



Aged Care
Standards and Accreditation Agency Ltd

Montclaire

Approved provider: Lend Lease Primelife Limited

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 29 November 2014. We made the decision on 30 September 2011.

The audit was conducted on 8 September 2011 to 9 September 2011. The assessment team's report is attached.

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

Home and approved provider details					
Details of the home					
Home's name:		Montclair			
RACS ID:		3604			
Number of beds:		36	Number of high care residents:		19
Special needs group catered for:			<ul style="list-style-type: none"> Nil 		
Street:					
City:		Brighton	State:	Victoria	Postcode:
Phone:		03 9596 8858		Facsimile:	03 9596 8868
Email address:		victoria.daly@llprimelife.com			
Approved provider					
Approved provider:		Lend Lease Primelife Limited			
Assessment team					
Team leader:		Susan Hayden			
Team member:		Carlene Tyler			
Dates of audit:		8 September 2011 to 9 September 2011			

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

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

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

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

Site Audit Report

Montclair 3604

18 Montclair Avenue

BRIGHTON VIC

Approved provider: Lend Lease Primelife Limited

Executive summary

This is the report of a site audit of Montclair 3604 from 8 September 2011 to 9 September 2011 submitted to the Accreditation Agency.

Assessment team's findings regarding performance against the Accreditation Standards

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

- 43 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcome:

- Expected outcome 2.7 Medication management

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home's accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency visits the home to conduct a site audit. The team assesses the quality of care and services at the home, and reports its findings about whether the home meets or does not meet each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team's reasons for its findings.

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 8 September 2011 to 9 September 2011

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:	Susan Hayden
Team member:	Carlene Tyler

Approved provider details

Approved provider:	Lend Lease Primelife Limited
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Details of home

Name of home:	Montclair
RACS ID:	3604

Total number of allocated places:	36
Number of residents during site audit:	34
Number of high care residents during site audit:	19
Special needs catered for:	Nil

Street:	18 Montclair Avenue	State:	Victoria
City:	Brighton	Postcode:	3186
Phone number:	03 9596 8858	Facsimile:	03 9596 8868
E-mail address:	victoria.daly@llprimelife.com		

Audit trail

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

Interviews

	Number		Number
Management and administration staff	3	Residents	11
Nursing, care and lifestyle staff	10	Representatives	3
Dietitian and catering staff	3	Maintenance and cleaning	2
Doctor	1		

Sampled documents

	Number		Number
Residents' files	19	Medication charts	14
Summary/quick reference care plans	8	Personnel files	4
External service agreements	4	Residents' agreements	5
Diabetes management plans	4		

Other documents reviewed

The team also reviewed:

- Activity group evaluation and attendance records
- Activity programs
- Advanced care plans
- Aged care industry bulletins
- Aged care laundry manual
- Agency orientation folders
- Annual essential safety measures report 18 January 2011
- Annual prudential compliance
- Approved suppliers list
- Audits and audit schedule
- Care office diary/communication books
- Chemical risk assessment forms
- Clinical care resources
- Committee terms of reference
- Compulsory reporting/absconding resident flow chart
- Continuous improvement plan
- Council food premises registration 2011
- Diabetes information folder
- Drugs of addiction register
- Education calendar and records
- Electrical equipment test and tag certificate of compliance 2010-2011
- Employee induction handbook
- Essential safety measures maintenance log
- Fire equipment testing and inspection records
- Food safety program
- Hazard alert forms
- Incidents and infection quality monitoring data

- Incidents and register
- Infection control register
- Kitchen audits
- Kitchen cleaning schedule and temperature records
- Kitchen third party independent audit
- Legislative updates
- Leisure and recreation program for respite residents
- Letter drafted to four care staff in relation to medication administration errors
- Manager's quality report
- Mandatory reporting folder
- Material data safety sheets
- Meeting minutes and meeting schedule
- Memoranda and folder
- Newsletters
- Nurses' registrations
- Organisational chart
- Pest control folder
- Police check register and statutory declarations
- Policies and procedures
- Position descriptions
- Preferred suppliers' list
- Preventative maintenance schedule and general maintenance log
- Quality activity reports
- Quality improvement forms
- Resident buddy list
- Resident dietary preferences and meal orders
- Resident status reclassification letter
- Residents' information handbook
- Self assessment application
- Staff employee handbook and information package
- Staff roster
- Surveys
- Template letter for resident reclassification status
- Washing machine temperature log
- Weekly menu

