



Aged Care
Standards and Accreditation Agency Ltd

St Ives Murdoch

RACS ID 7261

20 Windelya Road

MURDOCH WA 6150

Approved provider: **St Ives Care Pty Ltd**

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 1 May 2016.

We made our decision on 3 April 2013.

The audit was conducted on 5 March 2013 to 6 March 2013. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

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

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

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

St Ives Murdoch 7261

Approved provider: St Ives Care Pty Ltd

Introduction

This is the report of a re-accreditation audit from 5 March 2013 to 6 March 2013 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44/44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 5 March 2013 to 6 March 2013.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of three 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:	Cristian Moraru
Team members:	Ann-Marie Phegley
	Steven Allison

Approved provider details

Approved provider:	St Ives Care Pty Ltd
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Details of home

Name of home:	St Ives Murdoch
RACS ID:	7261

Total number of allocated places:	141
Number of residents during audit:	129
Number of high care residents during audit:	116
Special needs catered for:	Residents with dementia and other related conditions

Street:	20 Windelya Road	State:	WA
City:	MURDOCH	Postcode:	6150
Phone number:	08 9312 7777	Facsimile:	08 9312 6931

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Residents/representatives	17
General manager	1	Care staff/team leaders	15
Clinical governance manager	1	Administration staff	2
Quality and compliance manager	1	Therapy assistants	2
Quality support staff	1	Admission coordinator	1
Registered nurses	4	Occupational safety and health coordinator	1
Enrolled nurses	3	Infection control champion	1
Physiotherapist	1	Laundry staff	3
Occupational therapist	1	Cleaning staff	6
Activity lifestyle coordinator	1	Catering staff	3

Sampled documents

	Number		Number
Residents' clinical files	20	Residents' care plans	26
Residents' occupational therapy, cultural and interest assessments	10	Medication charts	9
Residents' agreements	2	Personnel files	7
Volunteers' records	8	External contractor records	10

Other documents reviewed

The team also reviewed:

- Activities programs
- Agency staff orientation checklists
- Allocation sheets
- Archive register
- Audits, internal audit calendar, reports, summaries and activity sheets files
- Care plan review timetable
- Chemical register
- Compulsory reporting register
- Plan for continuous improvement, continuous improvement register and reports
- Diet preference files
- Emergency procedure manual and business continuity plan

- Fire detection systems and fire fighting equipment maintenance records
- Food monitoring and refrigerator/freezer temperature recordings
- Food safe file
- Hazard reports
- Information handbooks
- Laundry file
- Letters confirming room transfer and increase in care needs
- Maintenance log files and preventative maintenance records
- Meeting minutes
- Memoranda file
- Occupational safety and health file
- Occupational therapy statistics and one-on-one attendance records
- Occupational therapy, cultural and spiritual, activities and interests assessments lists
- Origin and religion list
- Outbreak file
- Performance appraisal register
- Police certificate, statutory declaration and visa register
- Policies and procedures manual
- Preferred supplier list
- Resident dietary supplement lists
- Residents' consents file
- Residents' infection statistics and summaries
- Residents' information package and handbook
- Self-medication authorities
- Service agreements file
- Staff orientation program
- Staff training files and education planner
- Standard 3 'evidence' file
- Training matrix
- 'Who am I?' therapy file
- Workplace inspection checklists and hazards registers.

Observations

The team observed the following:

- Activities in progress
- Availability of internal and external complaints mechanisms
- Equipment and supply storage areas
- Evacuation maps and signage

- Interactions between staff and residents
- Living environment
- Material safety data sheets
- Mealtime and refreshment service
- Notice boards and displayed information
- Outbreak and spills kits
- Resident's charter of rights and responsibilities
- Storage and administration of medications.

