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 6 November 2015.

We made our decision on 28 August 2012.

The audit was conducted on 17 July 2012 to 18 July 2012. The assessment team’s report is attached.

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

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

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

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

### Standard 2: Health and personal care

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

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

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

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

### Standard 4: Physical environment and safe systems

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

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Accreditation Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>4.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>4.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>4.4 Living environment</td>
<td>Met</td>
</tr>
<tr>
<td>4.5 Occupational health and safety</td>
<td>Met</td>
</tr>
<tr>
<td>4.6 Fire, security and other emergencies</td>
<td>Met</td>
</tr>
<tr>
<td>4.7 Infection control</td>
<td>Met</td>
</tr>
<tr>
<td>4.8 Catering, cleaning and laundry services</td>
<td>Met</td>
</tr>
</tbody>
</table>
Introduction
This is the report of a re-accreditation audit from 17 July 2012 to 18 July 2012 submitted to the Accreditation Agency.

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

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

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

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

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

- 44 expected outcomes
Audit report

Scope of audit
An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 17 July 2012 to 18 July 2012.

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

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

Assessment team

<table>
<thead>
<tr>
<th>Team leader:</th>
<th>Deanne Maskiell</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team member:</td>
<td>Beverley Clinch</td>
</tr>
</tbody>
</table>

Approved provider details

| Approved provider: | Broadmeadows Turkish Islamic Society Inc |

Details of home

<table>
<thead>
<tr>
<th>Name of home:</th>
<th>Ottoman Village Aged Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACS ID:</td>
<td>3528</td>
</tr>
<tr>
<td>Total number of allocated places:</td>
<td>31</td>
</tr>
<tr>
<td>Number of residents during audit:</td>
<td>31</td>
</tr>
<tr>
<td>Number of high care residents during audit:</td>
<td>26</td>
</tr>
<tr>
<td>Special needs catered for:</td>
<td>Culturally specific</td>
</tr>
<tr>
<td>Street:</td>
<td>66 Coleraine Street</td>
</tr>
<tr>
<td>City:</td>
<td>Broadmeadows</td>
</tr>
<tr>
<td>Phone number:</td>
<td>03 9309 7562</td>
</tr>
<tr>
<td>E-mail address:</td>
<td><a href="mailto:kezban@ottomanvillage.com.au">kezban@ottomanvillage.com.au</a></td>
</tr>
<tr>
<td>State:</td>
<td>Victoria</td>
</tr>
<tr>
<td>Postcode:</td>
<td>3047</td>
</tr>
<tr>
<td>Facsimile:</td>
<td>03 9309 7047</td>
</tr>
</tbody>
</table>
Audit trail
The assessment team spent 2 days on-site and gathered information from the following:

<table>
<thead>
<tr>
<th>Interviews</th>
<th>Number</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility manager</td>
<td>1</td>
<td>Residents/representatives</td>
</tr>
<tr>
<td>Clinical, care and lifestyle staff</td>
<td>7</td>
<td>External consultant</td>
</tr>
<tr>
<td>Hospitality and environmental staff</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sampled documents</th>
<th>Number</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents’ files</td>
<td>9</td>
<td>Medication charts</td>
</tr>
<tr>
<td>Staff files</td>
<td>3</td>
<td>Resident agreements</td>
</tr>
</tbody>
</table>

Other documents reviewed
The team also reviewed:
- ADL charting
- Audit folder
- Blood glucose charts
- Catering audits, council certification and food safety certificates
- Catering records
- Cleaning records
- Comments and complaints records
- Communication diary
- Complex management folder
- Continuous improvement records
- Cultural care specific information
- Cultural cue cards folder
- Education records and calendar
- Equipment lists
- Essential services records
- Evaluations of lifestyle program
- External contracts/agreements
- Fire and emergency test records
- Food safety folder
- Incident reports and data analysis
- Infection folder
- Job descriptions
• Laundry records
• Lifestyle documentation
• Maintenance records - reactive and preventative
• Meeting minutes, schedule and terms of reference
• Menu
• Mission, vision and philosophy statement
• Nursing registration
• Police check and statutory declaration records
• Policies and procedures
• Refrigerator/meals temperature records
• Regulatory compliance information
• Resident security of tenure information
• Residents’ information handbook
• Residents’ information package and surveys
• Staff information and handbook
• Staff rosters
• Wound folder

