



Aged Care
Standards and Accreditation Agency Ltd

Resthaven Nursing Home Paradise

RACS ID 6938

61 Silkes Road

PARADISE SA 5075

Approved provider: Resthaven Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 14 March 2015.

We made our decision on 17 January 2012.

The audit was conducted on 12 December 2011 to 14 December 2011. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

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

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

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



Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

Resthaven Nursing Home Paradise 6938

Approved provider: Resthaven Inc

Introduction

This is the report of a site audit from 12 December 2011 to 14 December 2011 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 12 December 2011 to 14 December 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:	Sandra Lloyd-Davies
Team member:	Elizabeth McGrath

Approved provider details

Approved provider:	Resthaven Inc
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Details of home

Name of home:	Resthaven Nursing Home Paradise
RACS ID:	6938

Total number of allocated places:	43
Number of residents during site audit:	42
Number of high care residents during site audit:	42
Special needs catered for:	People with dementia or related disorders People with culturally and linguistically diverse backgrounds

Street:	61 Silkes Road	State:	SA
City:	PARADISE	Postcode:	5075
Phone number:	08 8336 5444	Facsimile:	08 8365 1028
E-mail address:	paradise@resthaven.asn.au		

Audit trail

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

Interviews

	Number		Number
Corporate and site management	6	Residents/representatives	8
Clinical and care staff	4	Ancillary and maintenance staff	6
Lifestyle and other staff	3		

Sampled documents

	Number		Number
Residents' files	5	Care documentation	5
Lifestyle care plans	4	Medication charts	5
Blood glucose chart	1	Self-medication assessment	2
Weight chart	1	Personnel files	6

Other documents reviewed

The team also reviewed:

- 'We'd like to hear from you' forms
- Activity calendar
- Advanced directives
- Asbestos register
- Charter of residents rights and responsibilities
- Communication book
- Contractor's sign in/out book
- Electrical test and tag records
- External advocacy brochures
- Fire and evacuation procedure manual
- Food safety plan
- Hazard and incident reports
- Infection control guidelines
- Job descriptions and duty statements
- Material safety data sheets
- Newsletters
- Plan for continuous improvement
- Police clearance records
- Preventative and corrective maintenance records
- Quality activity reports
- Resident evacuation list
- Resident handbook and information package
- Residential services agreement
- Self medicating assessment
- Special dietary requirement
- Staff education records
- Staff handbook
- Statement of purpose and values

- Triennial fire safety certificate
- Various audits and surveys
- Various meeting minutes
- Various policies and procedures

Observations

The team observed the following:

- Activities in progress
- Activity calendar
- Advocacy brochures
- Archive room
- Calibration logs
- Charter of residents rights and responsibilities
- Chemical storage
- Christmas decorations
- Cleaning equipment
- Closed circuit television surveillance
- Comments/suggestion box
- Communication book
- Duress alarms
- Equipment and supply storage areas
- Evacuation plans
- Fire safety and equipment
- First aid boxes
- Hairdressing salon
- Infection control resources
- Interactions between staff and residents
- Internal and external living environment
- Internet café
- Key pad security
- Library
- Meal service
- Medication round
- Menu board
- Personal protective equipment
- Smoking apron
- Storage of medications
- Temperature monitoring logs
- Testing and tagging of equipment
- Various staff whiteboards
- White board for residents activities

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 Resthaven Nursing Home Paradise is able to demonstrate that results in the home show improvement across the Accreditation Standards. Staff and residents are encouraged to contribute to the homes pursuit of continuous improvement across the Accreditation standards and relating to Standard One. The home is responsive to the needs of residents and representatives and stakeholders. The home uses information from audits, feedback logs, surveys, incidents and hazard data and complaints to identify improvements. The organisation is aware of the need to identify and action continuous improvement opportunities and provides ongoing support to the home. Issues identified are added to the continuous improvement register. The home demonstrated recent improvements to management systems, staffing and organisational development in the following:

- The home identified the need to increase registered nurse hours to assist with the delivery of therapeutic massage for residents. The additional 14 hours in the home has allowed referrals to the registered nurse to support massage in residents with identified pain needs undertaken once a week for twenty minutes. Feedback from residents and staff has been positive. The increased interaction has allowed greater social interaction for residents to support care needs.
- The clinical staff of the home wanted to reduce inconsistencies of contacting agency staff to address shortfalls in staffing and reduce length of time taken to contact agency staff used by the home. Management of the home addressed this by engaging a corporate contract with one agency to supply agency staff. Monitoring of agency use is discussed at corporate managers’ meetings and feedback from staff and residents has been positive and has allowed clinical staff access to agency staff more easily.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has processes for identifying and accessing relevant legislation, regulations and professional standards. Corporate processes ensure legislative updates are distributed to the home’s management. Policies and procedures, work practices, documents and forms are updated to comply with regulatory requirements. Information is disseminated through the home’s communication mechanisms, including staff meetings, memoranda and the home’s electronic information management system. The home’s corporate office has processes to record and monitor police clearances for staff, volunteers and contractors. Staff are aware of regulatory requirements relating to management systems and staff development.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home has processes to provide management and staff with appropriate knowledge and skills to perform their roles in relation to management systems, staffing and organisational development. Education needs are identified through a corporate training needs analysis, performance appraisals, work practices and requests from staff. Staff attendance at training sessions is monitored by management and there are processes for following up attendance at mandatory training. An induction program is provided for commencing staff. Management and staff are satisfied they have access to sufficient education and training to perform their roles effectively.

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 satisfied they have access to internal and external complaints mechanisms. Residents are encouraged to raise any concerns through residents meetings. Management of the home have an open door policy to discuss any comments or complaints. The home also encourages feedback response form 'We'd like to hear from you' which are easily accessible to all residents and representatives. Feedback forms are accessible throughout the home as well as brochures from external advocates. The home ensures confidentiality is maintained in managing all complaints especially related to those of a sensitive nature. All complaints are logged and trended and a monthly summary is reviewed by management which is tracked on to the computerised system and data collated and monitored through the homes audits schedule and reviewed at quality meetings. Staff interviews confirmed they are able to support residents and representatives to manage complaints when received verbally or in writing.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's statement of purpose and values are documented and visible throughout the home. Information describing the home's purpose and values is available in resident and staff handbooks. Documentation containing the home's statement of purpose and values have consistent content. The home is guided by a five year strategic plan. Staff are familiar with the home's commitment to quality 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 processes for identifying and assessing the required staffing levels and skills to meet residents' needs on an ongoing basis. Corporate human resources assist with the management of recruitment processes including, induction, police clearances, monitoring professional registrations and the updating of job and person specifications. The home provides an induction program for commencing staff. All staff and volunteers are required to provide a police clearance certificate prior to commencing employment. Training needs are identified at appraisals, staff meetings and through work practices. The home's management monitors staffing levels and skill mix through staff feedback and incident data to meet resident needs on an ongoing basis. Vacant shifts are filled by agency staff as necessary. Staff generally have sufficient time to complete their tasks. Residents and representatives are satisfied with the availability of staff and the level of care they receive.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has a system for identifying goods and equipment required for providing a quality service for residents and staff. Staff from various areas of the home are responsible for monitoring stocks of goods. New equipment is trialled prior to purchase and feedback is sought from staff and residents. Supplies are stored safely and appropriately and rotated according to relevant guidelines. The home has a preventive and corrective maintenance program and access to external contractors for the maintenance and calibration of plant and equipment. Electrical testing and tagging is managed internally to ensure the safety of equipment. Staff and residents are satisfied there are adequate and appropriate stocks of goods and equipment available to provide care and services.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has processes to provide management and staff with access to sufficient, accurate and appropriate information to support them in meeting the requirements of their roles. There are systems to collate, analyse and use data from resident and staff incidents, infections and hazards. The home has procedures for the secure storage and archiving of electronic and paper records and procedures for destroying information. The home uses organisational and site document control procedures. There are processes for regularly reviewing resident information, documentation practices, legislative documentation and current policies and procedures to ensure the information used by staff to provide services meets residents' needs. Staff have access to current information to enable them to carry out their duties. Residents and their representatives have access to information to assist them to make decisions about their care and lifestyle on entry to the home and on an ongoing basis.