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has an established continuous improvement framework that monitors performance, identifies opportunities to improve and demonstrates progress and outcomes. There are multiple methods for identifying areas for improvement, including audits, clinical indicators, hazard and incident reporting. Staff, residents and representatives contribute to the home's continuous improvement activities via meetings, surveys, and feedback forms. Deficits identified from the monitoring processes are either addressed promptly, or placed on the plan for continuous improvement for planned action until they are completed. Stakeholders are informed of corrective actions implemented to address identified issues and opportunities for improvement and feedback is provided to interested parties. Staff reported they are encouraged to contribute to the home's pursuit of continuous improvement. Residents and representatives reported satisfaction with management's responsiveness to feedback.

Examples of current or recent improvement activities related to Standard 1 are described below.

- The organisation identified an opportunity to improve resident assessment, care planning and reporting processes by implementing an electronic documentation system. The electronic system was implemented over a period of months, together with a staff education program to ensure all levels of staff are confident in using the system. The electronic documentation system is now fully implemented and staff reported being very satisfied with the system and stated it has streamlined documentation and reporting processes.
- The organisation identified an opportunity to enhance residents/representatives' access to information by developing a 'user friendly' resident information handbook. Residents and representatives provided positive feedback regarding the quality of information provided in the booklet.

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 established systems to ensure information related to legislation, regulatory compliance, professional credentialing and other standards and guidelines are made available to all stakeholders. The organisation receives updates on legislative changes from

various government agencies and departments and industry groups. The home's management is notified of any changes and these are disseminated to staff and other stakeholders via memoranda, meetings, newsletters and training sessions as appropriate. Results from audits, surveys, complaints and incident/accident reporting assist management to monitor compliance with legislation and the home's policies and procedures. Staff stated they are informed of changes to regulatory compliance. Residents reported they were notified of the re-accreditation visit and invited to meet with the assessors.

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 and staff have appropriate knowledge and skills to effectively perform their roles. An annual training calendar includes mandatory and non-mandatory training and attendance at education sessions is monitored. Participants are invited to evaluate training sessions and the information is used to improve future training sessions. Management monitor the ongoing skills and knowledge of staff via observation, incident reporting, clinical indicators, comments and complaints and verbal feedback. Staff are encouraged to take responsibility for their own education, and staff requests for training are discussed at performance appraisals. Staff are informed of upcoming training events through displayed fliers, memoranda, meetings and individual letters. Staff expressed satisfaction with the opportunities offered in accessing continuing education.

Examples of education and training relating to Standard 1 are listed below.

- Corporate and site inductions
- Using the electronic care assessment and planning program.

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 their representatives have access to internal and external complaints and advocacy services via feedback forms, direct access to management and resident and representative meetings. Information regarding comments and complaints mechanisms is provided via the resident information handbook, posters and resident and relative meetings. Management addresses complaints in a timely manner and feedback is provided to the complainant. Confidentiality is maintained throughout the complaints process. Staff reported they understand the components of the complaints mechanisms and stated they can and do act as resident advocates. Residents and their representatives reported they are confident to voice their concerns.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has displayed throughout the home the mission, vision, philosophy, values, objectives and the charter of residents' rights and responsibilities and these are included in a range of documents, including resident and staff information handbooks. The home's commitment to the provision of quality throughout the service is established and maintained in all components of the home's continuous improvement framework.

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 appropriately skilled and qualified staff sufficient to ensure services are delivered in accordance with residents' needs and there are processes to respond to changing needs in staffing levels or skill mix. New staff attend a formal induction and site orientation that includes an overview of mandatory topics. All staff and volunteers provide police certificates and professional registration as required. Staff performance is monitored via annual appraisals and feedback mechanisms such as complaints, surveys and audits. Staff reported they have sufficient time to complete their duties and have appropriate skills to conduct their roles effectively. Residents and representatives reported satisfaction with the care and services provided by staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has processes to facilitate the purchase, use, storage, maintenance and management of goods and equipment required for quality service delivery. Preventative and corrective maintenance systems ensure equipment is maintained, repaired or replaced as needed. Specific staff have clear responsibilities for maintaining adequate stock and equipment levels. Regular audits and environmental inspections are undertaken to ensure goods and equipment are maintained at sufficient levels and are correctly maintained, stored and used safely and effectively. Stock items are rotated and chemicals are stored securely. Staff and representatives reported satisfaction with the amount of supplies and the quality of the equipment.

