



Aged Care
Standards and Accreditation Agency Ltd

Inglewood & Districts Health Service (Nursing Home)

RACS ID 3492
3 Hospital Street
INGLEWOOD VIC 3517

Approved provider: Inglewood & Districts Health Service

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 10 November 2015.

We made our decision on 25 September 2012.

The audit was conducted on 21 August 2012 to 22 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

Inglewood & Districts Health Service (Nursing Home) 3492

Approved provider: Inglewood & Districts Health Service

Introduction

This is the report of a re-accreditation audit from 21 August 2012 to 22 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 21 August 2012 to 22 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:	Gerard Barry
Team member:	Margaret Edgar

Approved provider details

Approved provider:	Inglewood & Districts Health Service
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Details of home

Name of home:	Inglewood & Districts Health Service (Nursing Home)
RACS ID:	3492

Total number of allocated places:	15
Number of residents during audit:	15
Number of high care residents during audit:	15
Special needs catered for:	Nil

Street:	3 Hospital Street	State:	Victoria
City:	Inglewood	Postcode:	3517
Phone number:	03 5438 7000	Facsimile:	03 5431 7004
E-mail address:	admin@idhs.vic.gov.au		

Audit trail

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

Interviews

	Number		Number
Management/administration	5	Residents/representatives	4
Nurses/carers/lifestyle	4	Hospitality staff	3
Allied health/infection control	3	Volunteers	2

Sampled documents

	Number		Number
Residents' files	8	Medication charts	9
Incident reports	5	Personnel files	3
Wound care plans	2	Resident agreements	3
Diabetic records	3		

Other documents reviewed

The team also reviewed:

- Accident and incident forms
- Allied health referral documents
- Catering and dietary management documents
- Cleaning program records
- Clinical communication books
- Clinical observation and management documents
- Continuous improvement plan
- Doctors' request book
- Education records
- Electronic documentation system
- Essential services records
- Food safety plan and compliance certificates
- Handover information
- Incidents reports and trend analysis
- Infection control management documents
- Internal audits
- Laundry management documents
- Maintenance records
- Mandatory reporting documentation
- Meeting schedules, agendas and minutes

- Memoranda
- Menus
- Monthly activities calendar
- Newsletters
- Organisational chart
- Pest control record
- Police check register and statutory declarations
- Position descriptions and duty lists
- Professional registrations
- Refrigerator temperature records
- Regulatory compliance reports and correspondence
- Resident list
- Residents' handbook and information package
- Risk assessments
- Rosters
- Sample of external contracts
- Selected policies and procedures
- Self assessment
- Staff handbook and orientation information
- Volunteer handbook and information

Observations

The team observed the following:

- Activities in progress
- Call bell system in operation
- Charter of residents' rights and responsibilities posters
- Cleaners storerooms, trolleys and chemical storage
- Clinical care supplies
- Emergency evacuation kits
- Equipment and supply storage areas
- Interactions between staff and residents
- Internal and external living environment
- Laundry and cleaning equipment and practices
- Lifting equipment and mobility aids
- Meal service
- Medication administration, trolley, storage and disposal systems
- Noticeboards and information displays
- Outbreak and spills management kits

- Personal protective equipment and usage

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

Inglewood and Districts Health Service Nursing Home shares a building with the hostel and the acute hospital. All three share management and systems. Management monitors the quality system through an internal auditing process with corrective actions recorded in the continuous improvement register. Management and staff identify possible improvement activities through data analysis of infections/incidents and hazards, complaints, meetings, survey results, strategic planning and stakeholder suggestions. Improvement activities are registered, progress monitored and actions evaluated to confirm successful completion. Management discusses continuous improvement at meetings to inform staff of the operational issues within the home. We observed the home actively pursued continuous improvement in all aspects of care and service.

Recent improvements include:

- Management purchased a document shredder for the nurses' station to ensure privacy is maintained. Handover sheets are shredded at the end of the shift to ensure sensitive information regarding clients and their care are disposed of correctly. We observed secure handling of documentation.
- The organisation has introduced a computerised document control program that all staff can access. Management took this step to improve document control, reduce the possibility of obsolete documents/forms being in the system and to reduce the number of hardcopy system manuals. The program has provided staff with an improved search facility to assist them in finding documents when needed. Staff confirmed the ease of access and we observed the system on the intranet site.

