to be mandatory knowledge. Staff said they are satisfied with the educational opportunities offered and residents confirm satisfaction with staff skills and knowledge.

Examples of education relating to Standard one include:
• discrimination, harassment and bullying
• aged care funding instrument education
• comments and complaints
• continuous improvement
• communication and teamwork
• documentation
• compulsory reporting
• 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

The home’s comments, suggestions and complaints system is in the information pack given to residents when entering the home. Information brochures on the complaints resolution scheme are also available in the home. Stakeholders can use the home’s feedback form or they can verbalise their concerns to management and staff. Complaints are registered and responses addressed and evaluated by senior management. Documentation showed concerns raised by residents and staff are addressed and feedback provided. Residents and representatives said they knew how to make a complaint if required 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.

The home documents its vision, philosophy, values and guiding principles and is on display in the home. The team observed these statements in the resident handbook. Staff orientation includes an introduction to the home’s vision and principles and is included in the staff handbook. Management said staff are well versed in the home’s commitment to quality care and this is inherent in the home’s vision, philosophy and values statements.

1.6 Human resource management

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

Team’s findings

The home meets this expected outcome.

The home has systems and practices to ensure staff are appropriately skilled and qualified to meet resident needs. Care provided to residents is by registered nurses, enrolled nurses and extended care assistants. Recruitment processes include formal interviews, based on the position description, reference qualification verification and police checks. Position descriptions, policies and procedures inform and guide staff in the areas of resident care and professional development. Maintaining appropriate levels of staff occurs for clinical and hospitality service roles, processes for managing scheduled and unplanned leave are in place, with management reviewing staffing at times of increased acuity. The home rarely uses agency staff. New staff attend the orientation program, and annual appraisals and competencies occurs. Residents said they are satisfied with the level of care and service provided.

1.7 Inventory and equipment

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

Team’s findings

The home meets this expected outcome.

There are effective systems for ensuring that adequate supplies of inventory and equipment are available to meet resident and staff needs and preferences. There is a budgeting system in place to provide for replacements, ongoing maintenance and future capital needs. Maintenance personnel respond to any repairs or issues in a timely manner. Equipment is subject to a preventative maintenance program to ensure it remains suitable for the purpose intended. Where possible, new equipment is trialled, and staff are able to give feedback prior to purchase. The team noted stock and equipment is suitably stored and easily accessible by staff. Staff said there are ample supplies of goods and equipment.
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 accurate information appropriate to their roles. The confidentiality and security of resident information is in effect with older information archived and a system to achieve this is current. Computers used within the home have password protection, restricted levels of access and regular back up. Residents said the information given by the home assists them to make decisions about their care and lifestyle. Staff said they have enough information to do their work and is updated via meetings, memorandum, emails and handovers. Management said evaluation of information occurs through head office with input from staff.

1.9 External services
This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service’s needs and service quality goals”.

Team's findings
The home meets this expected outcome

The home has a range of external contracts and agreements to ensure service provision is in a way that meets resident needs and preferences. External contractors include the home’s visiting allied health specialists, fire and maintenance services, waste disposal, pest control, hairdressing and pharmacy. Service provision monitoring is through contract review and observation by management and staff. Staff and residents stated there are a range of service providers available to attend to their needs and preferences.
Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has 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 two include:

- Following an idea from a local doctor, funding is now available to implement a renewed palliative care program in the region. The home is amongst a small number of aged care facilities along the north-west coast to participate. The aim is to improve end of life care with respect as the key to care and also to reduce hospital admissions. Staff are educated to have the conversations with residents and their representatives about advanced care directives and the completion of a palliative care plan. Evaluation is ongoing adapting to the homes needs. Staff are keen to participate in the program.

- Following a suggestion from the care coordinator, a medication evaluation chart is now available for every resident. The chart includes whenever necessary medication usage, nurse initiated medications, refusal of medication with explanation and pain management and effects. Regular auditing indicates compliance with the use of the chart. Staff are positive about the effectiveness of the chart.