Observations
The team observed the following:
• Activities in progress
• Advocacy, external complaints process and other support service brochures in multiple languages
• Archive files
• Chemical and cleaning stores
• Oxygen storage
• Cleaning and laundry in progress
• Comments and complaints brochures in English and a variety of other languages
• Dining rooms
• Egress and exit routes
• Equipment and supply storage areas
• Evacuation box
• Fire and emergency equipment
• Hand washing facilities
• Interactions between staff and residents
• Internal and external living environment
• Kitchen areas and storage
• Kitchen white board
- Laundry
- Meal preparation and service
- Medication storage
- Mission, vision and philosophy statement on display
- Mobility aids and equipment
- Notice boards with information in both English and Turkish
- Notification of Agency visit on display
- Reception area
- Resident laundry
- Residents mobilising
- Sign in/out register
- Single rooms with en suite
- Sitting rooms
- Staff assisting residents
- Staff room
- Suggestion box
Assessment information
This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development
Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

Team's findings
The home meets this expected outcome

Management of the home ensures systems and processes are used to support and identify continuous improvement activities. Management and key staff identify opportunities for improvement through comments, complaints and suggestions received from all stakeholders, review of audits, feedback from meetings and review of information received from peak bodies. All opportunities for improvement are logged and include actions, time frames, progress and outcomes. Continuous improvement is a standard agenda item at meetings and where appropriate individual feedback to stakeholders occurs. Stakeholders state they are encouraged and supported to make suggestions for improvements and are informed of improvements occurring within the home.

Recent improvements relating to Standard 1 includes:

- As a result of feedback from external bodies, the home developed and implemented a process to formally evaluate feedback received from education sessions. The facility manager now analyses and reports on education sessions which assists in selecting topics for future sessions, providers of education and to determine staff satisfaction relating to education provided.
- As a result of Government funding the home provided staff with the opportunity to have work health checks completed. Staff were allocated time to attend and staff state they were encouraged and supported to attend.
- The home formalised contact with local high schools to facilitate placements at the home. This has allowed residents to be 'buddied' with students many of whom spoke the residents' first language. Feedback from students, residents and parents of the students has been positive with many students continuing to visit the home at the end of their placement.
- In response to feedback from stakeholders, the home updated their privacy statements and Mission, vision and philosophy statement and now has incorporated the statements in the resident handbook and placed these documents in prominent positions within the home. Feedback confirms that this has improved staff and stakeholder knowledge of the statements.
1.2 Regulatory compliance
This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines”.

Team’s findings
The home meets this expected outcome

The home has systems to identify, monitor and ensure compliance with relevant regulatory requirements and professional guidelines. Subscriptions to legislative update services and industry associations and notifications from government departments provide relevant information and inform the home about relevant changes. Audits and management observations monitor the home’s performance and ongoing compliance with regulations and guidelines. Management monitor and review policies and procedures for compliance and there is a system to ensure they are adapted when regulations or guidelines change. All staff, volunteers and relevant contractors have current police checks and statutory declarations in place. Management monitors staff professional qualifications for currency annually. Relevant information and changes to regulations or guidelines are identified by management and information regarding the changes provided to relevant stakeholders through newsletters, education sessions, meetings and meeting minutes.

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

Team’s findings
The home meets this expected outcome

Management ensures staff have appropriate skills and knowledge through observations, review of audit information, monitoring of professional registrations and performance appraisals. The home’s education calendar is available to staff and provides notice of upcoming educational opportunities. The home schedules additional topics in response to staff requests, review of resident needs and management observations. Education attendance records are completed and evaluated. Management and staff confirm satisfaction with the type, frequency and availability of education provided. Residents and their representatives expressed satisfaction with staff knowledge and skills.