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 receives legislative information and updates through membership of peak bodies and professional organisations, conferences, meetings and notifications from government and health departments. Management reporting systems and auditing processes monitor compliance and ensure regular reviews of policies and procedures to reflect current legislation and guidelines. There are effective systems to monitor the currency of required police check clearances and to ensure annual renewal of professional registrations. Staff receive information regarding changes to legislation through the home's intranet,

memoranda, meetings and education sessions. Residents and their representatives receive information regarding re-accreditation audits and legislative information through notices, meetings, informal discussions and newsletters. Staff confirmed communication of changes to legislation and subsequent updates to policies and practices.

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 provides staff with opportunities to develop/maintain the knowledge and skills appropriate to the needs of the home. Management offers planned education developed through addressing the four Accreditation Standards, staff suggestions, gaps identified in audits and from external fliers. The system includes mandatory subjects that staff must attend to remain on the roster. Adult education methods include on-line computer courses as well as a series of televised topics relevant to aged care. Administration maintains attendance records and evaluations of in-house or external sessions to confirm the effectiveness of the training. Management conducts competencies and assesses trend data on incidents/accidents to ensure staff practices are consistent with requirements.

Examples of recent education relating to Standard One include:

- care planning software
- Health Records Act
- incident reporting software
- law and ethics for nurses.

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

Documentation showed management records, actions and monitors concerns, suggestions and compliments through its quality system. The home explains its system to residents/representatives in the residents information pack. Information brochures explaining the external complaint system are available in the home. Management conducts regular resident/representative meetings in which residents or their representatives can raise concerns. Senior management deals with sensitive or complex complaints and delegates minor concerns to unit managers and department heads. We confirmed this through a documentation review. Residents told us they could raise any concerns with management who respond promptly to resolve any issue.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's findings

The home meets this expected outcome

The organisation has documented its vision/mission statements and displays them in the home. Management includes the statements in information handbooks, procedures and the annual report supplied to current and prospective residents, representatives, staff and other stakeholders. The board of management develops strategic direction leaving operational issues to the home's management. The board undergoes education regarding governance.

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

Recruitment processes ensure there is sufficient and appropriately skilled and qualified staff to provide care and services according to the home's vision and residents' needs. Management reviews the position description before recruiting locally and through the home's website. Employment processes include interview, reference checking, orientation, education, criminal checks (police certificates) and statutory declarations confirming the right to work in Australia. New staff receive a handbook, position description, complete 'buddy' shifts and performance reviews to ensure they have the appropriate skills and knowledge. Staff have access to policies and procedures and duty lists to inform and guide their work practices. Management monitors staffing levels monthly adjusting the roster as required and uses a casual staff bank to ensure relieving shift coverage. Staff said the level and skill mix of staff is appropriate for residents' needs. Residents said they are satisfied with the level of care provided by staff and the availability of staff to meet their needs.

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 systems and processes to ensure the provision of appropriate goods and equipment for the delivery of services to residents. Selected personnel monitor stock levels of clinical and non-clinical supplies, continence products and chemicals before placing an order. Catering staff prepare meals directly from fresh ingredients in the hospital's kitchen where the cook is responsible for ordering food supplies. An on-site laundry processes residents' personal clothing while linen goes to an external laundry service. Management plans and monitors preventive maintenance while staff have can requested corrective maintenance. Equipment, supplies and chemicals are securely stored with access restricted to authorised personnel. Staff can access approved providers or maintenance personnel after business hours in the event of an emergency. Staff, residents and representatives were

satisfied the home had sufficient and appropriate goods and equipment to meet residents' needs.

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

There are established systems to facilitate the collection and distribution of information to enable staff and management to perform their roles. There are processes for the secure storage, archival and disposal of staff and resident information in line with legislated privacy requirements. Documented policies and procedures are readily available and accessible to staff to guide staff practice. Management communicates information to staff through meetings, memoranda and noticeboards. Management informs residents through residents' meetings and the provision of newsletters, flyers and posters. Information flow concerning residents' care plans is through computerised planning software. Staff reported they were informed of changes and other required information through staff meetings, at shift handover times and by memoranda. Residents and representatives confirmed management informed them about activities and other relevant information within the home.