- Following a grant to research eye care in the aged, the optometrist will be visiting the home three monthly rather then annually. Education to staff will ensure staff have a better understanding of eye care needs in the elderly. A specific staff member organises the eye clinics and management said residents would have access to improved eye care.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Management is responsible for ensuring systems are in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, reflecting the health and personal care of residents. For information on the home’s systems for identifying and ensuring compliance, refer to expected outcome 1.2 Regulatory compliance.

Examples of mechanisms to ensure the compliance of regulatory obligations relevant to Standard two include:

- A register is maintained detailing registration information of nursing staff and allied health professionals, reflecting requirements of the National Health Practitioner Regulation Agency.

- The staff development program assists qualified nursing staff in maintaining competency to practice, and registration requirements.
• Registered nurse coverage on all shifts, seven days per week is in place.
• Assessments of specialised treatments is by qualified staff.
• Care plans development and review is by registered nurses.
• In accordance with regulatory requirements, medications are stored safely and securely.
• An accredited pharmacist conducts annual medication reviews.

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 has effective processes in place to ensure staff have and maintain the knowledge and skills required to deliver appropriate health and personal care. Staff are encouraged to develop professionally through the support of internal and external opportunities. Management promote responsibility and ownership of staff education. For information regarding the home’s systematic approach to education and staff development, refer to expected outcome 1.3 Education and staff development.

Recent education relevant to Standard two includes:
• gold standard framework in palliative care
• continence management
• vision and falls and care of eyewear
• pain management in palliative care
• falls management and mobility
• sensory loss and allied health
• nutrition and hydration
• hypertension
• syringe driver education

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

Team’s findings
The home meets this expected outcome

Residents receive appropriate clinical care. The home has a system that ensures assessments of residents’ clinical care needs and preferences are completed on entry to the home. Care plans are in place and derived from the assessment information. Evaluation of care occurs on a regular basis is and updated as required. Residents have access to general practitioners and visiting allied health professionals as appropriate. Monitoring of clinical care is through feedback from staff and residents, observations, audits, incident analyses and a formal review process. Residents said they are satisfied with all aspects of their clinical care and its delivery by staff.
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

Qualified staff identifies and meets residents’ specialised nursing care needs. Assessment identifies the specialised care needs of the residents on entry to the home. The registered nurse develops a nursing care plan that is individual to the resident. Evaluation of these needs occurs on a regular basis and as required if care needs change. The team observed residents with specialised needs undergoing treatment by qualified staff. Residents and representatives said they are satisfied residents’ specialised care needs such as diabetes and chronic pain management are undertaken by staff with the required skills and knowledge.

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

The home demonstrates residents are referred to appropriate health specialists in accordance with their assessed needs and preferences. A range of specialist allied health professionals such as physiotherapy, dietician, podiatry, geriatric physician, optometrist and dental services are available to residents. Allied health professionals consult with the home’s care staff, directives are entered into individual care plans and progress notes and resident care are modified accordingly. There is a dedicated staff member responsible for the communication and services provided to allied health and external health services. Care staff said any change to a resident’s needs triggers a new assessment or changes to care plans as appropriate. Residents and representatives are satisfied with access to allied health specialists.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

The home has policies and procedures to ensure residents’ medication is managed safely and correctly and within legislative requirements. A registered nurse oversees the management of medication in the home. Regular auditing of the system is another way the home ensures compliance and safety when administering medication. Staff are assessed for competency in the administration and storage of medication on an annual basis or whenever necessary. Pharmacist review of the medication system occurs on a regular basis. Residents said they receive medications in a timely manner and are confident in staff skills.
2.8 Pain management