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

Hard copy information and electronic systems are established to manage all aspects of the home. The computers systems are password protected and are backed up on a daily basis through the organisation's head office. All staff and resident information, including archived material, is stored in secure areas and is only accessible to authorised personnel. Staff have access to electronic and/or hard copy policies and procedures. A document control process is in place to ensure changes to documents are controlled and monitored and destruction of archived material is completed within the home's designated timeframes. Meetings, handovers, memoranda, newsletters, communication books and the intranet ensure effective communication between staff and other stakeholders. Staff reported they are provided with sufficient information to enable them to deliver appropriate residents' care. Residents and representatives stated they are satisfied with the communication channels and feedback mechanisms available 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

Established systems and processes ensure all externally sourced services are provided in a way that meets the home's needs and quality of service. A list of preferred suppliers and contractors assists in the purchasing of goods and services. External service providers have signed service agreements that are formally negotiated and monitored, and a process is established to monitor the currency of contractors' police certificates. Contractors sign in and out and are monitored on site as required. Staff, residents and representatives stated they are satisfied with the quality of the services provided by external contractors.

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

See Continuous improvement in Standard 1 – Management systems, staffing and organisational development for an overview of the home's continuous improvement system.

Examples of current or recent improvement activities related to Standard 2 are described below.

- In order to address the number of resident falls, the home introduced a program to raise staff awareness of falls occurring each month and to develop strategies to minimise falls. Clinical and allied health personnel discuss falls data at weekly meetings and develop interventions aimed at reducing falls. In addition, personnel in each house document residents' falls on a daily basis and each month a certificate is presented to the house with the least number of falls. This initiative was implemented in January 2013 and is scheduled for formal evaluation in June 2013.
- Management identified residents were not always finishing their pre-packaged supplementary fluids and this was contributing to their weight loss. In addition, the packaged supplementary fluids were not a cost effective method for managing residents' weight loss. In consultation with the dietician, the home sourced a flavourless protein supplement in powder form that is added to a wide variety of foods and fluids without affecting taste or texture. Formal evaluation of this initiative showed residents' weight loss has been reversed since the new supplement was introduced. Staff reported residents' enjoy their food/drinks containing the supplement.

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 an overarching system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to Standard 2. Residents are provided with care and services according to the assessed level of care they require. Initial and ongoing assessment and care planning of residents requiring a high level of care is carried out by a registered nurse. Medication is administered and stored safely and correctly. Professional registrations are monitored and maintained for currency. There are policies and procedures for managing unexplained absences of residents.

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 Education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of recent education and training related to Standard 2 are listed below.

- Pain in the elderly
- Death and dying
- Continence education
- Personal protective equipment training
- Parkinson’s disease awareness.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents receive appropriate clinical care. The multidisciplinary team assesses residents’ clinical needs when they move in the home. The use information from residents’ medical histories in consultation with residents and their representatives. Care plans are developed and reviewed according to the home’s policies. Consultation with residents and representatives occurs via family conferences as an assessed change in care is noted. Processes are in place to monitor and communicate residents’ changing needs and preferences, including regular review of residents by their doctors, six-monthly care plan reviews and daily short meetings. Clinical audits are undertaken to ensure the provision of clinical and personal care is reviewed and evaluated. Residents and representatives generally reported satisfaction with the clinical care provided to residents.