Recent education relating to Standard 1 includes:
- Aged care funding and documentation
- Clinical documentation requirements
- Continuous improvement
- Rostering

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

Team’s findings
The home meets this expected outcome

Management informs all stakeholders of internal and external complaints processes available to them. Comments and complaints information is on display in the home including the
external complaint resolution service and how to access advocacy services. Information is also contained in the resident information pack and residential agreement. All information relating to comments and complaint processes are available in a variety of languages. Stakeholders are provided with a suggestion box and opportunities to make confidential complaints. Management report and documentation confirms that the system is used by all stakeholders with investigations, actions and feedback occurring in a timely and confidential manner. Staff confirm knowledge of how they can assist residents and representatives to make complaints and residents and representatives said that they feel if they made a complaint it would be well received.

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 mission, vision and philosophy statement that includes the home’s commitment to quality care and services. This document is on display within the home and is included in information packages provided to stakeholders.

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

Residents and representatives confirm they are very satisfied with the care at the home stating that staff make them feel like they are part of a family. Staff confirm that they enjoy working at the home and they have sufficient time to attend residents’ needs and preferences. The facility manager is responsible for ensuring staff have suitable qualifications, competencies and support to perform their duties effectively. Management and senior staff formally monitor staff skills and care delivery through structured review processes and informally through observation and communication with relevant stakeholders. Staffing is responsive to residents’ changing care needs and the home has sufficient permanent staff to ensure a suitable skill-mix of regular staff are on duty. New staff have position descriptions and rostered ‘buddy shifts’ with regular staff to assist the orientation process.

1.7 Inventory and equipment
This expected outcome requires that “stocks of appropriate goods and equipment for quality service delivery are available”.

Team’s findings
The home meets this expected outcome

Management and staff monitor goods and equipment used within the home to ensure appropriate items are consistently available to ensure the delivery of care and services within the home. Management maintains lists of equipment available at the home. The facility manager monitors the home’s maintenance system to ensure equipment is well maintained and fit for its intended use. Stock is stored appropriately and perishable items are monitored
for expiry dates. Staff confirm that there are sufficient supplies of stock and equipment to meet the needs of residents and provide care and services within the home. Residents and representatives stated they are satisfied with the availability of equipment and maintenance services provided by the home.

1.8 Information systems
This expected outcome requires that “effective information management systems are in place”.

Team’s findings
The home meets this expected outcome

Management and staff have access to information that is accurate and appropriate to their roles. Information provided to the residents and their representatives on entry to the home includes an information booklet and resident’s agreement. Newsletters, care consultations, meetings and informal discussions provide ongoing information to residents and their representatives. Management informs staff, through policies and procedures, education, meetings, handover, communication books, memos, daily diaries and position descriptions. Confidential records and information are securely and appropriately stored with access restricted to appropriate staff. Staff, residents and their representatives stated they are satisfied with the information provided to them.

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’s management identifies appropriate external services and service agreements or contracts are in place. There is an approved suppliers list and contract service agreements document the expected standards of service and include relevant regulatory compliance requirements. The facility manager reviews all services provided to ensure that contractor police checks, insurances and professional registrations remain current. Contractor sign-in and identification processes are in place in the home. Residents, representatives and staff said that they are satisfied with the home’s externally sourced services and goods.
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 review of continuous improvement documentation confirmed that ongoing improvements in resident health and personal care occur. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement system and processes.

Recent improvements relating to Standard 2 includes:

- As a result of feedback from nursing staff the home implemented a process to photograph chronic wounds, provided appropriate equipment. This has allowed staff to monitor wounds consistently and determine when improvement or deterioration of a wound occurs. Feedback from visiting consultants has been positive and this information assists them in advising the home when or if changes to wound care are required.

- As a result of education sessions the home has reviewed the contents of its outbreak kit and added additional items which are now readily accessible in the event of an outbreak. Management have developed a checklist, staff check the contents and ensure items are fit for their intended use. Staff confirm knowledge of the kit, contents and use.

- As a result of staff feedback the home, identified and trialled new medication trolleys and after feedback from staff purchased a new trolley which staff state is easier to manoeuvre, has easy to clean surfaces and stores sufficient medications for each medication round.