Observations

The team observed the following:

- Accreditation audit notice
- Activities in progress
- Aged care brochures and bulletins
- Archive room
- Chemical spills kit
- Cleaners' room with chemical storage
- Document shredder
- Door friezes
- Emergency kit and contents
- Equipment and supply storage areas
- Equipment and supply storage areas
- First aid and gastroenteritis kits
- Interactions between staff and residents
- Key pad entry and double front door security system
- Living environment – internal and external

- Medication round, medication trolley and medication storeroom
- Mission, vision and philosophy of care
- Notice boards –staff/residents
- Outbreak management kit
- Pharmacy return boxes
- Residents' meal service
- Residents' activity photographs and albums
- Residents' computer/internet station
- Residents' digital video displays
- Security gates at top of stairs
- Sensory kit
- Suggestion box
- The charter of residents' rights and responsibilities
- Visitors and contractors sign in book
- Wound trolley

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

Appropriate systems and practices are in place to ensure the ongoing pursuit of continuous improvement and form part of the organisation’s overarching quality framework. These processes include a continuous improvement plan, accessible quality improvement forms and regular quality reporting and reviewing at both the home and corporate level. Resident and staff feedback, information and quality monitoring activity are collected from various sources including audits, surveys, complaints, suggestions, incidents, hazards and meetings. Documentation shows issues for action are identified, actioned and evaluated and staff and residents receive feedback. Continuous improvement activity is discussed at staff and residents’ meetings. Residents and representatives confirm they are encouraged to contribute to continuous improvement.

Some recent continuous improvements relating to Accreditation Standard one include:

- Following an increase in residents’ needs a four hour shift has been added to the care roster. Staff feedback indicates the increased hours ensure that residents’ needs are attended to in a more timely manner.
- Management identified that staff were not sure how to do audits. Staff have now been shown how to do audits through one on one education and have a clearer understanding of the process and how to conduct an effective audit.
- In response to residents’ and representatives’ feedback more visible name tags have been introduced for staff. Residents and representatives confirm this is helpful.
- The purchase of a new computer for the care station has ensured that care staff have ready access to online education.
- The staff memoranda system has been updated to include a staff sign off register. Management can more readily monitor that staff are attending to memoranda and follow up with those who have yet to read and record their signature.

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

Systems are in place for identifying and assessing the impact of legislative changes and for implementing relevant and updated legislative requirements, regulations and guidelines. The manager receives information from head office, government, legislative update services and aged care industry and professional associations. Policies and procedures are reviewed and updated as required at corporate level; documentation and staff confirm that the information is communicated. Systems in place ensure that probity checks and renewals are current and valid for staff, contractors and others as required. Management ensures there is access to internal and external complaint mechanisms and residents and representatives confirm that they were informed about the accreditation audit.

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 provides an education program for staff to ensure they have the skills and knowledge to perform their roles effectively. Education topics are identified through performance appraisals, audits, improvement forms and review of incident reports. The education calendar is displayed in staff areas and includes access to the Aged Care Channel. Management keeps attendance records and ensures staff complete their mandatory competencies. Staff state they have attended mandatory education and are encouraged to participate in the education program. Staff who have not attended mandatory sessions are reminded by letter. Staff can attend education provided in the home or at other facilities within the group and are assisted to upgrade their skills to enrolled and registered nurses. Staff state they are encouraged to participate in education provided by the home and access external education opportunities.

Examples of recent education provided for staff reflecting Standard one includes:

- Mandatory reports.
- Basic care electronic documentation usage.
- Incident and injury tree.

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

Residents and representatives are informed about the internal and external complaints processes before and after they move into the home. Information about the complaint processes is in the resident handbook and is discussed at staff and resident orientations and meetings. External complaints brochures and internal forms to complete are available and there is a suggestion box if confidentiality is required. Residents and representatives confirm that management has an 'open door' policy and that any problems raised are actioned quickly. Staff report they assist residents to raise issues and residents and representatives report they prefer to discuss any matters directly if needed. Residents and representatives confirm their knowledge of the complaints processes and satisfaction with management's responses when issues are raised.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has documented and displayed within the home the organisation's mission statement, vision and philosophy of care and commitment to quality of care and service for residents. The information is also documented in the residents and representatives information pack. Residents and representatives confirm satisfaction with the quality of care and services.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome.

