



Aged Care
Standards and Accreditation Agency Ltd

Longridge Aged Care

RACS ID 6069

900 Attiwill Street

NARACOORTE SA 5271

Approved provider: Naracoorte Home for the Aged Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 5 May 2016.

We made our decision on 19 March 2013.

The audit was conducted on 11 February 2013 to 13 February 2013. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

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

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

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Longridge Aged Care 6069

Approved provider: Naracoorte Home for the Aged Inc

Introduction

This is the report of a re-accreditation audit from 11 February 2013 to 13 February 2013 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 11 February 2013 to 13 February 2013.

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:	Elizabeth McGrath
Team member:	Barbara Fisher

Approved provider details

Approved provider:	Naracoorte Home for the Aged Inc
--------------------	----------------------------------

Details of home

Name of home:	Longridge Aged Care
RACS ID:	6069

Total number of allocated places:	44
Number of residents during audit:	43
Number of high care residents during audit:	30
Special needs catered for:	People with dementia or related disorders

Street:	900 Attiwill Street	State:	SA
City:	NARACOORTE	Postcode:	5271
Phone number:	08 8762 1340	Facsimile:	08 8762 1359
E-mail address:	longridre@longridge.org.au		

Audit trail

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

Interviews

	Number		Number
Management	6	Residents	6
Clinical/care staff	6	Hospitality /Ancillary staff	3
Lifestyle staff	2		

Sampled documents

	Number		Number
Residents' files/care plans/progress notes	5	Medication charts	5
Lifestyle files/care plans	4	Personnel files	4

Other documents reviewed

The team also reviewed:

- Asbestos register
- Asset register
- Care staff procedure manual
- Comments and complaints folder
- Communication folder
- Continuous Improvement Action Plan 2012 and 2013
- Continuous Improvement/Work Health Safety Committee reports
- Contractors handbook
- Education planner 2012 and 2013
- Education records
- Fire Safety Action Plan
- Food Safety plan
- Handover documentation
- Hostel newsletters
- Hostel orientation booklet - 2012
- Information on protocol for emergency evacuation
- Lifestyle booklet –“The history details of the life of”
- Physiotherapy staff relief folder
- Police check folder
- Preventative maintenance programme
- Relatives satisfaction survey – June 2012
- Resident Agreements
- Resident fund record
- Residents satisfaction survey – March 2012
- Residents' guide - 2012
- Respite orientation booklet - 2012
- Rosters
- Safety data sheets
- Schedule 4/8 licence
- Strategic Plan 2012-2020
- Various audits
- Various meeting minutes

- Various policies and procedures
- Various surveys
- Weekly activities calendar
- Welcome pack
- Wound folder

Observations

The team observed the following:

- Activities in progress
- Archive room
- Charter of residents rights and responsibilities
- Complaints flowchart
- Contractors/visitor register
- Equipment and supply storage areas
- Fire evacuation plan
- Fire suppression equipment
- Infection control resources
- Interactions between staff and residents
- Internal and external living environment
- Meal service
- Storage of medications
- Complaints box
- Various external advocacy brochures
- Various whiteboards

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

The home actively pursues continuous improvement using an established framework. Opportunities for improvement are identified from audits, incident reporting, surveys, complaints and comments from residents and suggestions from staff. The home's continuous improvement action plan identifies continuous improvements by Standards and records issues, person responsible, date achieved and outcomes. The home has a regular Continuous Improvement/Work Health and Safety committee meeting at which issues are discussed. Progress and outcomes are reported at Board meetings. Staff and residents are informed of continuous improvement processes during orientation and entry to the home. Residents and staff report the home is responsive to their suggestions.