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

External services are selected on their ability to meet contractual agreements. The home is supported by corporate office in managing and selecting external contractors. External contractors' licenses, certificates of currency and police clearances are monitored corporately. The home contracts pharmacy services, fire safety and other external service providers. Managers of designated areas are responsible for monitoring, actioning and evaluating contractors appropriate to their area. Feedback on the quality of services is sought from staff and residents and service providers are changed if considered unsatisfactory. Staff, residents and representatives are satisfied with the external services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Management is able to demonstrate it actively pursues continuous improvement in health and personal care and are responsive to the needs of residents and representatives and stakeholders. Staff and residents are encouraged to contribute to the home's pursuit of continuous improvement in Standard Two. Clinical indicators are combined with audits and incidents to identify opportunities for improvement in health and personal care. The home demonstrated recent results of improvements relating to health and personal care including:

- In response to feedback from families seeking improvements in information around their relative's admission to the home, family meetings have been arranged six to eight weeks post admission to allow discussion of admission and continuity of care needs in the home. Relatives have the opportunity to meet with the manager, care coordinator and clinical nurse. Feedback from representatives has been positive as it allows them to understand the care provided in the home as well as the process this involves.
- The home identified through an action request from staff the need to have hypoglycaemic kits. This would enable clinical staff to respond appropriately and efficiently to residents experiencing hypoglycaemic events. The kits are stored in a central location accessible to clinical staff. Staff feedback has been positive in supporting residents' needs.

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

The home has systems to monitor and respond to relevant legislation, regulatory requirements, professional standards and guidelines in relation to health and personal care. Corporate processes ensure legislative updates are distributed to the home's management. Corporate processes record and monitor current nursing and allied health professional registrations. The home informs staff of changes relating to regulatory compliance through the home's communication mechanisms including meetings and handover. Staff are aware of regulatory requirements relating to residents' health and personal care.

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

The home has processes to ensure management and staff have the required knowledge and skills to perform their roles effectively in relation to health and personal care. Training needs

are identified through review of resident care needs, staff performance appraisals, clinical audits, observations of staff practice and staff requests. The home monitors staff attendance at training sessions and has processes for following up staff attendance at mandatory training. An induction program is provided for staff commencing employment. Training undertaken by clinical staff includes behaviour management, medication credentialing and wound management. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills. Residents and representatives are generally satisfied that management and staff have appropriate skills to deliver their care.

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 the care provided is appropriate to individual needs and preferences. The home uses a computerised system to plan, record and support individual assessments for care needs. Review of six monthly care evaluations occur to monitor effectiveness in meeting residents' needs or earlier if decline in health status is identified. Nursing staff review resident care on a daily basis and consult with residents, relatives and relevant medical and allied health professionals when care needs change. Staff are aware of individual resident care needs as documented in care plans and in progress notes. Staff practices are monitored and supported to deliver clinical care needs. Senior clinical staff complete audits as well as corporate staff externally. Senior clinical staff review all clinical documentation and observe staff practices in the home to support clinical care. Clinical incidents are monitored, analysed and actioned as required. Staff deliver clinical care to residents in the nursing home as documented in the care plans.

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 and representatives are satisfied the home is able to deliver specialised nursing care needs as identified by the clinical staff. The home has access to a wide range of specialised health professionals internally and externally to support delivery of specialised nursing care needs to residents. Initial assessments are conducted by clinical nurses and ongoing assessments are conducted to identify any changes to care needs. Staff practices are monitored for compliance by the senior clinical staff. Staff are supported to access a wide range of external training to support practices as well as in-house education. Staff interviewed are knowledgeable about when to contact specialised nursing services and the specialised care they provide to individual residents.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

Residents and representatives stated referrals to appropriate specialists occur as needed. Health professionals can be contacted on entry to the home and when follow-up visits are

requested by clinical staff. All referrals to specialists are monitored for effectiveness and documented in care plans. Regular consultation occurs with the doctors, dietician and all other health specialists and feedback is sought from residents and staff. A physiotherapist is on site two days a week to support residents' needs. Podiatry services occur every six weeks or earlier if required. Staff practices are monitored by senior clinical staff to facilitate referral to appropriate specialists. All communication around referral involvement is documented on the computerised system to support residents' needs and evaluated by clinical staff. Staff state they are able to access appropriate health specialists promptly in accordance with the needs of residents.