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

The home has processes to ensure registered and enrolled nurses identify and review residents’ specialised nursing care needs. Residents’ specialised nursing care needs are assessed when they move in the home, and these are documented in a multidisciplinary care plan, which is reviewed six-monthly or as required. The home has registered nurses rostered on duty at all times to provide care to residents and direction for staff. Doctors and other health professionals are consulted as required. Examples of specialised nursing care include complex wound care and behaviour management, oxygen therapy and management of diabetes. Residents and representatives generally reported residents’ specialised nursing care needs are met.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents are referred to a variety of health specialists in accordance with their initial and ongoing assessed needs and preferences. The home provides a physiotherapist and an occupational therapist to assess residents when they move in the home, and as required via an internal referral system. A podiatrist and dentist also visit the home regularly to attend to the needs of residents. Referrals are made to other health specialists as the need is identified, including a speech therapist, dietician and the mental health team. External nursing services provide support to the home’s staff with regards to complex wounds and catheterisation. Residents and representatives reported satisfaction with residents’ ongoing access to a variety of health specialists.

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 for ordering, storing, administering, documenting and disposing of medications safely and correctly. Registered nurses, enrolled nurses and competent care staff administer medications via a pre-packed sachet system as per doctors’ instructions. Specific instructions concerning the administration of residents’ medications and topical treatments are documented in their medication profiles. Medication audits and recorded medication incidents are used to monitor the system. A registered pharmacist conducts reviews of residents’ medications and communicates findings to the doctors and the home. Residents and representatives reported residents’ medications are managed safely and correctly.

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

There are systems to identify, implement and evaluate each resident’s pain management strategies to ensure they remain as free as possible from pain. The pain management plan is reviewed every six months and more frequently if required. Care plans are implemented that detail pain management interventions, including alternative therapies and use of pain and pressure-relieving equipment. Ongoing pain is reported, the effectiveness of ‘as required’ pain relief medication is evaluated, and where required, residents are referred to their doctors for review. Staff described their role in pain management, including identification and reporting of pain. Residents and representatives reported staff are responsive to complaints of pain and residents’ pain is managed appropriately.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

There are systems to ensure the comfort and dignity of terminally ill residents. Residents or their representatives have the opportunity to complete an end of life wishes form when residents move in the home, or at any time throughout their residency. Residents’ doctors and the home’s clinical and allied health personnel support residents during their palliation phase. Staff access external nursing services to assist in providing pain management for palliative residents. Residents and representatives expressed confidence that, when required, staff would manage residents’ palliative care competently, including the maintenance of their comfort and dignity.

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’ nutritional status is assessed when they move in the home and their individual dietary requirements and preferences are conveyed to relevant personnel. Residents’ care plans outline their dietary requirements, including the level of assistance required. Registered nurses monitor residents’ recorded weights either weekly or monthly, and where weight loss is identified, residents are referred to a dietician and placed on nutritional supplements. Swallowing assessments are conducted and residents identified as being at risk are referred to a speech pathologist for further assessment. Residents and representatives reported they are generally satisfied with the menu and associated support provided to residents.

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

Registered nurses conduct regular assessments of residents’ skin integrity and formulate care plans that state preventative skin care interventions. Registered and enrolled nurses attend to residents’ wound care and wound evaluations are regularly recorded. The home employs a number of preventative strategies, including pressure-relieving mattresses, repositioning and moisturising lotions. Care staff monitor residents’ skin care daily and report concerns to their team leader. The home records and collates information regarding skin related incidents. Residents and representatives reported residents are generally satisfied with the home’s management of skin care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

There is a system to identify, assess, monitor and evaluate residents’ continence care needs when they move in the home and on an ongoing basis. Residents’ urinary and bowel continence needs are assessed, and an individualised care plan is developed reflective of assessed needs. Staff use bowel charts to track bowel patterns and enable the development of appropriate bowel management programs, and registered nurses monitor the use and effect of aperients. Staff reported having sufficient continence aids and appropriate skills to enable them to manage residents’ continence needs. A continence link staff member provides support and guidance to staff, and liaises with a continence advisor and residents’ doctors to ensure appropriate management of continence issues. Residents and representatives reported being satisfied with the management of residents’ continence needs.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Residents’ behavioural management needs are assessed when they move in the home and when clinically indicated. The home has two memory support units and initial assessments enable suitable placement of residents. During assessments, the triggers for a resident’s behaviours are identified and appropriate interventions are developed and documented in the care plans. Effectiveness of behaviour management strategies is monitored via clinical indicators and observations. Residents are referred to allied health professionals and mental health services when the need for further assessment of challenging behaviours is identified. Residents and representatives reported residents’ challenging behaviours are well managed, and the impact of the behaviours on other residents is minimised.