Improvements implemented over the last 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Following discussions between management and the Board, and as a result of a staff restructure, the position of ancillary manager was established. The ancillary manager is responsible for cleaning, catering and laundry services within the home. Residents and representatives were informed of the changes. The manager is also able to speak directly with residents to resolve concerns. The change has resulted in efficiencies with one staff member directly responsible for ancillary services. Verbal feedback from residents and staff has been positive. No formal evaluation has been undertaken.
- Following a suggestion from staff and the analysis of incident data and feedback from management to the Board, the foyer of the home has been redeveloped. The redevelopment has established a reception area and reception staff can monitor visitors and residents entering and exiting the home. The redevelopment has reduced the possibility for residents leaving the home without staff being aware of them doing so. Feedback from families and visitors is that they feel welcomed into the home. No formal evaluation of the redevelopment has been undertaken.

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 processes to identify, implement and monitor relevant legislation, regulations and guidelines. The home is informed of legislative changes electronically and through

industry newsletters. Staff are informed of changes at staff meetings, education sessions, minutes of meetings, and noticeboards. Residents are informed through resident newsletters.

In relation to Standard 1 Management systems, staffing and organisational development the home has processes in place to inform stakeholders of the re-accreditation audit.

Management generally ensure that all staff, contractors and volunteers have current police certificates.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home has processes to ensure that all staff have appropriate knowledge and skills to perform their roles. Recruitment and selection processes are based on the required qualifications and skills for each position as defined in the job descriptions. An annual training calendar is developed for training across all four Standards. This combines both mandatory and non-mandatory training sessions. Annual staff performance appraisals are undertaken where staff can identify their training needs. Training attendance and evaluations are documented. Staff are satisfied with the opportunities for education provided to them.

In relation to Standard 1 Management systems, staffing and organisational development, staff have undertaken training in conflict resolution, complaints process and Understanding accreditation: a practical toolkit for homes.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has processes for stakeholders to access complaints, compliments and comments mechanisms. Complaints information is contained in the resident handbook and agreements. Information on external complaints mechanisms is displayed and stakeholders have access to complaints and compliments forms and a complaints box. The home receives complaints from residents either verbally or in writing. Management respond to complaints within a set period of time. Complaints are discussed at staff meetings. A summary of complaints information is provided to the Board every six months. The home monitors the complaints process through an evaluation process and resident and relative surveys. Residents and staff report that they are comfortable in providing feedback to management.

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 has a Strategic Plan for 2012-2020 which documents their vision, mission and objectives. There are detailed strategies to support each objective. Information is included in the residents' handbook and staff orientation package.

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 employs sufficiently skilled and qualified staff to provide for the care and services of residents. Recruitment and selection processes are based on the required qualifications and skills for each position as defined in the job descriptions. Staff undertake an orientation program and are initially 'buddied' with other staff. Rosters are developed and reviewed to ensure that the required staff mix is available depending on the changing needs of residents. The home uses casual staff to fill planned or unplanned absences. The home generally has processes to monitor current police certificates for staff. Staff are provided with job descriptions and a list of duties outlining their roles and responsibilities. Staff undertake annual performance appraisals. Staff registrations and competencies are monitored annually. Adequacy of staff numbers and staff satisfaction is monitored through resident and relative surveys. Residents interviewed are satisfied with the care and services provided by all staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has a system for identifying goods and equipment required for providing a quality service for residents and staff. Rotation of stock for service delivery is completed by designated staff. There are processes for preventative and corrective maintenance to ensure equipment is safe for residents and staff. New equipment is trialled prior to purchase with processes in place to support training on new equipment. Feedback is sought from staff and residents verbally as well as through product evaluation processes. Staff and residents said they are satisfied there are adequate and appropriate stocks of goods and equipment available to provide care and services.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has systems to effectively provide information to management, staff and residents. Distribution of information to staff is via handover processes, care planning processes, meetings, policies and procedures, education sessions and noticeboards. Distribution of information to staff is via newsletters and verbal communication. Care and lifestyle information is accessed either electronically or hard copies with access restricted to appropriate staff and other health professionals. Computerised care and management systems are password protected and information backed up regularly. Current and archived information is stored securely within the home. The home monitors information through review of complaints, meetings, surveys, audits and care and lifestyle plans. The home has a system in place for the recording and monitoring of money held on behalf of the resident. Staff interviewed generally have access to accurate and appropriate information to perform their roles. Residents generally have access to appropriate and current 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 home has a system to ensure all externally sourced services are provided in a way that meets the home's needs and service quality goals. Service agreements with contractors are in writing and maintained on-site. All contractors are provided with a contractor's handbook which guides them on the home's policies and procedures. Services provided are monitored by management through regular reviews, audits and feedback mechanisms and there is a system for managing non-conformance of service providers. Residents, staff and management interviewed stated they are satisfied with the external services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous Improvement for information about the home's continuous improvement process.