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 is able to demonstrate it has a system to manage residents' medication safely and correctly. All medication practice by staff is delivered according to relevant legislative, regulatory and professional guidelines. Staff practices are monitored through medication audits and senior clinical staff supervision to ensure compliance. Medication fridge temperature recording is completed by clinical staff. Staff have access to educational training and resources at the home and also have educational support from the pharmacist. The home has changed its medication systems in the last twelve months and introduced new tagging alerts to support clinical staff. A new medication chart that includes a larger written area for special considerations is available. The home ensures regular evaluation of medication use through pharmacist and doctor's review as well as through the home's audits systems. A regional Medication Advisory Committee meets every two months. The home has recently reviewed medication incident reporting to ensure accurate recording of omissions and practices. Residents' needs and preferences are considered and assessments are completed for residents who wish to participate in self-medication within the home. Staff practices are monitored by the senior clinical team. Staff are aware and understand safe and correct medication management practices.

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 and representatives stated residents' pain is managed effectively. Pain assessments are completed on entry and reviewed to meet individual resident's needs. The home uses assessment tools for residents with a noted cognitive deficit. Alternative approaches and therapies, such as the use of massage, transcutaneous electrical nerve stimulation and heat packs are trialled and implemented to support residents' pain needs. A physiotherapist is on site two days a week with access to an ultrasound machine to assist with pain management strategies for individual residents. Staff are aware of both verbal and non verbal indicators for pain and liaise closely with the doctors at the home around pain management. Senior clinical staff monitor individual resident's pain needs by regular reviews and audits and by feedback from residents and relatives. Staff practices are monitored by supervising clinical staff. Staff are aware of how to manage individual residents' 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

Residents’ palliative care preferences relating to emotional, cultural and spiritual needs are assessed on entry to the nursing home. The home has access to specialised palliative equipment to aid the resident in the terminal phase of life. A palliative care assessment is completed for palliative care residents. Staff have access to education to support their learning needs around palliative residents. A chaplain visits the home to support residents’ spiritual needs. A social worker from Resthaven visits the home to support residents and representatives with grief and loss needs. Families have access to stay on-site if required to be with their family members during the palliative process. The home uses a multi-disciplinary approach to support effective referral mechanisms ensuring continuity of care to residents. The home can contact the local acute care facility to support them in managing residents’ palliative care needs. The home monitors palliative care services by observation of staff practices, review of clinical assessments and feedback from residents and families. Staff interviewed are aware of how to ensure comfort and dignity is maintained in the palliative stage of the illness.

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 are satisfied they receive adequate nutrition and hydration. Weights are recorded on entry and monitored monthly or more frequently for at risk residents. Clinical staff consult with the dietician to analyse residents’ weight records and implement a plan of care to support individual resident’s needs. Menu reviews are undertaken in consultation with the dietician. Staff are able to identify and communicate changes in residents’ dietary requirements to catering staff using the documentation provided in the home. Dietary requirements and care provision are monitored by the scheduled care review process, monitoring residents’ weight and daily checks of progress notes and observation charts by senior clinical staff. Staff are aware of how to support residents’ nutrition and hydration needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Residents and representatives are satisfied with the care provided to residents in relation to maintaining their skin integrity. The home’s entry assessment processes identify residents at risk of skin impairment. Strategies to prevent skin impairment are recorded on care plans and reviewed regularly. Staff practices are monitored by senior clinical staff. Education is provided on infection control, manual handling and wound management. Staff are aware of preventative measures for individual residents and use specialised equipment, skincare products and regular positioning to maintain skin integrity. Skin tears and wounds are monitored through audits and reviewed by senior clinical staff. Staff are aware of how to provide skin care to residents in the home.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents and representatives stated continence needs are managed effectively. Residents’ bowel, bladder and mobility requirements are assessed on entry to the home. Assessment processes include consultation with the residents and their representatives. An individual toileting program is initiated for each resident and is reviewed and evaluated as required. Staff are supported by a continence nurse advisor who provides staff with education relating to continence procedures, policies, continence products and privacy and dignity. Urinary tract infections, bowel management and resident comfort requirements are monitored by the continence nurse advisor and senior clinical staff through audits and daily observations of practice. The continence nurse advisor has access to bladder scanning equipment. Senior clinical staff conduct six monthly care reviews to monitor the effectiveness of continence management plans. Staff practices are monitored by senior clinical staff. Staff are aware of the home’s processes and individual resident’s continence management requirements.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Residents and representatives stated they are satisfied with the home’s approach to managing challenging behaviours. Residents are assessed on entry to the home and as new behaviours are identified. The home develops a plan to manage and evaluate care to residents to support challenging behaviours. Risk assessments are completed in accordance with safety standards. The home uses minimal restraints. The home provides a safe and secure environment. Consultation occurs with doctors, psycho-geriatricians, mental health teams and other external parties, such as the Dementia Behaviour Advisory Services to support residents care needs. All staff have access to educational support and training in behaviour management. Staff practices are monitored by senior clinical staff to support methods of facilitating behaviour management. Behavior management is evaluated by the care review process, feedback from relatives and close observation of staff practices. Staff are aware of the home’s processes and how to manage individual resident’s behaviours of concern.