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 demonstrated that the home is compliant with regulatory requirements pertaining to health and personal care. Appropriately qualified staff provide care, and there are systems to monitor nursing registrations, police checks and statutory declarations. Appropriate systems are in place to ensure medication management, administration and storage complies with regulatory requirements and professional guidelines. Reporting processes are in place reporting and documenting the unexplained absence of a resident and infection outbreaks.
2.3 Education and staff development

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

Team’s findings
The home meets this expected outcome

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

Management has systems and processes in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to residents’ health and personal care.

Recent education relating to Standard 2 includes:
- medication administration
- basic life support
- respiratory management
- skin and wound care
- 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

Residents and representatives state they are very satisfied with the clinical care provided at the home. The home conducts a pre-admission review of resident needs and when the resident enters the home, staff conduct a suite of clinical assessments during an appropriate assessment period. Care planning reflects assessment information and is reviewed by a registered nurse monthly during a ‘resident of the day’ process or whenever clinically indicated. Staff consider care planning in consultation with appropriate staff, health professionals and residents/representatives. Staff generally document residents’ care needs appropriately.

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 needs are assessed on entry to the home and reviewed regularly and when clinically indicated. A registered nurse oversees specialised nursing and ensures appropriate documenting, monitoring and management of specialised care. Policies and procedures identify requirements in relation to specialised nursing. Health practitioners’ suitably communicate specialised recommendations to relevant staff. Residents and representatives state they are satisfied with the home’s approach to specialised nursing care needs.
2.6 Other health and related services
This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.

Team’s findings
The home meets this expected outcome

Staff capture pertinent information regarding residents’ preferred health service provider clearly and concisely in resident files. Staff record health specialist review schedules in resident files and staff assist and liaise with health specialists as clinically indicated. The home fosters relationships with appropriate health and allied health providers, particularly in relation to Turkish-speaking health specialists. A broad range of health and allied health services visit the home including Turkish-speaking practitioners in medicine, podiatry, physiotherapy and optometry. Residents and representatives confirm appropriate health specialist review occurs in accordance with their needs and preferences.

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 in place to manage residents’ medication safely and correctly. Registered or enrolled nurses administer medications in accordance with legislation, regulatory requirements and professional standards and general guidelines. Staff generally document and manage medication incidents appropriately. Staff administering medication have medication competency assessed annually. Quality processes including incident review and medication advisory committee meetings assist the home in achieving and maintaining safe medication administration practices. Residents and representatives confirm they are satisfied with the home’s approach to medication administration.

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 care needs and preferences are identified and assessed on entry to the home and on a regular and/or whenever necessary basis. Pain assessment includes pain charting and the identification of verbal and non-verbal expressions of pain. Staff generate pain management care plans and reviews them every month during the ‘resident of the day’ process or earlier if indicated. Staff demonstrate they are familiar with pharmacological and non-pharmacological pain management techniques and state that management provides suitable pain management equipment. Residents and representatives state they are satisfied with the home’s approach to managing pain.
2.9 Palliative care

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

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

Terminal care and end of life wishes are discussed when the resident enters the home. Staff document, file and review the wishes annually or sooner if indicated. Senior staff consult with residents and representatives regarding needs and preferences in relation to death and dying. Affiliation with the local Mosque and exceptional commitment from staff ensures religious and emotional support is readily available to the palliative resident and their representative/s. Staff access specialist palliative care services when clinically indicated. Residents and representatives state they are satisfied with the care and services at the home.

2.10 Nutrition and hydration

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

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

Residents and representatives confirm they are satisfied with the quality and quantity of meals and drinks at the home. Staff assess residents’ nutrition and hydration needs and preferences regularly and whenever clinically indicated and care planning is updated accordingly. Kitchen, lifestyle and care staff are familiar with residents’ dietary requirements, and residents’ likes and dislikes and staff accommodate change in preferences when requested. A dietician reviews the seasonal rotating menu and staff offer residents fresh fruit juice as an alternative to tea and coffee.