Examples of improvements related to Standard 2 Health and personal care implemented by the home over the last 12 months include:

- As a result of feedback from registered nurses and the clinical demands of residents, management increased the number of registered nurse hours on the roster. This has resulted in two registered nurses being available seven days a week to support care staff and monitor residents' care needs. This improvement has reduced the clerical workload for registered nurses when returning from leave. Feedback from staff has been that they feel more supported.
- Following an evaluation of the physiotherapy program, management became aware that the physiotherapy aide staff did not have the required knowledge to carry out their duties. In 2012 in-house training was arranged and all physiotherapy aide staff received basic refresher training. In 2013 it is anticipated that continuing training will occur to further upgrade their knowledge. This has resulted in residents receiving consistency of care from physiotherapy aides. Feedback from staff to management is that the training has improved their knowledge and understanding and has made them more confident in carrying out their duties. An evaluation of each training session has been undertaken and an overall evaluation of the improvement by the physiotherapist was included in the Annual Report.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, the home has processes to monitor nursing staff registrations and comply with relevant medication management regulations.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, staff received training in wound management, medication management, continence management, pain management, palliative care and behaviour management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure residents receive appropriate clinical care. Information regarding clinical care needs is gathered on entry to the home to assist with care planning processes. Individual baseline data is completed on entry and an interim care plan developed, which includes residents’ care needs and preferences gathered from residents and previous health services. Assessments are guided by clinical staff with the formulation of the care plan generated on a computerised system. Care is monitored through care plan reviews, audits and consultation with residents, representatives and staff. Staff interviewed said they have access to current care plans and changes to residents’ care needs are communicated to them through the home’s feedback processes. Residents are satisfied with the level of consultation and care provided.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Residents’ specialised nursing care needs are identified and met by appropriately qualified staff. Specialised nursing care needs are identified on entry to the home and are monitored through care plan review processes, audits and staff and resident feedback. Registered nurses provide support and guidance to credentialed staff and there are processes for out of hours support. Specialised nursing care needs are provided in line with documented policies and procedures. The home has access to sufficient equipment which is generally monitored by clinical staff. External allied health specialists are utilised to further assist and guide staff with specialised care needs as required. Residents are satisfied with the level of consultation and with the specialised nursing care provided.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents are referred to appropriate health specialists in accordance with their needs and preferences. Initial assessment and consultation processes identify each resident’s allied health needs and existing treatment requirements. A physiotherapist visits the home regularly. A referral process is used to access allied health practitioners and community health services. The home supports residents to attend external services as required. Changes to care needs following allied health visits are documented in the progress notes and the care plan as required. Changes are also communicated to staff at handover and through the home’s internal communication processes to other departments. Care processes in relation to allied health services are monitored through care plan reviews and consultation processes. Residents are satisfied with the level of consultation and with the care provided.