The home has documented systems and practices in place for the orientation and education of staff and ongoing monitoring of staff practices. New staff receive an orientation at head office in using the electronic care system and initially work 'shadow' shifts with staff in the home, followed by an appraisal after three months. Staff files reviewed included signed contracts, position descriptions, current registrations and criminal history checks. There are orientation checklists for agency staff working in the kitchen and for care staff. All staff have an annual appraisal and attend compulsory and ongoing education. Staff confirm they are offered opportunities for education and residents and representatives were happy with the level of care provided.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Systems are in place to ensure there are stocks of appropriate goods and equipment available for quality service delivery. Medical, health and other supplies are reviewed and re-ordered to ensure appropriate levels of quality stock are maintained across all care and service areas. A preferred suppliers' list is maintained, new equipment may be trialled first and electrical equipment is tested and tagged. Contractor maintenance staff attend to corrective maintenance and various preventative maintenance in a timely manner, and other companies service other equipment as required. Essential service and preventative maintenance schedules and documentation show that equipment is appropriately maintained. Staff and residents confirmed sufficiency of stock and that equipment is appropriately maintained.

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 is frequent communication between the manager and staff through meetings, memos, formal and informal interaction, and family consultations are held. Appropriate documentation management systems are in place including document control. Staff have access to current policies and procedures to guide care and other work practices, and are informed when relevant policies are updated. The collection, use and destruction of confidential information is in accordance with requirements, confidential files are securely stored, and computer systems are backed up with security and password protection. Stakeholders confirm information is conveyed through email, intranet, handover, care plans, meetings, minutes, noticeboards and resident newsletters. Residents and their representatives confirm they are consulted about their care needs and have regular informal interaction with staff.

1.9 External services

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

Team's findings

The home meets this expected outcome

Systems are in place to ensure the quality and suitability of externally sourced services; corporate procurement staff organise preferred suppliers and negotiate contracts for group suppliers. Signed agreements are in place which set out the scope, terms and conditions of the services to be provided. Processes in place ensure probity checks are undertaken and that work safety requirements are followed. The quality of services and goods is evaluated and reviewed in accordance with agreed standards and service needs. There are systems in place to manage and escalate any performance issues as necessary. Staff and residents confirm satisfaction with the services provided by the home's external service providers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a continuous improvement system that demonstrates improvements in resident health and personal care are ongoing. For a description of the home's system of continuous improvement refer to expected outcome 1.1 Continuous improvement. Appropriately qualified staff oversee the management of residents' healthcare. Residents and their representatives report they are consulted about their care and confirm satisfaction with the care provided.

Some recent continuous improvements relating to Accreditation Standard two include:

- As a result of identifying the need for enhancing palliative care management, management attended external palliative care education. This has improved understanding and knowledge of available resources and how to provide more effective palliative care.
- Through staff and quality monitoring feedback management identified that care staff needed a better understanding of effective continence management. The product representative provided tailored training, including how to ensure the pads are effectively fitted. Toilet schedules were restructured and staff had further one on one training to increase their continence management skills; as a result the management of residents' continence is more pro-active and effective.
- The purchase of air mattresses for two residents has improved their comfort and the management of their skin care.
- The purchase of two high/low beds for two residents has enhanced safety for residents and staff.
- The introduction of doll therapy has been successful in calming some residents living with dementia who wander or experience episodes of anxiety or agitation. Family feedback has been very positive.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Management has systems in place to identify and ensure the home meets regulatory requirements relative to health and personal care. Refer to expected outcome 1.2 Regulatory compliance for a description of the home's regulatory compliance systems. The home's policy and procedure for missing residents reflects legislative requirements. There is a system for checking the currency of nurse registrations and registered nurses oversee residents' high care clinical and complex nursing needs. Staff confirm they are informed about regulatory requirements and guidelines.