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

A physiotherapist, an occupational therapist and registered nurses assess residents’ mobility, dexterity and associated falls risks when they move in the home and as required. Residents are encouraged to maintain their mobility and dexterity by participating in the home’s activity program that includes a range of group exercises and physical activities to improve independent movement. A range of seating and mobility aids are available to assist residents to maintain mobility and independence. Incidents related to mobility and dexterity are recorded and collated data is discussed at weekly falls’ meetings. Residents noted to be at risk of falls are provided with hip protectors, sensor mats and additional observations to ensure their safety and independence. Residents and representatives reported satisfaction with the home’s management of residents’ mobility and dexterity 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

When a resident moves in the home an oral and dental assessment is conducted to identify their oral function, hygiene and dental care needs and any potential impact on swallowing and eating. Oral and dental care interventions are recorded in the resident’s care plan. Residents are offered the option to access a mobile dental service via the home’s referral system, or visit their own dentist in consultation with their family. Staff demonstrated an awareness of residents’ individual oral hygiene requirements. Residents and representatives reported satisfaction with the support provided to residents to maintain their oral and dental health.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

A registered nurse and an occupational therapist assess residents’ abilities in relation to all five senses when they move in the home. Interventions for managing sensory losses are documented in residents’ care plans and are regularly reviewed by the occupational therapist. The home’s activity program has been developed to include activities to stimulate the senses such as singing, cooking and gardening. An optometrist visits the home annually and residents are encouraged to access this service. Residents are assisted to access external specialist appointments and information following the appointment is communicated to the home’s staff. Residents and representatives reported satisfaction with the home’s management of 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

The home has established processes to assist residents to achieve natural sleep patterns. Sleep assessments are conducted to identify previous sleep patterns and possible disturbances. Interventions to assist residents to establish appropriate sleep routines are documented in their care plans. Strategies used to promote restful sleep include settling routines, quiet environment, emotional support, pain management, warm drinks and night sedation. Staff described factors that can impact on residents’ sleep including noise, confusion, pain and continence issues. Staff described individual interventions employed to assist residents achieve a restful sleep such as music, reassurance and a disco ball. Residents and representatives reported residents are satisfied with the support provided to achieve restful sleep at night.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

See Continuous improvement in Standard 1 – Management systems, staffing and organisational development for an overview of the home’s continuous improvement system

Examples of current or recent improvement activities related to Standard 3 are described below.

- In response to feedback from a relative, the balcony in one house has been enhanced with potted plants and wall hangings for residents to entertain their relatives and friends in a private and attractive outdoor environment. In addition, management advised of a plan to improve access to the area by introducing a direct door from the corridor. Provisional feedback from residents and relatives regarding the improvements to the balcony has been positive.
- In response to resident feedback and in consultation with male residents, a men’s club that includes beer tastings, outings, gardening and woodwork has been established. Attendance statistics demonstrate attendance has grown from four to twelve residents in the short period the club has been in existence. Residents interviewed reported they enjoyed the club and the camaraderie among male residents.

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 an overarching system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to Standard 3. The charter of residents’ rights and responsibilities is provided to residents and representatives via a resident agreement and is displayed in the home. Each resident is provided with a resident agreement that outlines fee and tenure arrangements and residents are informed via letter if any changes arise. Staff sign confidentiality agreements and were observed by the team to be mindful of residents’ privacy and dignity. Staff demonstrated an understanding of the regulatory guidelines for the reporting and management of elder abuse.