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

Staff practise at the home ensures residents’ skin integrity is consistent with residents’ general health. Staff assess residents’ skin integrity on entry to the home and care planning reflects assessed needs and preferences. Staff monitor and manage residents’ skin integrity issues and residents with diabetes have specific care plans incorporating foot care. There is a suitable range and supply of pressure relieving aids and currently, no residents at the home have pressure areas. Residents and representatives confirm they are satisfied with the way in which the home manages 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

Staff assess residents' continence needs on entry to the home and are reviewed regularly and whenever clinically indicated. Continence care planning reflects assessment information and appropriate consultation. Staff are educated regarding continence issues and interventions to prevent infection and promote optimal continence are routinely implemented. Staff state they have sufficient time to assist with residents' continence needs and preferences. Residents and representatives confirm they are satisfied with the home’s approach to 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

A pre-admission assessment ensures residents are suitable for the home and the assessment process continues when residents enter the home. Assessment and care planning identifies behaviours, triggers for behaviours and interventions evaluated as effective in managing behaviours. Staff review care planning regularly or whenever indicated and incorporates appropriate consultation with representatives and health professionals. Strategies to manage behaviours reflect a multi-disciplinary approach. Residents and representatives state they are satisfied with the home’s approach to managing 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

Senior staff assess residents' mobility and dexterity needs and preferences on entry to the home. A physiotherapist conducts a further assessment shortly after admission. Care and lifestyle staff as well as the physiotherapist implement identified strategies to promote optimal mobility and dexterity. Staff review care regularly and whenever necessary review care planning and assessment information. Falls incidents review occurs appropriately and staff implement suitable interventions. Residents and representatives state they are satisfied with the home’s approach to mobility, dexterity and rehabilitation.

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

Staff assess residents' oral and dental needs on entry to the home and appropriate staff develop care plans. Residents are encouraged to continue to visit their regular dentist or to utilise a visiting dental service. Auditing processes at the home include review of residents’
oral and dental assessment and care planning. The home has policies and procedures to guide staff in the provision of appropriate oral and dental care. Residents and representatives confirm they are satisfied with the home's approach to maintaining 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 needs and preferences are assessed on entry to the home and whenever clinically indicated. Assessment processes include review of all five senses. Associated care planning reflects assessment information review occurs monthly or more frequently if indicated. Staff demonstrate awareness of residents' sensory needs and preferences and incorporate sensory stimulation into activities of daily living. The home’s environment is suitable for sensory impaired residents. Residents and representatives confirm they are satisfied with the home’s approach to managing residents’ sensory losses.

2.17 Sleep
This expected outcome requires that “residents are able to achieve natural sleep patterns”.

Team's findings
The home meets this expected outcome

Residents and representatives confirm the home is quiet and comfortable and promotes natural sleep patterns. Staff assess residents' sleep needs and preferences on entry to the home and over a three-day period. Staff identify residents’ sleep patterns and strategies to promote sleep. Staff formulate care plans in consultation with residents and representatives and review occurs regularly or whenever indicated. Staff promote natural sleep and care planning includes non-pharmacological strategies to enhance sleep.
**Standard 3 – Resident lifestyle**

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

### 3.1 Continuous improvement

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

**Team’s findings**

The home meets this expected outcome

The review of continuous improvement documentation confirmed that ongoing improvements in resident lifestyle occur. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement system and processes.

Recent improvements relating to Standard 3 includes:

- The lifestyle coordinator identified through research the benefits of engaging residents and their families in developing individual memory books for residents. As a result lifestyle staff have contacted families through email, newsletters and verbally to provide photographs and information relating to their relatives past. This information is being collected and formatted to develop individual books for residents, families and staff to use when interacting with residents. Feedback from those involved has been positive.

- Residents suggested they would like specific Turkish speaking television programs/channels accessible. As a result the home has installed a selection of Turkish televisions channels on the main living area televisions and in addition some residents have chosen to connect these channels to their bed room televisions. Feedback from residents and other stakeholders confirms this is enhancing the residents’ connection with their home land and culture.

- As a result of suggestions the home introduced the ability for residents to access 'Skype' which has allowed residents to see, hear and talk with friends and family unable to visit and especially those living overseas. The home has also purchased computer tablets to facilitate this access. Feedback from residents and staff has been very positive with other residents now participating in this communication method.