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 systems and processes ensuring the delivery of goods and services meets the required standards. Management provides contractors with a handbook and 'first time on site' orientation. Senior management controls and reviews service agreements. There is a sign in/out book where contractors register when on site. External contractors maintain essential services according to legislative requirements and provide records of inspection. There is a preventive maintenance system and staff can access a contact list in the event of an emergency situation. Residents reported they were satisfied with the services the home provides.

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

For details on the continuous improvement system refer to expected outcome 1.1 Continuous improvement. Management encourages staff to complete quality assurance request forms for any of their initiatives. Staff confirmed management keeps them informed of improvement activities. Staff and documentation confirmed that staff raise improvement requests.

Recent improvements include:

- Assessments have identified many of the residents as having reduced muscle strength through the ageing process. As a direct result of this diagnosis management has worked with the physiotherapist to implement a low impact strength program. The physiotherapist or their aide conduct in-house exercise programs or residents can attend the gymnasium next door. The physiotherapist develops an individual program delivered by qualified staff in the gymnasium. Residents participating in the program have shown improved mobility and a reduction in the likelihood of having a fall. Residents confirmed the program and told us how they enjoyed the exercises.
- The results of internal audits showed the system did not always ensure timely follow up of a resident's request to see their doctor. Management introduced a communication book where staff can enter details for the visiting medical officer. Residents are now seen promptly following a request.
- To assist staff to more easily shower the less mobile residents and to improve the dignity of those residents management purchased a special brand of chair. This chair can be raised, lowered or reclined allowing staff easy access to the person being showered. Staff stated the chair has achieved its objectives.

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

Systems ensure compliance with legislative and regulatory requirements, professional standards and guidelines about health and personal care. Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes. Residents receive information regarding specified care and services. Registered nurses manage residents' specialised care. There are processes for storing, checking and administration of medications in accordance with regulatory requirements. Staff said they receive information and education for legislative and regulatory requirements relating to health and personal care including elder abuse and unexplained residents' 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

Management demonstrated staff have appropriate knowledge and skills to provide health and personal care to residents. Ongoing education opportunities ensure the maintenance of staff’s skills are reflective of current residents’ needs. Staff stated they were satisfied with the clinical education offered and underwent skill competencies. Refer to expected outcome 1.3 Education and staff development for more information about the education system.

Examples of recent education Standard Two include:

- advanced life support
- assessment of the deteriorating patient
- medication calculations
- modified early warning system
- wound care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Policies, procedures and care systems empower staff to provide residents with appropriate clinical care to meet their needs and preferences. The care assessment, planning and review system identifies residents’ care needs on entry to the home and ensures this is updated when care needs change. Nursing staff use an interim care plan to provide care until the long term assessment and care plan process is complete. Residents and/or representatives are consulted when staff evaluate the care plan each month and as required. Staff confirm understanding of individual care according to care plan information and have access to competency and education programs to ensure appropriate skills and knowledge. Monitoring of care processes occurs through consultation with residents and/or representatives, audits and review of clinical indicators such as infections, wounds and incident reports. Residents and representative said staff provide clinical care in a professional and caring manner.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Registered nurses manage residents’ specialised nursing care needs by completing assessments, developing care plans and evaluating specialised care monthly and as required. Assessments completed on entry and when necessary identify residents’ specialised care needs sufficient to develop specialist care plans. Care plans describe care and instructions from other health specialists specific to the residents’ needs enabling staff to provide appropriate care. Nursing staff have access to specialist consultants to assist with specialist care and document referral outcomes into the care plan and progress notes.

Specialised care includes wound management, diabetic care, catheter care and dialysis regime management. Monitoring of the effectiveness of care occurs through clinical audits and regular clinical review. Staff confirmed they have appropriate specialist knowledge and skills and can access education and resources to support their practice. Residents expressed their satisfaction with the care provided.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents can access health specialists according to their needs and preferences. Clinical and assessment processes identify residents requiring referral to other health specialists on entry and as required including procedures for urgent referrals. Progress notes and care plans include details of visits and follow up of prescribed treatments. Staff assist residents to consult their preferred provider and accompany them if family members are unavailable. Services accessed by residents include dietary, speech pathology, dialysis services, optometry, audiology, podiatry, physiotherapy and mental health services. Residents said they are satisfied with the range of allied health services available.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Care and medication systems effectively and safely manage residents’ medication. Registered nurses and medication competent enrolled nurses administer medications from original containers. Staff complete a medication assessment and care plan when a resident enters the home outlining medication administration requirements, allergies and assistance required. Management actions incidents reports completed by staff including signature omission for administration. Medications are stored and managed within legislative guidelines and there are procedures to maintain supply and to dispose of unnecessary medication. The home monitors resident satisfaction and performance through medication reviews, medication advisory meetings, audits and incident reporting. Residents said they are satisfied with the home’s management of residents’ medication.