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 and representatives are satisfied with the way the home manages and optimises mobility and dexterity. Identification of each individual resident’s need is assessed and evaluated by clinical staff and allied health professionals to optimise resident’s mobility and reduce risk factors. Consultation occurs with the doctor and families when falls occur. Mobility aids are provided by the home and modified to encourage individual independence and safety. Falls are monitored by the home’s audit processes and risk factors are discussed and actioned. Staff are provided with training to support manual handling precautions. Care is monitored by the care review process, staff competency assessments related to manual

handling and resident care and incident monitoring. Staff are aware of the home's processes and how to support individual residents' mobility needs.

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 and representatives are satisfied with the oral and dental care provided in the home. An individual assessment is completed, reviewed and evaluated by clinical staff. The home ensures appropriate resources of dental products are accessible to residents to meet oral and dental care needs. Consultation is sought from the dentist and pharmacist in relation to the dental and oral status of residents. Staff are able to access education and are monitored for competencies as well as through observations. Care staff review oral and dental status daily and report any changes to the clinical staff. Oral and dental care and staff practices are monitored by senior staff observation of care provided and review of care planning and progress notes. Staff are aware of how to manage residents' oral and dental health needs.

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 and representatives are satisfied with how the home manages residents' sensory needs. All five senses are assessed on entry to the home. Care strategies are recorded in care plans for managing losses and re-evaluated if care needs change. The home has access to a sensory kit. Consultation occurs with relevant health professionals to support and effectively manage sensory loss for residents. Staff are supported through training and education to manage residents' sensory losses. The home's environment is monitored through audits to support residents' sensory needs. Monitoring processes include senior staff monitoring of care practices, resident and relative feedback and the scheduled care review process. Staff are aware of the home's processes and how to manage residents with 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 are satisfied with the assistance provided to enable residents achieve normal sleep patterns. Residents who experience sleep disturbance are monitored and strategies, including pain management, massage, relaxation music, hot drinks and snacks are trialled to assist residents to settle. Staff investigate and report on any sleep disturbances and consultation occurs with doctors if sleep disturbance persists. Senior clinical staff review progress notes, monitor resident and relative feedback regarding sleep, and monitor care plan reviews. Staff are aware of the home's processes and how to support residents to achieve natural sleep patterns.

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

Management demonstrated results showing improvements in resident’s lifestyle. Staff and residents are encouraged to contribute to the home’s pursuit of continuous improvement in relation to Standard Three and the home is responsive to the needs of residents, representatives and stakeholders. The home demonstrated recent results of improvements relating to residents lifestyle:

- The home identified the use of flowers in each resident’s room to welcome new residents to the home was not always suitable for male residents or residents who have visual deficits. This was replaced with a seasonal fruit platter for new residents admitted to the home and the results and feedback from residents has been positive.
- The home acknowledged the need to celebrate different cultural preferences of residents who reside in the home. The home arranges for celebrations of cultural theme days once a month. This allows the whole site to come together to celebrate specially prepared themed meals to support cultural days being celebrated. Feedback from staff and residents has been positive encouraging social engagement and celebration of different cultures within the home.

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

The home has processes for identifying and accessing relevant legislation, regulations and guidelines relating to residents’ lifestyle. Corporate processes ensure legislative updates are distributed to the home’s management. Staff are informed about changes in legislation and regulations through the home’s communication processes. Management monitors regulatory compliance through meetings, staff and resident feedback. Residential services agreement procedures are managed corporately. Staff are aware of regulatory requirements relating to resident lifestyle, including protecting residents’ privacy and maintaining confidentiality of resident information.