### 3.2 Regulatory compliance

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

**Team’s findings**

The home meets this expected outcome

Management demonstrated that the home is compliant with regulatory requirements pertaining to resident lifestyle. Demonstration of compliance is through the privacy and dignity policies and practices, security of tenure in the residents’ agreement, the maintenance of mandatory reporting registers and prominent display of Residents’ rights and responsibilities posters.
3.3 **Education and staff development**  
*This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.*

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

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

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

Recent education relating to Standard 3 includes:

- rights of the elderly
- elder abuse and compulsory reporting
- elder advocacy

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 confirm they are very satisfied with the emotional support provided by staff at the home. Staff provide emotional support to residents pre-admission, on entry to the home and on an ongoing basis. Staff conduct assessments to determine residents' emotional support needs and preferences and care planning reflects assessment information. Staff demonstrate a sound knowledge of residents’ emotional needs and incorporate emotional support throughout care delivery. Lifestyle staff provide additional emotional support to residents. If indicated, staff accompany and provide emotional support to residents attending external appointments.

3.5 **Independence**  
*This expected outcome requires that “residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service”.*

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

Staff assess residents’ level of independence on entry to the home. Consultation with residents, residents' family and health professionals assist staff in identifying, maintaining and promoting residents’ maximum independence. The home actively promotes residents’ independence through providing opportunities where appropriate; such as facilitating residents to manage finances or medication and encouraging existing friends and community services to visit the home. Staff assess and document care strategies promoting independence accordingly. Residents and representatives state they are satisfied with the home’s approach to promoting and maintaining 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

Staff practices demonstrate awareness of residents’ right to privacy and dignity. The home has a ‘family like’ approach to all aspects of care and staff show respect to their elders, the residents, at all times. Staff address residents as ‘uncle’ or ‘aunty’, consistent with residents’ wishes. Senior staff monitor staff practice in relation to privacy and dignity and implement interventions if indicated. The home’s design allows residents adequate personal space and areas to entertain guests privately. Residents and representatives confirm they are satisfied with the home’s approach to recognising and maintaining the privacy and dignity of residents.

3.7 Leisure interests and activities

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

Team’s findings

The home meets this expected outcome

Residents are encouraged and supported to participate in a range of activities of interest to them. On entry to the home residents and their families, complete a lifestyle profile including past interests. This captured information assists in constructing an individual program for leisure interests and activities. Staff support and encourage residents to participate in various activities of interest such as exercises, special events, outings, quizzes and music. The home offers individualised programs for residents who choose not to be involved in-group activities. Lifestyle staff record residents’ participation in the progress notes each week and review of the activity program occurs through observation, resident feedback and regular meetings. Residents interviewed said they enjoy the activities at the home.

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

The home identifies each resident’s cultural and spiritual needs and preferences on entry to the home. Enhanced support for individual interests and customs occurs through continuing links with representatives, friends and the community. The home has onsite religious ceremonies specific to the residents’ wishes. Staff assist residents to visit the local mosque and churches. The home identifies, celebrates and respects days of significance to residents and provides space for private prayers and reflection. The home has access to culturally specific services and resources to assist in providing individual cultural needs if required. Residents said the home meets their needs and respects their and beliefs and supports them to embrace their culture as they would at home.
3.9 Choice and decision-making

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

**Team’s findings**

The home meets this expected outcome

Staff discuss choice and decision making on entry to the home and residents and representatives are involved in care planning decisions. Staff are educated regarding respecting residents’ rights to choose to whether or not to participate in activities, ceremonies or activities of daily living. Residents have choice regarding a broad range of care and services provided by the home and health/service providers. Residents can choose to participate in activities such as resident meetings and feedback mechanisms, which contribute to decision making made at the home. Residents state they are satisfied with the home’s ongoing approach to promoting choice and decision making.

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 demonstrates residents have security of tenure and understand their rights and responsibilities. The home provides this information together with information on fees and charges and specified care and services in the resident admission package and the residency agreement. The home has information displays on residents’ rights and responsibilities, complaint and advocacy services. Management undertakes extensive consultation in the event of the need to move a resident to another room or to a more appropriate facility. Residents and representatives interviewed said the home provided appropriate information on entry to 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

The review of continuous improvement documentation confirmed that ongoing improvements in physical environment and safe systems occur. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement system and processes.