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

Team's findings

The home meets this expected outcome

The home has a system to ensure residents live as pain free as possible. This approach is demonstrated when residents enter the home with assessment of pain needs conducted. Documentation indicates interventions are in use including evaluation of the resident’s pain levels post intervention. Alternatives to medication such as heat packs, cold packs and massage alleviate or mitigate pain. Staff said they assist residents with their pain relief needs in a timely fashion and the team observed the practice. Residents said staff assist in the management of pain and use various strategies to meet their needs.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has processes to assess the palliative care needs of residents on entry to the home. Documentation shows residents have advance care directives, signed by the residents and/or their representatives, to record their final wishes and palliative care preferences. The team observed a dedicated room for the use of residents in palliative care and their families. The home has access to an external palliative care service as required. Staff said training is available to them in caring for the person receiving palliative care. Residents said staff consult them about their care needs and wishes.

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 home has systems for documenting and evaluating nutritional and hydration needs of individual residents. A care plan to guide staff practice is in use and reviewed regularly and when there are changes to residents’ intake, weight or health status. Regular monitoring of residents’ weights occurs and is undertaken more frequently for those with identified weight changes. There are referrals to speech pathologists, dietician, dental and medical personnel as required. The team observed lunchtime services at the home with staff assisting residents in a calm environment. Residents said they enjoy the meals served at the home.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has a process to assess residents’ skin integrity and potential for risk of pressure areas. Documentation reflects effective interventions ensuring the maintenance of the
resident’s skin integrity, care of skin conditions and management of wounds. Staff undertakes regular review and appropriate skin care interventions to ensure positive outcomes for residents. Skin care interventions include the use of pressure relieving mattresses, regular position changes and wound management as required. The team observed a large stock of wound care products available for use. Residents said wounds and skin care is managed appropriately by qualified staff.

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

Team’s findings
The home meets this expected outcome

The home has a system to ensure residents’ continence needs are managed effectively. This includes assessment on entry to the home and if required, bladder and bowel management programs. Plans are instigated to assist staff practice in the management of residents with continence needs. Designated continence management staff members undertake regular audits and these are reported to management. Urinary tract infections are recorded and measures are implemented to treat and prevent further episodes. Residents are satisfied staff attend to their needs in a timely manner.

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

Team’s findings
The home meets this expected outcome

The home has mechanisms to address residents’ behavioural issues and is effective in meeting the residents' needs. Following completion of an assessment period after entry to the home, results are evaluated. The registered nurse completes a nursing care plan identifying triggers for certain behaviours and action plans to address such behaviour occurrences. Regular review is scheduled for each resident and changes to the plan are implemented as required. Representatives said staff manages behaviour appropriately in the home. Residents did not report any disturbances by other residents and said the environment was conducive to their needs.

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

Management said the home has a commitment to residents achieving the optimal level of independence through mobility and dexterity. Residents are assessed on entry to the home to gather information about their current mobility and dexterity and rehabilitation needs. Falls risk assessments are also undertaken at the time of entry. A care plan is developed and interventions to maximise mobility and ensure safety are highlighted for staff; plans are evaluated regularly for effectiveness and reviewed by the physiotherapist as required. Staff said manual handling education is mandatory each year. Residents and representatives said resident mobility and dexterity needs are met by staff.
2.15 Oral and dental care

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

**Team's findings**

The home meets this expected outcome

The home is committed to ensuring residents’ oral and dental health is maintained. A care plan is developed following assessment, which includes extensive detail of the residents’ oral and dental health routines. There is a dedicated staff member responsible for the education of staff in oral and dental health care. Appointments are made for residents to attend local dentists and this information is recorded in the resident file. Evaluation of oral and dental care needs occurs as part of the regular review of the care needs of the residents. Residents said staff encourage them to attend to their oral needs and assist them when required.

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 assess all five senses on entry to the home. A nursing care plan guides staff practice in caring for the sensory systems and assisting the resident in cleanliness of any sensory aids. The care plan also includes interventions required for sensory needs of the resident. Staff consult other health professionals such as speech pathologist and optometrist in response to any identified needs. Lifestyle activities include sensory stimulation with music a feature of the program. Residents said they are happy with the care given by staff in relation to their sensory needs.