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

The home has processes to provide management and staff with appropriate knowledge and skills to perform their roles. Training needs are identified through the appraisal process, staff

meetings, work practices, individual requests and a corporate training needs analysis. Management monitors staff attendance at training sessions and has processes for following up staff attendance at mandatory training. An induction program is provided for all commencing staff. Examples of training delivered in relation to resident lifestyle include mandatory reporting responsibilities and dementia awareness. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

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 satisfied with the level of emotional support provided. The home has processes for assessing residents' emotional needs. Residents' social history is taken on entry to the home and a lifestyle care plan is developed from this information. Staff provide one-to-one support to help residents settle into their new environment. The home monitors and evaluates the effectiveness of emotional support delivered to residents through meetings, surveys and one-to-one discussions. A chaplain and social worker are available as required. Visits from family, friends and community groups are encouraged.

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 satisfied the home assists them to maintain their independence and participate in community activities according to their needs and preferences. Residents' lifestyle preferences, interests and abilities are identified during initial assessments and reviewed on a regular basis. Physiotherapy and other allied health services are available to support residents to maintain their mobility and independence. The home monitors resident satisfaction through comments and complaints mechanisms, resident meetings and verbal feedback. Residents have access to local voting facilities during elections. Staff and volunteers assist residents to participate in leisure activities and to maintain links with family, friends and community groups.

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

Residents are satisfied staff are courteous and respectful of their privacy. The home maintains processes to protect residents' privacy and dignity, including residents' consent to collect and disclose information. On entry to the home residents are provided with information about their rights and responsibilities. Anticipatory directives and palliative care requests are recorded and respected. Files containing residents' personal information are stored in the nurses' stations with access limited to authorised staff and visiting health professionals. The home monitors resident satisfaction through comments and complaints

mechanisms, focus groups, surveys, resident meetings and verbal feedback. Staff are mindful of appropriate practices, such as maintaining privacy when delivering personal care.

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 satisfied they have the opportunity to participate in a range of activities appropriate to their needs and preferences. Residents' interests are identified on entry to the home through initial assessments which are used to develop care plans and an individual activity program. A monthly activities program is posted throughout the facility. Activity attendance records, surveys and resident feedback are used to monitor and evaluate resident participation in the activities provided. Group and individual sessions include activities suiting the needs and preferences of residents with limited mobility and sensory deficits. Staff support residents to participate in activities that are of interest to them.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents are satisfied that the home values and promotes individual interests, beliefs and cultural backgrounds. The home identifies the cultural background, spiritual beliefs and social history of residents on entry to the home. Residents are supported to engage in events and activities of spiritual significance to them. Pastoral services are available on-site on a regular basis and a chaplain is available for individual consultation. Resident satisfaction is monitored through resident meetings, surveys and verbal feedback. The home recognises and celebrates residents' birthdays and significant cultural and spiritual days such as ANZAC day and Christmas day. Staff are aware of residents' cultural and spiritual preferences and needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents are satisfied they are able to exercise choice and control regarding their needs and preferences. Residents' preferences are gathered on entry and reviewed on an ongoing basis. This information is integrated into care plans. Residents are encouraged to decorate their rooms to reflect individual preferences. A trust account system enables residents to access their own money as required. Management and staff monitor resident satisfaction through surveys, focus groups, resident meetings and comments and complaints mechanisms. Staff assist residents to exercise choice and control over their lifestyle.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents are satisfied their tenure is secure and the home supports their individual needs and preferences where possible. Residents and representatives are informed of their security of tenure and resident rights and responsibilities on entry to the home. Residents and representatives are provided with a resident handbook, residential services agreement and information on the home's services. A corporate admissions officer contacts the resident and their representative during the pre-entry stage to provide support and information. Room changes are carried out in consultation with residents and representatives. Brochures regarding independent sources of advice and advocacy are available within the home. Staff are aware of resident's 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

Management demonstrated improvements in relation to the physical environment and safe systems. Staff and residents are encouraged to contribute to the home’s pursuit of continuous improvement in relation to Standard Four. The home is responsive to the needs of residents and stakeholders. Some examples relating to Standard Four include the following:

- Catering staff of the home identified residents had limited access to provide feedback around their catering needs. A resident’s food committee was started with representatives from each area of the home attending to provide feedback from residents with the cook in attendance at the meeting. The meeting occurs bi-monthly. This initiative has allowed greater consultation around seasonal menu changes and feedback in general around catering needs for residents. Feedback from residents has been positive.
- Staff in the home identified a risk associated with loose electrical cords under residents’ beds which were making it difficult to use the lifters. The lifters wheels were becoming tangled with the loose electrical cords which made it difficult for staff to use the equipment and increased the risk of injury to staff. Clips were purchased to secure loose cords and allowed easier use of lifters for staff to support residents with mobility needs. Feedback from staff has been positive and follow-up internal audits to recheck use have been effective.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to monitor and respond to relevant legislation, regulatory requirements, professional standards and guidelines in relation to the physical environment and safe systems. Corporate processes ensure legislative updates are distributed to the home’s management. Management monitors regulatory compliance through staff meetings, audits and resident feedback. Audit processes include triennial fire safety inspections, worksite inspections and food safety audits. Occupational health and safety policies and procedures are in line with professional standards and guidelines. Staff are informed of relevant changes through the home’s communication mechanisms.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has processes for identifying, reviewing and planning staff education and training relating to the physical environment and safe systems. Training needs are identified through a corporate training needs analysis, staff appraisals, work practices, staff feedback and meetings. Commencing employees undertake mandatory training as part of the induction process. Management monitor staff skills and knowledge and follow up attendance at mandatory training. Examples of training delivered in relation to the physical environment and safe systems include occupational health and safety, fire and emergency, food safety and manual handling. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

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

Residents and representatives are satisfied the home provides a safe and comfortable living environment. Residents are accommodated in single rooms with en-suite bathroom facilities. Residents' rooms are personalised to reflect individual preferences. Residents have secure storage space in their rooms and are able to lock their door. Communal dining rooms and lounge rooms provide opportunities for interaction with other residents. Residents have access to some courtyard gardens, a cafe, internet services and a hairdresser. Preventative and corrective maintenance, audits and hazard reports assist the home to monitor the living environment. The home has a minimal restraint approach and regularly reviews and monitors the use of restraints. Staff are aware of their responsibilities in providing a safe and comfortable environment. Residents have access to call bells and personal alarms to alert staff when assistance is required.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has systems and processes to provide a safe working environment that meets regulatory requirements. A Quality and Safety committee is responsible for reviewing the safety of the home and monitoring incident and hazard data to identify trends. Environmental audits contribute to the monitoring of the home's safety. The home's corporate office manages rehabilitation and return to work processes to support staff affected by workplace injury. Staff have access to policies, procedures, guidelines and training.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to provide an environment and safe systems of work to minimise fire, security and emergency risks. Evacuation procedures and plans are posted throughout the home and emergency procedures are accessible to staff. Fire and emergency training is conducted annually and is included in the home's induction processes. The home has a current triennial fire safety certificate and fire safety equipment inspections are recorded in log books. Contracted external services and internal maintenance processes monitor the security, fire and emergency systems and electrical testing and tagging. The home's security is maintained through closed circuit television surveillance and key pad operated internal and external doors. Staff are aware of their responsibilities 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 systems to monitor infection rates and procedures are provided for staff to minimise the spread of infection. Strategies are trialled by the home to prevent and control the rate of infections. The home has a staff and resident vaccination program, resources for outbreak management and spills kits available. The home has effective procedures for managing food, linen and waste products. The home monitors the effectiveness of its infection control program through audits. Infection rates are monitored monthly and reported quarterly and trend analysis completed. Staff receive training at induction and through regular updates. Independent inspections for food safety and the environment are undertaken on a regular basis and the home conducts regular audits to minimise the risk of infection and prevent occurrences. Staff are aware of infection control practices and are aware of standard precautions to be used in the nursing home.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".

Team's findings

The home meets this expected outcome

Residents are consulted on a regular basis and are satisfied with the hospitality services provided to them. The home provides hospitality services consistent with residents' individual needs and preferences. Residents' dietary requirements, food allergies, and preferences are identified and communicated to relevant staff and regularly updated. The home has processes for regularly assessing and monitoring catering, cleaning and laundry services and identifying opportunities for improvement. Audits, worksite inspections and staff training are conducted regularly by the home to provide hospitality services in accordance with health and hygiene standards. Residents have input into the menu and make choices about their meals. Hospitality services are monitored through regular audits, resident surveys, meetings, and the home's feedback system. Staff state they have access to current information regarding resident needs and preferences and sufficient equipment and supplies.