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 supports and encourages staff to attend internal and external clinical training. Refer to expected outcome 1.3 for details of the education program. Staff confirm they are encouraged to suggest topics and attend regular education sessions. Examples of recent education provided for staff under Standard two includes:

- Wound management.
- Medication charts.
- Difficult behaviour.
- Continence assessments.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents’ clinical care is assessed on admission and reviewed using a ‘resident of the day’ system. Residents’ representatives are contacted when changes occur in a resident’s health and at a yearly consultation. The registered nurse reviews all care plans and changes are documented on the summary care plans and on the handover sheets. Care staff said the care plans are kept up to date and changes are communicated at handover. The team observed that care plans are reviewed according to this schedule. Doctors visit residents regularly and staff alert them to changes in residents’ condition by phone, fax or in the communication book. Residents and representatives confirm they are consulted and are happy with the 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 is documented on the care plans. The registered nurse assesses and evaluates ongoing care and consults with the resident’s doctor or refers to specialised services. Specialised care needs include management of diabetes, catheter care and wound care. Staff have policies and procedures to follow and documentation indicates that care is being provided according to the guidelines. Residents and representatives confirmed that specialised care needs and preferences are well managed.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has access to a range of health specialists and refers residents according to their needs. A physiotherapist visits regularly; other services include dietician, podiatrist, dental care, optometrist, hearing services and specialised geriatric services. Residents’ doctors are

consulted for specialist referral and changes are documented in care plans. Staff said they have access to medical and pharmacy services after hours. The team observed documentation of specialist visits and recommendations in the residents' progress notes and care plans. Residents and representatives confirm they have access to specialised services.

2.7 Medication management

This expected outcome requires that "residents' medication is managed safely and correctly".

Team's findings

The home does not meet this expected outcome

The home's medication system is not managed safely and correctly. The audit system does not detect deficiencies in the medication system. Staff practices in relation to medication management are not appropriately supervised.

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' pain management is assessed on admission and reviewed regularly. Residents' pain is reviewed by the doctor and regular and 'as necessary' medications are written on their medication charts. Pain relief strategies include massage, repositioning and heat packs. Staff could identify non-verbal signs of pain in residents with impaired communication abilities. Residents and representatives confirm pain is managed appropriately.

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

Residents and their representatives can have their terminal care wishes documented when they move into the home. Care provision during the palliative phase is reviewed regularly and includes pain relief, nursing care, nutrition, hydration and skin care. Resident files show regular communication with families and frequent review by the resident's doctor. The home has access to palliative care experts for advice and consultation.

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.

Resident's allergies, likes, dislikes and preferences are assessed on entry and written on their care plan. Residents are weighed monthly as 'resident of the day' and those with weight loss are reviewed by their doctor, dietician or speech pathologist. Changes in diet are communicated to the kitchen and written on the summary care plans. Care plans indicate any aids required by residents. Residents are asked for their meal preferences each week and are satisfied with the meals provided. The team observed staff assisting residents at meal times.

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 are assessed for their skin care requirements on entry to the home and reassessed daily by care staff. The registered nurse oversees wound care with care staff attending to daily care. Wound care is documented on the electronic system which alerts staff to the frequency of dressings. Dressing requirements are stored in residents’ rooms and staff state they receive training in wound care. The team observed documentation showing skin care treatment and incident forms completed for skin tears. Residents’ representatives and doctors are notified of any skin tears and confirm satisfaction with the care provided.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome.

Residents’ continence needs are identified when they move into the home and a care plan is developed including toileting times, continence aids, and nutrition and hydration requirements. There are guidelines for caring for residents with catheters including problem solving and how to obtain advice after hours. A staff member oversees the restocking of continence aids and staff confirm they receive continence management education. Residents and representatives are generally satisfied with continence management.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome.

The home has strategies and processes in place to assess, manage and review residents with challenging behaviours. Residents are assessed on entry and triggers and strategies are documented in their care plans. The diversional therapist uses aromatherapy to assist in behavioural management, and the lifestyle program offers activities for these residents. The home has a secure keypad entry to keep wandering residents within the home. Staff could identify care specific to individual residents and confirm they have received education in behavioural management. Residents and representatives were satisfied that behavioural issues are managed effectively.