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

Staff aim to assist residents to receive restful sleep, providing a quiet and conducive environment to achieve this. The resident’s previous sleep patterns are determined upon entry to the home following assessment of the resident’s natural sleep patterns and routines. A nursing care plan specifies individual methods and aids to attract restful sleep for the resident. Staff said various methods used assist the resident with sleep. Residents said the home is quiet at night and staff assist them with darkening of the rooms, quiet activity and comfort measures to assist them to sleep.
Standard 3 – Resident lifestyle

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

### 3.1 Continuous improvement

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

**Team’s findings**

The home meets this expected outcome

The home 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 three include:
- Following an idea from an industry magazine, a memorabilia program to include items from previous generations has started at the home. It is located in two areas of the home and is an extension of the current ‘spark of life’ program at the home for dementia residents. Feedback from relatives and staff is positive with families contributing to the program with items from their past.
- A suggestion from head office in Sydney about holding a memorial service at the home for residents, who had passed away the previous year, is organised by the home. Each November a small service occurs with the lighting of candles in the chapel. Family members of past residents attend. A photo display has been widely accepted by the families with positive comments made. A comments book displays the appreciation of the relatives who attend the service.
- A staff suggestion has seen residents join the local chat ‘n’ choose group. Lifestyle staff approached a local group and residents are enjoying weekly attendances to craft and other activities in the community.

### 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 receives relevant legislations, regulations, professional standards and guideline updates relating to resident lifestyle. For information on the home’s systems for identifying and ensuring compliance, refer to expected outcome 1.2 Regulatory compliance.

Examples of mechanisms to ensure compliance with regulatory obligations relevant to Standard three include:
- Policies, procedures and flow charts guide staff in the process of compulsory reporting of alleged elder abuse and residents’ unexplained absences from the home.
- A register of reportable incidents is current.
- A resident information handbook provides residents and representatives information containing the Charter of Residents’ Rights and Responsibilities.
- Residents receive an individual resident agreement on entering the home detailing security of tenure, privacy and consent information and a list of provider specified services.
• All staff, at the commencement of employment, sign a confidentiality statement and are made aware of their responsibilities regarding privacy and confidentiality issues.

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

Team’s findings
The home meets this expected outcome

Management has systems and processes to ensure staff have the knowledge and skills required for effective performance related to resident lifestyle. Staff confirm they have been able to improve their knowledge through education and conference attendance. For details regarding the home’s systematic approach to education and staff development, refer to expected outcome 1.3 Education and staff development.

Recent education relevant to Standard three includes:
• validation therapy
• resident lifestyle
• communication and teamwork
• disinhibited sexual behaviour and agitation/aggression and communication strategies in dementia 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

An information package is available to prospective residents and a tour of the home occurs prior to admission. On entry to the home, residents are orientated to their room and surroundings and introduced to other residents. Assessment of the resident’s emotional needs occurs and a plan is compiled. Lifestyle staff visit daily in the settling in period and encourage residents to participate in the home’s activity program. Staff offer extra support at times of critical episodes and the offer of the use of the homes chapel for funerals can assist with other residents’ grieving. Family involvement is encouraged with life in the home. Residents are satisfied their individual emotional needs are identified and appropriately supported.

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 assist residents to achieve maximum independence, with able residents accessing the nearby township and the onsite kiosk available to all. Existing friendships and community links are identified on entry to the home, and continuation of these links is encouraged, supported and appreciated by the residents. Consultation occurs with residents for their preferred choice of a range of care, activity needs and preferences. The home has a number
of volunteers to aid residents in maintaining contacts with the community. Risk assessments conducted gauge impediments to residents maintaining their independence. The team observed residents using a range of mobility and dexterity aids suitable to their needs.