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

Care systems assist residents to be as free as possible from pain. Initial assessments identify the resident’s pain history on entry to the home and contribute to the development of pain management care plans. Management strategies include the identification of the site and cause of the pain, past and present history, appropriate treatment choices and resident preferred treatment. Registered nurses oversee the management of residents requiring interventions for complex pain. Strategies to assist with pain management include medical review, medication, position changes, rest or exercise and specialist care if indicated. Processes include monitoring for nonverbal signs indicating residents are experiencing pain

or discomfort. Quality measures to monitor pain management outcomes include care reviews, audits and resident feedback. Residents said staff responded positively to their request for help to manage their pain.

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

Palliative care systems ensure the identification of residents’ palliative care wishes and the comfort and dignity of terminally ill residents. On entry staff document residents’ end of life wishes, advanced care plan and statement of choices including this information in the residents’ care plan. The care plan process ensures care plans reflect the resident’s changing palliative needs as the resident approaches terminal care. Chaplaincy, pastoral care and specialised care services are available to support residents and representatives as appropriate. The home provides facilities enabling families to remain with the resident if they wish to. Residents said they are satisfied with the information and support provided by the home regarding palliative care .

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents receive adequate nourishment and hydration. Assessments, care plans and kitchen information identify allergies, details of required assistive devices, personal and cultural preferences and clinical needs. Residents have a daily menu choice and staff can access supplements and alternative meals for residents if necessary. The kitchen caters for residents’ special dietary needs and preferences and there is a process for communicating dietary changes to all concerned. Care reviews include regular monitoring of residents’ weight and referral to the dietician, speech pathologist or other specialists as indicated. Residents said the meals are enjoyable and they are satisfied with the food 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

Residents’ skin care is appropriate and consistent with their general health. The initial skin assessment identifies residents at risk and staff develop care plan strategies from this information to minimise and manage identified risks. Strategies to promote skin integrity include regular repositioning, limb protectors, continence care and the use of emollient creams. Registered nurses attend to care developing and reviewing wound care plans. Quality measures include monitoring of care plan information, review of skin incidents and consulting with residents. Residents said they are satisfied with the care they receive to manage their skin and hygiene care

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents receive continence care appropriate to their needs to effectively manage their continence experience. Staff complete an initial assessment on residents on entry to the home and continue to develop a continence and toileting care plan to address any identified issues. Care strategies include establishing voiding patterns, dietary and medication interventions, mobility strategies, toileting plans and the provision of appropriate aids. Staff consult with the rural health continence nurse as necessary or refer the resident for specialist care. Program evaluation processes include care reviews, audits, monitoring for effective aid use and obtaining feedback from residents and staff. Residents said they are satisfied with the care provided to assist with continence needs.

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

Assessments and behaviour management plans identify and manage the care of residents presenting with challenging behaviours. Staff identify and assess residents’ behaviour patterns on entry to the home and complete additional monitoring and review as required. Care plans describe the type of behaviour, goals of care, triggers to behaviours and effective management strategies. Referral to adult mental health services occurs as required. There are effective processes for monitoring prescribed medication and for the use of bed poles. Staff are aware of the home’s processes for managing incidents associated with behaviours. Evaluation measures include audits, review of behaviour incidents and care plan reviews. Residents stated they were satisfied with the home’s approach to managing challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Residents have access to care and equipment to maintain optimum levels of mobility and dexterity. The physiotherapist and nursing staff complete initial assessments when the resident enters the home developing programs to enhance mobility and dexterity and to manage falls risk. Staff implement mobility and dexterity care plans and refer residents to the physiotherapist for ongoing care as necessary. Care strategies include a falls prevention program, height adjustable beds, personal emergency pendants and assistance to transfer safely and comfortably. The lifestyle program includes daily exercise groups and activities to enhance dexterity ability. Staff complete incident reports for falls and the quality process ensures evaluation of all reports for trends and identification of risk. Residents said they are satisfied with the assistance they receive from 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