Recent improvements relating to Standard 4 includes:

- As a result of resident and relative feedback the home has purchased new chairs and tables to create a 'cafe' style area outdoors for residents and families to enjoy afternoon and morning teas. Several small tables allow residents and families to gather and enjoy the atmosphere. Stakeholder feedback has been positive.

- In response to feedback from residents and staff, the home has obtained a labeller for clothes. Staff now label clothes as families deliver new items and feedback confirms staff are now able to identify who owns clothing easily and minimal 'lost' clothing now occurs.

- In response to resident requests and staff observations, the home purchased a large screen television, which is providing a 'cinema' like effect. Residents with impaired vision and hearing are now able to enjoy movies with other residents. Resident feedback confirms they are now able to enjoy movies and that the sound is 'great'.

- In response to staff observations and feedback, the home has installed keypad locks on linen rooms, laundry and chemical store areas to enable staff to easily access these areas with no delays. Staff confirm this has removed the need to collect keys for these areas and improved resident safety.

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

Management demonstrated that the home is compliant with regulatory requirements in relation to physical environment and safe systems. Regular audits ensure the maintenance of a safe environment for staff and residents. There are policies, procedures and systems for regular checking and auditing of fire and emergency systems and living environment. Occupational health and safety policies and requirements, infection control guidelines and food safety programs are in place.
4.3 Education and staff development
This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s findings
The home meets this expected outcome

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

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

Recent education relating to Standard 4 includes:
- rights of the elderly
- manual handling
- fire and emergency
- infection control
- food safety
- chemical handling

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 living environment provided for residents is safe and comfortable; there are systems to ensure the environment meets the expectations of the residents and staff. Staff ensure all areas are clean and well maintained. The home consults with residents and their representatives about improvements to the living environment through resident meetings, satisfaction surveys and the home’s comments and complaints process. Reactive and preventative maintenance programs are used to ensure the living environment is well maintained and equipment suitable for its use. Residents and their representatives state the home is comfortable, well maintained and they feel safe.

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 actively works to provide a safe working environment that meets regulatory requirements. Regular audits, risk assessments, trialling of equipment prior to purchase and monitoring of staff practices assists in ensuring a safe working environment is provided. Nominated representatives ensure staff have a point of contact if needed. Staff confirmed that they attend education pertaining to occupational health and safety including manual
handling techniques and reporting of hazards. Staff confirm that routine and reactive
maintenance occurs as needed and that information on occupational health and safety is
readily available to them.

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 ensures there are effective systems for the prevention, detection and
management of fire and other emergencies. External contractors and the home’s manager
monitor the essential services at the home to ensure that systems are working at all times.
Evacuation information, maps and emergency equipment is readily accessible to appropriate
persons. Exit doors and emergency egress routes are monitored to ensure they are
unobstructed at all times. Entries and exits to the home are secure and after hours, security
measures ensure resident and staff safety. Information on fire and emergency response is
contained in a variety of information booklets provided to stakeholders and staff have
attended mandatory education on fire and emergencies this year. Residents and their
representatives state they feel safe within the home and staff confirm attendance at relevant
education and have participated in evacuation scenarios.

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’s infection control program is effective in identifying and managing infection. Staff
collate, review and evaluate infections data and strategies to minimise infections are
implemented if indicated. A food safety plan is in place. Staff are informed of infection issues
and precautions and have regular infection control education. Management provides suitable
infection management supplies such as personal protective equipment and outbreak kits.
Staff record flu immunisations in resident files. Staff manage infectious waste appropriately.

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

Catering staff provide meals in line with the home’s food safety program, menu rotation and
residents’ needs. All food is prepared and cooked on site. Residents have access to snacks
and preferred refreshments at all times. Staff perform cleaning duties guided by documented
checklists and schedules. External providers regularly maintain cleaning and laundry
equipment. An offsite laundry service launders all linen with personal clothing laundered on
site. Residents and their representatives expressed satisfaction in relation to the catering,
cleaning and laundry services provided at the home.