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 systems and processes to ensure residents’ medications are managed safely and correctly. Medications are administered by registered and credentialed care staff from pre-packaged sachets. Medications are stored safely and securely. Medication charts and resident care plans include administration guidelines and medication allergies. There are processes for the administration of ‘as required’ medication by credentialed carers after hours. The effectiveness of ‘as required’ medication is documented and monitored through progress note entries. Staff practice is guided by policies and procedures. Medication management is monitored through incident reporting, tracking of signature omissions and audits. Residents are satisfied that their medications are managed according to their needs and are administered in a timely manner.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Residents receive pain management that is appropriate to their individual needs and preferences. Assessment and pain monitoring tools, including specific tools for residents with cognitive deficits, are used to identify pain management needs on entry to the home and on an ongoing basis. Individual pain management strategies are supported by the clinical and care staff as well as the physiotherapist and physiotherapist aides. Care directives are documented in the care plans and include massage, heat packs, tens (Transcutaneous electrical nerve stimulation) pressure area care and individual exercises. The effectiveness of “as required” medication is monitored by clinical staff and through progress note entries. The home monitors the effectiveness of pain management strategies through care plan reviews, consultation, audits and observations. Staff are familiar with strategies to assist with maintaining resident comfort. Residents are satisfied that their pain is managed effectively.

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 gather individual end of life wishes on entry to the home. Clinical staff respect residents’ cultural and spiritual sensitivities when gathering information in relation to end of life wishes. Clinical staff develop palliative care plans for each resident to support and guide care. The home provides representatives with “palliative care booklets” explaining palliative care changes and needs for residents who are terminally ill. Families are supported to stay on-site with the resident in the final stage of their illness. Residents who are palliative are provided with extra and specific dietary options. Consultation with general practitioners, allied health specialists and spiritual support assist with individual resident care needs.

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 and processes to ensure residents receive adequate nourishment and hydration. Assessment processes identify individual nutritional requirements, preferences and level of assistance required on entry to the home. Residents’ weights are monitored on a monthly basis and weight loss actioned by referrals to general practitioners, dietitians or speech pathologists if required. Residents’ nutrition and hydration needs are monitored through care plan reviews, consultation, staff feedback and observations. Staff said they have access to information to assist them with maintaining residents’ nutritional and hydration needs. Residents are satisfied with the home’s approach to meeting their nutrition and hydration needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Residents receive skin care that is appropriate to their needs and preferences. Assessment processes, including a risk assessment, identify residents’ individual skin management needs and preferences on entry to the home. A physiotherapist assessment includes assessment of skin sensitivities to heat prior to inclusion of heat therapy. Care plans outline individual needs and preventative strategies such as emollient creams and pressure relieving devices. Clinical staff attend to and monitor wound management requirements. A formalised program of nail care and hand massage is offered by lifestyle staff weekly. The home monitors the effectiveness of skin management strategies through care plan reviews, incident reporting, audits and observations. Staff are aware of strategies to assist with the maintenance of residents’ skin integrity. Residents are satisfied with the care provided in relation to skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure residents’ continence is managed effectively. A comprehensive continence management plan is documented on the home’s computerised system following assessment and reviews. Care plans outline individual strategies for continence management including products, assistance required and scheduled toileting times. Bowel habits are documented each shift and are monitored by clinical staff. Staff promote regular fluid intake and dietary strategies are implemented to maintain continence, minimise the incidence of infections and promote regular bowel habits. The home monitors residents’ continence needs through care plan reviews, consultation and resident and staff feedback. The incidence of urinary tract infections is monitored and analysed on a monthly basis. Staff are aware of strategies to assist with managing residents’ continence needs. Residents are satisfied their continence needs are managed effectively.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Residents receive effective behaviour management that is appropriate to their needs. Assessments are conducted on entry to the home and identify residents’ current behaviour patterns and strategies that successfully manage behaviours of concern. Individualised behaviour management strategies are documented in care plans and external services are utilised where further support is required. Triggers, strategies and progress notes are monitored to minimise the incidence of identified behaviours. Key pad security support residents identified at risk of wandering and the use of “wrist transmitter alarms” support residents at risk of absconding. The home uses minimal restraint and risk assessments are generally completed if restraint measures are required. Staff are familiar with individual residents’ behaviour support needs and strategies to manage or minimise behaviours of concern. Residents are satisfied with the home’s approach to managing the causes that prompt 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