Residents receive oral and dental care appropriate to their individual needs and preferences. Care staff complete initial and ongoing assessments to develop an oral health care plan in consultation with the resident. Dental care plans include an assessment of the state of the resident’s mouth, teeth or dentures and assistance required to continue with residents’ preferred practices. Staff refer residents to the speech therapist to manage swallowing difficulties and meal modification needs. Care plan reviews include consultation with the resident, regular inspection and replacement of dental care products and referrals to other specialists in response to changes in oral health. Residents said they are satisfied with the dental care provided.

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

Care processes address the effective identification and management of residents’ sensory losses relating to the five senses. Assessment and care planning address residents’ sensory deficits and describe effective strategies to optimise sensory function. Care strategies include identification and care of aids, environmental strategies such as extra lights and details of assistance required. Referral to specialists including audiologists, optometrists and massage therapy occurs. Lifestyle activities include sensory stimulation such as tactile activities aromatic cooking and massage. The home’s environment is peaceful and uncluttered reducing the risk for sensory overload for residents with cognitive impairment. Residents said they are happy with the care in relation to 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

Practices at the home assist residents achieve natural sleep patterns. The assessment process identifies residents’ natural sleep patterns and preferences for day and night rest. Care plans detail individual preferences and needs including comfort measures to promote sleep, individual rituals and strategies and preferences for retiring and waking. Staff described strategies to help resettle any resident who wakes during the night. The home monitors the night time environment and resident satisfaction through the quality program and care plan consultation. Residents said they could rest whenever they wished.

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 more details on the quality system. Lifestyle staff identify continuous improvement activities in relation to residents’ lifestyle through consultation with management and by using results from internal audits and resident satisfaction surveys. Resident comments, complaints and feedback from meetings also help to identify opportunities. The team observed management documented and evaluated improvements and formally notified the originator of the results. Residents and their representatives stated the home’s management informs them of improvements through meetings, newsletters and informal discussions.

Recent improvements include:

- Management has made some recent purchases to improve residents’ lifestyle. The purchases have been well received by residents and their representatives. Purchases include:
 - An overhead projector that now allows the playing of large size movies for residents.
 - Reclining chairs for improved resident comfort.
 - Evolution chairs to allow residents to be socially active with other residents despite not being able to walk. The chairs are low maintenance, user friendly with a large range of adjustable seating positions to suit almost any resident. The drop side allows for easy side resident transfers and carer access to residents.
- As a result of staff observation and resident requests, management has redeveloped the entrance foyer into a sitting area equipped with television and comfortable chairs. We observed at least six residents sitting in this area during most times of our visit. Residents said they enjoyed sitting in the area because they can watch “the passing traffic”. We also observed staff conduct a light exercise program in this area.
- To improve facilities for residents management has revamped an area of the home as a cafe for use by residents and families. The cafe called “Count us in” operates twice per week and can supply simple meals such as pies and sandwiches. Residents and families told us they love the atmosphere and have embraced the cafe as a place where they can share quiet moments.

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 have systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines in relation to resident lifestyle. Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes. Residents and representatives receive information regarding privacy and confidentiality, their rights and responsibilities and security of tenure. The home displays the Charter of residents' rights and responsibilities. There are processes to manage compulsory reporting of reportable assaults including mandatory education for staff. Residents confirmed they receive notification of any changes through attending resident meetings, informal conversations with management and newsletters.

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 demonstrated staff have appropriate levels of knowledge and skills relating to resident lifestyle outcomes and have access to relevant training opportunities. Attendance records confirmed staff have attended training on topics relevant to this Standard. Refer to expected outcome 1.3 Education and staff development for more information about the overarching systems and processes.

Examples of education topics in relation to Standard Three include:

- prevention and management of elder abuse
- relaxation and affirmation
- understanding dementia parts 1-5.