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’ mobility and dexterity are assessed when they move into the home and reviewed regularly. A physiotherapist visits the home regularly, develops individual exercise programs and reviews residents after falls. Care plans document aids required for mobility and dexterity. Audits of falls include place, time, and activity, and incident forms include notification of doctor and family and appropriate follow up care. Residents have access to a

range of aids to maintain their independence and staff maintain an environment free of clutter. The team observed staff assisting residents with their mobility. Residents said they were happy with the care given by staff.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome.

Residents have an assessment of their oral and dental needs on entry to the home and are reviewed regularly. Care plans identify individual preferences and assistance required. Progress notes document when residents receive new toothbrushes and staff could identify the care requirements of residents. Dental services visit the home or residents can visit the provider of their choice. The team observed documentation of oral care. Residents are satisfied with the 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.

Residents’ sensory requirements are assessed on entry and during the resident of the day review. Care plans identify the use and cleaning of glasses and hearing aids. Residents can access the services of the visiting optometrist and audiologist or use a private service of their choice. The diversional therapist uses sensory aids with cognitively impaired residents as part of their behavioural management plan, and the lifestyle program uses cooking as part of the activities program. The team observed a large number of residents participating in this activity. Residents and representatives confirm they are supported to access the services of their choice.

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’ sleep patterns and preferences are assessed and clearly documented on their care plans. Night staff document residents’ sleep patterns and include strategies used to help residents to settle. Residents’ doctors are advised of any difficulties in sleeping. Strategies to promote sleep include repositioning, drinks, hot packs, one to one care and ‘as needed’ medications. The team observed documentation of strategies used and evaluation of their effectiveness. Residents confirm their settling and arising times are respected and the home is quiet at night.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home demonstrates that it actively pursues continuous improvement and seeks input from and provides feedback to residents in relation to resident lifestyle. For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement. Review of documentation and interviews with residents and representatives confirm that lifestyle activities are discussed with them, that they have opportunities to contribute to the program and that their suggestions are welcomed.

Some recent continuous improvements relating to Accreditation Standard three include:

- The implementation of a sensory therapeutic program to stimulate and promote memory recall and reminiscing. A sensory kit has been developed which includes a book and other resource material; evaluation is ongoing.
- The introduction of new activities; these include cooking, gardening, pet visits, singalongs, scrapbooks, word find and special music and movement sessions. Resident feedback confirms they enjoy these new activities.
- The introduction of special occasion events, for example, residents enjoyed a horse drawn coach for Valentine’s day.
- The introduction of aromatherapy and diffuser oils following in-house aromatherapy training for staff. This practice has helped to calm residents who may be agitated or unsettled at various times.
- The installation of a surround sound system has ensured that residents can hear the movies more easily. Resident feedback is positive.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Systems are in place for identifying and monitoring relevant legislation, regulations and guidelines in relation to resident lifestyle. Refer to Expected outcome 1.2 Regulatory compliance for a description of the home’s regulatory compliance systems. Residents and representatives are informed about their right to privacy and confidentiality. Staff confirm education on privacy and mandatory reporting of elder abuse and the relevant policies are current. All residents are offered residential agreements with the appropriate information detailed including their rights and responsibilities.

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 supports and encourages staff to attend internal and external education relating to standard three. Refer to expected outcome 1.3 for details of the education program. Staff confirm they are encouraged to suggest topics and attend regular education sessions. Examples of recent education provided for staff under Standard three include:

- Elder abuse.
- Diversional therapy.
- How to develop a successful lifestyle program.
- Meaningful activities for residents with cognitive impairment.
- Emotional support.
- Lifestyle training days.
- Creating dementia friendly environment.
- Aromatherapy.
- Certificate four in lifestyle.

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

Residents and representatives are supported to adjust to their new home initially and ongoing with the support of staff and family. Prospective residents and representatives are invited to tour the home, discuss their needs and receive a resident information pack. New residents are welcomed and introduced to staff and other residents; lifestyle staff visit more frequently and arrange new resident buddies to assist the settling in process. Lifestyle staff consult with new residents and representatives to identify and support their social and emotional needs, and residents are encouraged to decorate their rooms with personal mementos. Residents and representatives are supported in times of loss and grief and an annual memorial service is arranged for residents and families who have lost a loved one. Residents and representatives confirm satisfaction with initial and ongoing emotional support stating that staff make this place a 'home' and are very kind, helpful and supportive.