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

Systems in place ensure residents’ right to privacy, dignity and confidentiality occurs at all times. Information is available to residents through the home’s service agreement and resident handbook. Residents’ accommodation is a combination of single and shared rooms where curtains separate individual living areas. Small intimate areas are available around the home for more private interactions. Residents have access to a lockable drawer in their room. Resident files are stored securely with password accessed computerised data. The team observed staff knocking on resident doors prior to entry and speaking to residents in a respectful manner. Residents expressed satisfaction with the way their privacy, dignity and confidentiality is recognised and respected.

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

Team’s findings
The home meets this expected outcome

Residents’ leisure interests, as well as past and present activities preferences, are part of the admission process. This information, along with feedback from survey results and residents’ meetings, inputs into compiling a monthly activity calendar, which is available to all residents in their rooms. There is one main monthly celebration event held in the home. Volunteers, leisure and lifestyle officers implement the program which involves a combination of room visits and communal activities, with activities offered seven days a week. Staff conduct evaluations and reviews on the activities offered and attendance/participation records kept. Residents expressed satisfaction with the activities program.

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

Residents’ cultural and spiritual needs and preferences are assessed on entry to the home. Church services, hosted in the home’s own chapel for residents and interested visitors, occurs weekly. The home offers support to residents of culturally and linguistically diverse backgrounds. As part of its activity program the home regularly conducts and celebrates holiday and special events, such as Christmas, Easter, Remembrance Day, ANZAC day and Melbourne Cup day. An annual memorial service held to remember residents who have passed away in the previous year occurs and representatives are invited. Residents confirm their cultural and spiritual beliefs are maintained and respected.
3.9 Choice and decision-making

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

**Team’s findings**

The home meets this expected outcome

The home has systems and processes in place, and appropriately trained staff, in order to meet residents' ability to make choices and decisions. Residents’ preference occur via assessments following entry to the home, and include preferences in relation to hygiene, clothing, activities and meals. The resident handbook outlines services offered and how the resident can access them. Information is available if required in languages other than English. The team observed staff offering choices to residents in carrying out their duties, for example, menu choice at lunchtime. Residents interviewed expressed satisfaction with their ability to give input into their care and that they either attend residents' meetings or read the minutes.

3.10 Resident security of tenure and responsibilities

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

**Team’s findings**

The home meets this expected outcome

Management at the home can demonstrate residents have security of tenure while at the home. A resident information package, given on entry to all new residents and their representatives, includes the Charter of Residents' Rights and Responsibilities and other service information. The resident handbook also details the accommodation, care, lifestyle and the services offered at the home. Management offers all residents a residential care service agreement. The agreement includes information on fees and charges, specified care and services. Transfers to another facility or another room can only occur after consultation with the resident and/or their representative.
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 four include:

- Following an idea from management, and also through discussion as an issue at the occupational health and safety meeting, an occupational health and safety booklet is now available. It raises awareness for staff and especially targets new staff. Management said the impact has an increased staff awareness of occupational health and safety issues and has improved staff practice.

- After management attended an infection control seminar, compatible hand washing products are now in use at the home. Management said the products usage has increased after staff wash their hands.

- New kitchen staff did not know residents and meal tray labels required improvement. A picture of the resident is now on the meal label on the meals tray. Management said the meal service to residents is more efficient in the dining room.

### 4.2 Regulatory compliance

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

**Team’s findings**

The home meets this expected outcome

The home has systems to ensure the home meets its obligations with all legislation, regulatory requirements, professional standards and guidelines in relation to the physical environment and safe systems of the home. Management receives and implements relevant changes and notifies stakeholders. For information on the systems for identifying and ensuring compliance, refer to expected outcome 1.2 Regulatory compliance.

Examples of mechanisms to ensure compliance with regulatory obligations relevant to Standard four include:

- The orientation program and annual mandatory training sessions provide information in relation to fire safety, infection control, manual handling and occupational health and safety.

- A current compliance certificate issued by a third party auditor demonstrates a food safety program is effective and in place.

- There is a fire and emergency policy and procedure available to guide staff in the event of an emergency occurring in the home as well as plans in the event of an external or community emergency.