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 has implemented systems to support residents' emotional needs in adjusting to their new home and on an ongoing basis. Management monitors emotional support by talking with residents, their families and staff. In this way management has learnt of the need to provide individual residents with the assistance of social workers, mental health teams and other forms of counselling. A range of assessments include social and cultural profiles, specific emotional needs and religious and spiritual preferences. Care documentation showed and staff interviews demonstrated they were aware of residents' emotional needs. The team observed staff interacting with residents in a caring manner and residents confirmed a high level of satisfaction with the emotional support they received.

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

Management provides assistance for residents to maintain their independence and to participate in the community. Families are involved in care planning either formally or informally on a regular basis with conversations recorded. Staff assist residents to visit local hotels and clubs either individually or in groups. Staff assist residents who are capable in preparing their own breakfasts and in continuing to vote in elections. Residents are encouraged to personalise their bedrooms as is evident with many having brought in personal effects. Staff were observed supporting residents to do things for themselves, and we observed dietary aids in use to assist residents with independence at mealtimes. Residents and their representatives confirmed the staff supported them to maintain their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home respects each resident's right to privacy, dignity and confidentiality. Handbooks document privacy policies and residents sign consent statements for the release of information and the use of their photographs and names. There are internal and external areas for residents to meet with visitors and private functions are possible. Staff maintain residents' private information in secure areas or electronic files and handover occurs discreetly. Staff practices are monitored by observation and audits, and we observed staff to knock on doors before entering and to address residents by their preferred name. Residents and representatives stated staff were respectful of resident's privacy and dignity when caring for residents.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Staff support and encourage residents to participate in a range of activities and events of interest to them either in groups or individually. Lifestyle staff learn of residents' past and current interests, preferences and community links. Care plans document these choices and regular reviews reflect changes in the individual needs of the resident. Community groups and volunteers are welcomed at the home and residents receive assistance to go on outings and to maintain individual hobbies. Staff encourage family and friends to be involved in the residents' life by taking part in activities. Residents confirmed staff assisted them to attend daily activities and stated they were satisfied with the variety of the lifestyle 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 preferences are valued at the home. Assessment processes include the identification of residents' individual needs and preferences related to their cultural and spiritual life. Care plans document preferences including celebratory days, beliefs, religious choices, cultural preferences and palliative care wishes. The home celebrates significant cultural and religious days with activities and meals and monitors their effectiveness through resident surveys and meetings. Residents stated their satisfaction with the support provided to meet their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home promotes residents' rights to participate in choices and decisions regarding their clinical care and lifestyle preferences. Care plans reflect residents' wishes in relation to areas of daily living and leisure activities. Staff identify residents presenting with reduced decision-making capacity and involves their authorised representatives with making decisions on their behalf. Handbooks and agreements contain information on residents' rights and responsibilities, the complaints process and policies relating to clinical care and lifestyle choices. Audits, surveys and feedback from meetings monitor satisfaction and staff have access to policies and procedures. Residents and representatives stated the home supported residents' involvement in making independent choices and decisions.

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 communicates information about residents' rights and responsibilities, accommodation payments, specified care and services and fees through the resident information booklet, resident agreement and entry pack. Residents and representatives are encouraged to seek external legal and financial advice; power of attorney information is on file. Staff receive ongoing education on elder abuse and mandatory reporting. There are processes to ensure residents receive care and services appropriate to their care status. A process of consultation and agreement precedes any change in a resident's room. Residents indicated they felt secure in their tenure and free from any form of harassment.

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 for more details on the home’s continuous improvement system. Management monitors the physical environment and safety systems through environmental inspections, analysis of incident and infection reports, resident and staff surveys and comments and complaints. Residents can make suggestions or express concerns through the regular resident and relative meetings or using the home’s feedback forms. Actions identified for attention are included on the home’s continuous improvement plan for further development.

Recent improvements include:

- Management recognised that some residents were unable to use the usual call bell system. They also acknowledged mobile residents subject to wandering or having falls were not always within reach of a call bell. With this in mind management has supplied these residents with pendants to assist them to contact staff when required. Staff report the pendant alarms have helped them to assist certain resident faster and with improved results.
- Management has redeveloped external gardens and courtyards to provide residents and their families with much improved spaces. Shade sails, new outdoor furniture and the introduction of sensory stimulating plants has revitalised the areas. Although the winter weather has limited their use, residents and families spoke highly of the areas.
- Chemical storage was recently reviewed by the chemical supplier at management’s request. Recommendations regarding storage of the chemicals have resulted in a review of the cleaner’s storeroom to ensure that the chemicals are all stored safely. Inglewood and Districts Health service do not decant and only use chemicals listed in the material safety data sheet masters. Management reviews this information annually to ensure that the data sheets contain the correct information and are current. Nineteen staff members attended chemical safety education during 2012.