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

Residents are assisted to maximise their independence and maintain their personal and social friendships through flexible visiting hours, social events and links with community life. Residents' social and physical independence needs and interests are identified initially, regularly reviewed and social and lifestyle strategies are in place to promote independence. Residents' independence is fostered through walks to the local shops, book chats at the library, attending the cinema, and frequent bus outings for lunch, live entertainment and to places of interest. Staff confirm they encourage residents to mobilise through walking and exercise groups and residents were observed walking around with and without mobility aids.

Community links have been established with schools, residents can access social money, and residents can exercise their voting rights if desired. Residents confirm that they are encouraged and supported 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

Processes in place to protect residents' right to privacy, dignity and confidentiality include single ensuite rooms, staff education and adherence to privacy policies and procedures. These rights are documented and explained to residents and representatives before and after they move into the home and their confidential information is securely stored. Compliance is monitored through observation and quality monitoring processes. Residents may entertain their friends and visitors in their rooms or the various sitting areas if desired. Staff ensure the privacy and dignity of residents by using their preferred name, knocking on their doors and closing the door when attending to residents' care needs. Residents confirm staff are very respectful of their privacy and dignity.

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

The home's diversional therapist is proactive in supporting residents to participate in a variety of activities of interest to them and is supported by an organisational lifestyle manager. Through a person centred care focus, residents' specific lifestyle information is gathered to inform care plans and the regular reviews are holistic and individualised. Activities include bus outings, games, special events, exercise, yoga, entertainers, art, armchair travel, discussions, cooking and a walking group. Resident participation and level of interest is monitored and evaluated and review of the activity program occurs through observation, resident feedback and resident meetings. Care staff assist with implementing planned weekend activities including happy hour, games, movies and one on one interaction. Residents and representatives express considerable satisfaction with the lifestyle program and the variety of activities.

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

Documentation and cultural and spiritual practices at the home demonstrate that residents' individual interests, customs, cultural and spiritual beliefs are valued and fostered. Residents' cultural and spiritual needs are identified through their overall lifestyle assessment when they move into the home. There is a process for identifying residents' cultural interests and any cultural or religious dietary requirements; currently all residents at the home are English speaking. Days of individual and cultural significance are recognised, celebrated and themed with special food. Ecumenical services are conducted twice monthly and a pastoral care worker provides a regular communion service. Residents are satisfied with the support provided to maintain their cultural and spiritual beliefs and customs.

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' preferences including likes/dislikes, cultural and social interests are assessed on entry to the home with information recorded in their care plans. Residents are encouraged to participate in their choice of meal selection from the weekly menu. Residents' meetings are the forum for residents to make decisions and choices on how they live in the home. Residents state they do not have to participate in activities, that there are a range of options in the home's activity program and they have a choice of general practitioner or specialist they wish to see. Staff stated that residents are encouraged to participate in the decision-making process and are offered choices in service delivery.

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's manager interviews prospective residents and representatives to discuss their needs and provide information about the home and the care and services provided. All residents are informed of their rights and responsibilities and are offered the opportunity to sign a residential agreement. The residents handbook and residential agreement format demonstrate the commitment to the provision of appropriate information. The handbook and the resident agreements reflect legal requirements and include information on occupancy, the complaint processes, fees, bonds and care and services. This information is explained to residents and representatives prior to moving into the home; residents are informed when their care classification status changes. The charter of residents' rights and responsibilities is prominently displayed within the home. Residents and their representatives report they feel secure at the home and confirm their understanding of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Some recent continuous improvements relating to Accreditation Standard four include:

- Management identified that residents with cognitive impairment were at risk of leaving the home unattended. A keypad system has been installed on the front door and there is now a time delay between opening the internal and external front doors. These measures have been effective in maintaining resident safety.
- Lounge chairs previously situated on either side of the front foyer have been re-located further down the main passageway. This has ensured that residents inclined to wander no longer congregate near the front door increasing their risk of wandering outside. Visitors no longer have difficulty getting into the home and they report the foyer entrance is more inviting.
- The spill kits have been updated to ensure there are two identical spills kits with the same required items. An education board was set up with the items displayed and information on how to use the items. Staff report they have a better understanding of how to use the equipment.
- Management identified that care staff were going in and out of the kitchen as residents often wanted second helpings of afternoon tea. Afternoon tea is now left covered and dated on the servery for easy access by those residents who want further helpings.
- Door friezes have been created for two residents’ doors. This strategy has been effective in preventing residents who wander from entering these residents’ rooms.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a system for identifying and monitoring relevant legislation, regulations and guidelines in relation to physical environment and safe systems. Staff attend training in safe work practices and occupational health and safety information is displayed. Essential service safety measures are implemented in accordance with requirements. Essential services are appropriately maintained, the kitchen adheres to food safety standards and has a current local government food premise registration. Refer to expected outcome 1.2 Regulatory compliance for a description of the home’s regulatory compliance systems.

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 supports and encourages staff to attend internal and external education relating to standard four. Refer to expected outcome 1.3 for details of the education program. Staff confirm they are encouraged to suggest topics and attend regular education sessions and must attend mandatory education sessions. Examples of recent education provided for staff under Standard four includes:

- Infection control.
- Fire and evacuation.
- Cardiopulmonary resuscitation.
- Back attack.
- Hand washing.
- Safe chemical handling.
- Food safety.
- Occupational, health and safety.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The two storey period home combines a pleasant, homely ambience with natural light, suitable furnishings and a safe and comfortable environment for residents. All residents live in single rooms with their own ensuite and these have appropriate safety features. There is a double door and keypad secure system at the entrance to the home to maximise security for residents who may wander. The availability of three dining rooms provide an opportunity for more intimate dining experiences. Passageways are clear and well lit; coded gates on stairways enhance safety for residents; there are well maintained gardens and secure courtyards. Residents have comfortable lounge and sitting areas for television viewing, activities, social interaction or quiet times, and express considerable satisfaction with the comfort and ambience of their 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

Policies and procedures guide safe work practices to ensure a safe working environment and staff are informed through orientation, the employee handbook and occupational safety training. The home has a trained occupational health and safety representative, occupational safety information is displayed and staff attend annual manual handling training. Processes are in place for hazard identification and management, spills kits and material safety data sheets are maintained, and chemicals are securely stored. Issues are identified through audits, incidents, observation and hazards. Staff report occupational health and safety information is discussed at meetings, confirm relevant training and demonstrate an understanding of safe work practices.

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

Systems are in place to minimise emergency risks including fire detection and fire fighting equipment, clear exit signs, evacuation maps and accessible emergency procedure plans. All the fire alarm systems and fire fighting equipment are tested as per schedule and compliance is monitored; chemicals are securely stored. Fire and evacuation training is annual and compulsory; procedures are discussed at orientation. Emergency procedures cover various emergency situations, and the evacuation kit includes the resident list with mobility status. Emergency exit paths are clear and the building is secured in the evening. Staff confirm compulsory training in fire and emergency drills and procedures and knowledge of emergency procedures; residents and their representatives express confidence in staff skills and knowledge in the event of an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome.

The home has an effective infection control program overseen by the registered nurse. Infection data is collected, reviewed for trends and benchmarked against other facilities in the group. Infection data is displayed in the staff room and staff are reminded to review the results at staff meetings. Staff are able to identify appropriate procedures in the event of a suspected outbreak and state they have adequate supplies of cleaning materials and personal protective equipment. The team observed staff using personal protective equipment.

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 has effective systems in place to provide and monitor hospitality services. Food is cooked on site and the activity program also provides cooking opportunities for residents. Residents' likes and dislikes, preferences and any special dietary requirements are recorded and changes are communicated to kitchen staff. Residents are asked for their meal choices from the weekly menu. Meal service is enhanced by the furnishings of the home and the attention to detail of the table settings. The chef attends the residents' meetings and residents are encouraged to comment on food services. Cleaning of the home is provided in a manner that is highly satisfactory to residents and other stakeholders. Personal laundry is cleaned on site by personal care staff and other laundry is contracted to an external provider. Residents and representatives are satisfied with the hospitality services provided by the home.