The home has systems and processes to ensure optimum levels of mobility and dexterity are achieved for all residents. Assessment processes, include active and passive assessment of balance and gait to identify each residents support needs on entry to the home. Individual care plans include support strategies and aids required to maintain independence or assisted mobility. A physiotherapist visits the home regularly and in consultation with the home’s physiotherapy coordinator develops individual resident programs to support mobility and dexterity. Care staff assist residents during activities of daily living and active exercises are included in the lifestyle program. The home monitors the effectiveness of residents’ mobility and dexterity strategies through care plan reviews, resident and staff feedback and observations. Falls are monitored and trends are reported monthly. Staff attend mandatory

manual handling training on an annual basis. Residents are satisfied with the home's approach to optimising their mobility and dexterity.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Residents' oral and dental health is maintained. Residents' oral and dental needs and preferences are identified through assessment processes on entry to the home. The information gathered is used to develop individualised care plans that identify dentition, personal preferences for oral care and the level of assistance required and dietary needs supported. Residents are assisted to access dental services where specific oral and dental issues are identified. Residents' oral and dental health is monitored through care plan reviews, staff and resident feedback and observations. Staff are aware of strategies to assist with maintaining residents' oral and dental needs. Residents are satisfied they are assisted to maintain their oral and dental health.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Residents' sensory losses are effectively managed in relation to all five senses. The home assesses all five senses on admission and individual strategies are recorded in the care plan. Individual plans for sight and hearing deficits are documented and include any aids required. Aids such as large print activity planners, books on tape, lighting and magnifying glasses are used to assist residents with identified deficits. Plans for dietary needs identify interventions for smell and taste deficits. Referrals to general practitioners and appropriate allied health specialists are undertaken where specific issues are identified. Residents' sensory needs are monitored through care plan reviews, audits and observations. Staff are aware of residents' sensory losses and the strategies required to manage them. Residents are satisfied with the home's approach to managing their sensory losses in relation to all five senses.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Residents are satisfied they are supported to achieve natural sleep patterns. Residents' preferences for achieving natural sleep are identified on entry to the home through assessment processes and on an ongoing basis. Strategies are documented in the care plan including environmental preferences and settling and rising times. Residents have their own rooms and night time checks undertaken by staff provide residents with a sense of security at night. Night time drinks and snacks are provided if identified as a requirement to support settling. The home monitors residents' ongoing needs through care plan reviews, incident reporting, consultation, observation and resident feedback. Staff are aware of strategies to promote and assist residents to achieve natural sleep.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of improvements related to Standard 3 Resident lifestyle implemented by the home over the last 12 months include:

- Following a suggestion from Lifestyle staff, arrangements were made for the Bordertown Dancers to entertain residents. The group consists of eight ballroom dancers who dress in formal clothes and dance to old-time music. The activity is followed by an old fashioned supper style lunch for residents. The group performed five times for residents in 2012 and because of their popularity have been booked six times for 2013. Feedback from residents is that they love to participate and reminisce about the country dances they previously attended.
- As a result of feedback from families, Lifestyle staff arrange a coffee shop activity each month. The room is decorated as a café with red table cloths and staff serve espresso coffee. Each month is a different theme and staff prepare and cook food in keeping with the theme. The event is advertised and family members and friends are invited to participate. Feedback from residents and representatives is that they enjoy the event with large numbers attending.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, the home has procedures to report and manage alleged reportable assaults. This procedure is generally documented in the care staff policy and procedures manual. The home automatically receives regular legislative updates and changes are communicated to staff and residents.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, staff received training in dignity in care, and loss and grief.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has processes to support residents to adjust to life within the home on entry and on an ongoing basis. On entry a 'welcome pack' provides essential information to residents and family members. Residents are encouraged to bring in their own personal items, including family pictures and furniture. Social history assessments provide information to staff to recognise and develop plans to address residents' emotional needs. Religious services are conducted fortnightly. A reflection activity is held on the alternate week with a religious focus. Staff were observed interacting in a supportive manner with all residents. Residents interviewed were complimentary of the emotional support provided by staff.