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

Policies, procedures and guidelines demonstrate compliance with legislation and regulatory requirements professional standards and guidelines about physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes. Effective monitoring of fire and safety regulations and equipment occurs. The current essential safety services certificate and occupancy permit is on display. Local council and external third party audits demonstrate current compliance with food safety for the main kitchen and internet café. There are

processes to actively promote and manage workplace health and safety. Staff expressed understanding of procedures for fire or emergency, safe handling of chemicals and infection control.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management monitors and enhances the skills and knowledge of staff to ensure they perform their roles effectively in relation to the physical environment and safe systems. Staff confirmed they attend annual mandatory training and expressed an understanding of processes required during environmental emergencies or infectious outbreaks. Refer to expected outcome 1.3 Education and staff development for a description of the home's education system.

Education sessions attended relevant to Standard Four includes:

- fire and evacuation procedures
- hand hygiene
- lone worker safety
- manual handling
- occupational health and safety
- personal protective equipment.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home is a purpose built residential care facility specially designed for disabled, frail and aged persons. Although under the same roof line as the hostel and the acute hospital the nursing home is separate from these other facilities. The home has lounge and dining areas and other private areas overlooking gardens. Resident's bedrooms rooms provide single accommodation with an ensuite. Residents may have their meals in the dining room or in their bedrooms. Security measures include call bells and key pad or swipe card operated doors. A preventive maintenance system along with cleaning schedules maintains a comfortable home for the residents. Residents and representatives told us residents felt secure and comfortable in the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Occupational health and safety procedures and information is available to all staff and residents. A committee meets to discuss hazards, incidents, training needs regarding safety, workplace inspections and trend data. A comprehensive risk management system prioritises hazards so that the responsible person can take effective action in a timely manner. Management encourages all staff and residents/representatives to report any hazards or to offer improvement suggestions. Staff demonstrated an understanding of their occupational health and safety responsibilities and the incident/hazard reporting processes. Staff and documentation confirmed that training in safety related mandatory subjects occurred annually and at orientation for new staff.

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 uses an external contractor to maintain and perform system checks on the home's fire safety system. Staff maintain clearly marked and unobstructed fire exits. Legislative requirements regarding essential services met by a preventive maintenance program that includes the testing and tagging of all electrical equipment, the cleaning of mobility aids and the maintenance of plant and equipment. Key pad locks that, automatically release in the event of an emergency, control external doors for resident security. Staff interviews and documentation confirmed annual training in fire and emergency occurs. Residents and representatives stated they would wait for instructions in the event of an emergency. We observed appropriate security measures, equipment and environmental controls in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection program to identify and manage infection risks. Policies and procedures, infection control education, availability of personal protective equipment and observation of practice such as hand washing techniques ensure effective infection control practices. A designated staff member is responsible for collecting and reviewing infection surveillance data, completing audits and overseeing the infection control component of the orientation, education and competency programs. Staff and residents have access to appropriate vaccination programs. Food safety, environmental services, pest control and waste management programs comply with legislation and infection control guidelines. Quality measures include identifying and actioning infection trends, pathology and antibiotic use and reporting to staff and management meetings. Staff confirmed education attendance and knowledge of infection control policies and procedures.

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 provides hospitality services consistent with the needs and preferences of the residents. All food is prepared freshly on site in line with a food safety program and residents' dietary and nutritional needs. Cleaning staff follow established schedules and practices resulting in a clean and tidy home. An external company provides laundry services linen and the home has upgraded an internal laundry to effectively launder resident clothing. Laundry practices include work instructions, cleaning schedules and labelling of resident clothing. The home monitors satisfaction of services through audits, observation and resident meetings. Staff described procedures relevant to their role and confirmed completion of appropriate training. Residents and representatives confirmed their satisfaction with the hospitality services provided by the home.