- The home meets building certification standards.

- Reports are current regarding fire inspection of all fire fighting equipment.
• Annual mandatory fire training and education for all staff occurs and attendance records confirm attendance.
• The home has safe and secure storage of chemicals in place, and material safety data sheets are current.
• Authorised and trained personnel conduct testing and tagging of electrical items.
• Members of the occupational health and safety committee have undertaken training reflective of legislative requirements regarding their roles.
• Infection control guidelines are accessible to staff and contain information on outbreak management.

4.3 Education and staff development

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

Team’s findings
The home meets this expected outcome

The home demonstrates that it offers education across the spectrum of staff that includes services and administration staff as well as care staff, and encompassing all standards. The home meets its regulatory obligations in providing education in mandatory areas. Records confirm and monitor attendance by staff to ensure all staff attend compulsory education within set timeframes. Staff confirm they have attended compulsory training and are able to articulate learning from these sessions.

Examples of education provided under Standard Four include:
• fire and emergency training, including bomb threat and dealing with intruders
• manual handling
• food safe training
• occupational health and safety
• hand washing

4.4 Living environment

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

Team’s findings
The home meets this expected outcome

The residents’ accommodation consists of a combination of single and shared rooms, with shared bathroom facilities, set up to meet residents’ needs and safety. There is a large area for communal activities as well as smaller areas for more intimate gatherings, in addition to an easily accessible internal courtyard. Adequate storage facilities for equipment contribute to clutter free corridors allowing safe resident mobility around the home. Systems are in place for the identification of maintenance and/or hazardous matters. Preventative maintenance and cleaning schedules are in place. Residents and their representatives express satisfaction with the living environment.
4.5 Occupational health and safety
*This expected outcome requires that “management is actively working to provide a safe working environment that meets regulatory requirements”.*

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

The home has an occupational health and safety committee which meets second monthly, and comprises a range of staff across all disciplines and management. Through this committee, the home’s objective is to ensure a safe working environment and to meet regulatory requirements. The committee reviews incident reports for residents and staff including infection rates, hazard reports, deficiency logs, outcome of trials of new equipment and environmental issues. All residents have assessments as to their falls and safety risk. Staff have access to personal protective equipment and other equipment appropriate to tasks, to minimise the risk of injury. Material safety data sheets provide for the safe use of chemicals. Staff interviewed demonstrate a good understanding of the reporting mechanisms available regarding hazards and incidents, and confirm they receive regular training.

4.6 Fire, security and other emergencies
*This expected outcome requires that “management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks”.*

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

The home has policies, procedures, regular staff and volunteer training in place to assist in providing a safe environment to minimise fire, security and emergency risks. The team observed evacuation plans prominently displayed throughout the home. External contractors monitor and maintain the fire and emergency systems. The home has systems and plans for disaster management with emergency stores and resident name tags which include clinical, and next of kin emergency contact details. There is a lockdown procedure for after-hours security. Staff, residents and their representatives expressed satisfaction with safety provisions and were able to outline actions taken in the event of fire and/or emergency

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

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

There is a designated person in charge of infection control. Policies and procedures assist staff in their practice when attending to residents using infection control principles. Monitoring of these practices and infection control procedures occurs regularly through the audit process at the home, and staff receive mandatory education on infection control. The team observed staff washing their hands and using a hand moisturiser afterwards. There are hand basins for hand washing throughout the home. Residents said they are confident staff know infection control principles and are familiar with processes throughout the home.
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

The home cooks all meals fresh on site. A four-week rotational menu is in place and meals served reflect the residents’ preferences, likes, dislikes and dietary needs. Audits and surveys monitor satisfaction with meals. Cleaning occurs on a daily basis following a schedule based on daily, weekly and monthly duties. The home launders both personal and flat linen onsite and provides a daily service. The laundry has a ‘dirty in, clean out’ process. Residents commented they are satisfied with the hospitality services provided by the home.