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

Assistance and support is provided to promote resident independence and maintain friendships and community connections. Assessments outline the level of dependence and social information. Physiotherapy programs and mobility equipment allow residents to achieve maximum mobility according to their assessed needs. Activity programs provide a range of events by external people, such as concerts, ballroom dancing and religious programs. Staff support and encourage residents to maintain their independence. Residents interviewed are satisfied staff assist them to maintain their independence and promote connections with family and the community.

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 recognises and respects residents' right to privacy, dignity and confidentiality. Resident information is accessed either electronically or hard copies with access restricted to appropriate staff and other health professionals. Confidentiality agreements are signed by staff. All residents are accommodated in single rooms and private areas are available for gatherings of family and friends. Staff promote privacy and dignity by knocking on doors prior to entering rooms and respecting the modesty of residents when attending to care regimes. Staff practices are monitored through resident surveys and direct observation. Residents interviewed are satisfied individual rights are 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

A 'History Details of Life booklet' captures a range of information to formulate lifestyle plans, including past and present interests, cultural and spiritual needs, favourite sports, pets, movies, likes and dislikes, and community connections. Developed individual lifestyle plans are regularly reviewed. A weekly activities program is distributed to residents throughout the home and includes both group and one-on-one activities. Volunteers assist with facilitating programmed activities. Residents give input into the lifestyle program through individual discussions or surveys. Resident satisfaction is monitored through surveys, attendance records and evaluation mechanisms. Staff interviewed are aware of residents' interests and assist them to attend activities of their choice. Residents interviewed are satisfied with the range of activities provided and that staff respect their individual preferences.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents' cultural and spiritual needs and preferences are identified on entry to the home. Spiritual days are recognised according to identified individual needs, including Easter and Christmas. The home has a dedicated chapel area and church services are conducted fortnightly. A reflection activity is conducted on the alternative week with a religious focus. A bible study group meets regularly and hymn sing-a-longs are held. Surveys and feedback mechanisms monitor practices within the home. Staff are aware of individual residents' cultural and spiritual needs. Residents interviewed are satisfied with the level of spiritual and cultural support offered.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents' choice and decision making about care and services received is respected. Residents are provided with information on their rights and responsibilities and this information is also displayed within the home. Information is available to guide residents with internal and external feedback processes. Residents' choice is also promoted through input from individual discussions and resident surveys. Staff interviewed are aware of residents' rights to make informed choices and respect these. Residents interviewed are satisfied they have choice with the issues that affect their daily life.

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

The home has processes to assist residents to understand their rights and responsibilities and security of tenure. Security of tenure information is contained in the hostel orientation booklet and agreements are explained to residents and their representatives. Agreements include information on complaints mechanisms and the Charter of residents' rights and responsibilities. A copy of the Charter of residents' rights and responsibilities is displayed throughout the home. Relocation of residents from one room to another or to another high care service only takes place after consultation with the resident and families and they are in agreement. Residents interviewed were satisfied with the level of information given prior to and on entering the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of improvements related to Standard 4 Physical environment and safe systems implemented by the home over the last 12 months include:

- In 2011 staff raised concerns with management regarding the protocol for emergency evacuation. Staff were concerned about what to do in the event of smoke entering the home. This concern was discussed at staff meetings and training provided to staff. As a result, laminated colour coded cards are now available for staff at each level. The cards outline clearly each staff member’s responsibility and are located in a folder, along with additional fire information, within each area of the home. Additional fire buckets and fire blankets have also been provided. In December 2012 staff requested further training to refresh their knowledge. Verbal feedback from staff is that the training provided has increased their confidence should an emergency arise.
- Following a risk assessment of an incident in the kitchen, management purchased two new stoves. The stoves have enabled staff to have pots boiling without the pots protruding over the edge of the stove and staff having to reach across them. Kitchen staff have advised management that this has resulted in a safer work environment in which to work.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 4 Physical environment and safe systems, the home complies with fire certification requirements. The home’s has an audited food safety system in place. Occupational health and safety is managed according to current regulations.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 4 Physical environment and safe systems, staff receive training in food safety, infection control, occupational health and safety and manual handling. Mandatory fire and emergency training is conducted annually.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with the residents' care needs. All residents are accommodated in single rooms with ensuite bathrooms. Residents can personalise their rooms to create a home like atmosphere. There are several outdoor areas for residents to sit and enjoy. Residents who smoke have designated areas in which they can smoke and are generally monitored. We observed the living environment to be clean and tidy. Key pad security support residents identified at risk of wandering and the use of "wrist transmitter alarms" support residents at risk of absconding. The home has a program of preventative and routine maintenance. The safety and comfort of the living environment is monitored through environmental inspections and audits, residents' feedback, incident/accident reports, walk through inspections and observation by staff. Residents interviewed said they are satisfied 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

Management has a system to provide a safe working environment that meets regulatory requirements. All staff are trained in manual handling, work health and safety, and fire awareness and evacuation procedures. This is included in staff orientation and on an on-going basis. Equipment is available for use by staff to assist with manual handling and personal protective equipment is used for staff safety and for infection control. There is a maintenance program to ensure the working environment and all equipment is safe. The home monitors the working environment and the work health and safety of staff through regular audits, risk and hazard assessments, incident and accident reporting and daily observations by management and staff. Staff interviewed show they have a knowledge and understanding of safe work practices and were observed carrying them out.

4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. While the home does not currently have a Triennial Fire certificate, the home is actively addressing areas of deficits identified. Staff complete fire and emergency mock training drills and mandatory training in fire awareness and evacuation procedures. The home has access to an emergency contact list for all staff who work in the home in the event of an emergency. A current resident fire and evacuation list is maintained and updated by key staff. Security is maintained with a lock-up procedure, security monitoring and a key pad system for security. The home has dedicated smoking areas for residents. Risk assessments are generally conducted for residents who wish to smoke and interventions to maintain safety are generally documented. The systems to minimise fire, security and emergency risks are monitored through internal audits, external inspections and discussed at staff and management meetings. Residents have signage in their rooms to guide them in the event of a fire. Staff interviewed said they know what to do in the event of an emergency and residents interviewed say they feel safe 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

There is an effective infection control program within the home which is administered in accordance with relevant guidelines. Staff are provided with adequate supplies of protective equipment, such as gloves, gowns and goggles and hand-washing areas. Influenza vaccinations are encouraged and supported for both residents and staff. Infection control is a component of the home's annual mandatory training. The effectiveness of the home's infection control processes are monitored through audits and observations. Infection control rates are monitored and analysed monthly. Staff interviewed are aware of their responsibilities in relation to infection control practices. Observations confirmed that staff practices are consistent with effective infection control processes. Residents are satisfied with the cleanliness of the home and the effectiveness of the infection control system.

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 hospitality services provided are meeting the needs of the residents and are enhancing their quality of life. There is a four week rotating menu that provides choice and variety of meals and all meals are cooked fresh on site. Meal provided caters for special diets and for the individual needs, cultural requirements and preferences of residents. Catering services are responsive to suggestions regarding meals and to their changing dietary requirements. All residents are served breakfast in their rooms. The home is cleaned regularly according to a schedule. We observed the home to be clean. Personal clothing and linen is laundered at the home. The hospitality services are monitored through audits, surveys, meetings and the

feedback mechanisms of the home. Residents interviewed said they are satisfied with the hospitality services provided.