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

See Education and Staff Development in Standard 1 - Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and training related to Standard 3 are listed below.

- Dignity in care
- Elder abuse (as part of mandatory reporting)
- Working with residents with dementia training for therapy staff.

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

Processes to assist new residents to adjust to life in the new environment include the provision of information regarding the home's services, an orientation and welcoming process and encouraging family and friends to visit. Individual care plans incorporate information relating to the holistic requirements of the resident. Staff refer residents to allied health professionals as required, and volunteers and group or individual activity programs further assist residents with emotional needs. The home facilitates relatives support group meetings and information about depression and emotional support is provided to residents and representatives. Staff reported providing extra support for residents to help them through the transition process and on an ongoing basis such as in response to critical episodes. The home uses monitoring mechanisms, evaluations of programs and surveys to review the way emotional support is delivered in meeting the residents' needs. Residents and representatives reported the support provided by the home meets residents' needs and preferences.

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

The home has processes to ensure regular assessment of residents' needs in achieving maximum independence. Clinical and therapy staff assess and review the level of ability and cognition of residents to participate in their own activities of daily living. Care plans include considerations of sensory, communication, mobility and level of assistance required to promote independence. Residents are encouraged to maintain friendships and participate in the life of the community within and outside the home through volunteer and visiting programs, bus trips and multicultural associations. The home balances risk taking with safety in decision making to allow residents to make choices and remain independent. Staff described strategies to assist residents maintain independence in all aspects of their lives

within their abilities, including environmental factors, the use of equipment/aids and the civic ability to exercise the right to vote. Residents and representatives reported they are satisfied with the assistance provided by the home in relation to residents' independence and participation in the life of the community within and outside the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has processes to ensure that each resident's right to privacy, dignity, and confidentiality is recognised and respected. The residents' information package includes relevant statements and brochures on privacy and consenting and disclosure of information. An initial and ongoing assessment process identifies the resident's need for privacy, dignity and confidentiality that includes continence, sensory loss and cognition considerations. The home's environment promotes privacy, including the provision for single and couples accommodation with own ensembles, quiet indoor and outdoor areas for residents to meet with family and visitors. The home provides residents' health and personal care services in allocated facilities and residents' rooms, and preferred gender care and dignity suits are available as required. Staff described strategies and protocols for supporting personal and clinical care that protect the dignity and privacy of residents. Residents and representatives reported the staff respect residents' privacy, dignity and confidentiality.

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

There are processes to encourage and support residents to participate in a wide range of interests and activities of interest to them. The occupational therapist conducts assessments of residents, including barriers to participation and sensory loss, and develops and reviews care plans and individual programs. There are focused activities programs developed from the assessed lifestyle information and residents' interests and preferences to accommodate individual and group needs and other areas of care. The activities programs include a range of cognitive, gross motor, sensory and social group activities as well as special events and outings delivered by the therapy team. Therapy staff described how they provide one-on-one activities for those residents who are unable, or who choose not to participate in group activities. Processes are in place to evaluate the residents' lifestyle and activity programs via residents' feedback, surveys/audits, review of care planning and attendance records to activities. Residents and representatives reported residents are satisfied with the range of activities offered 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

The therapy team undertake a cultural and spiritual assessment when residents move in the home. This information is updated following a review process and communicated to relevant staff via care plans and dietary preference forms as appropriate. The therapy team maintains a list of residents' countries of origin and organises cultural theme days throughout the year. The home holds and facilitates Anglican, Catholic and Uniting Church services. Multicultural associations provide the home with cultural resources and volunteers as required. The management and therapy teams use monitoring mechanisms, evaluations of programs and surveys to ensure individual resident's cultural and spiritual interests are fostered and valued. Residents and representatives reported satisfaction with the cultural and spiritual support provided by the 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

Management and staff encourage and support residents' individual choices and decisions about care and service delivery. Relevant staff assess residents' individual needs, abilities and preferences across areas of care and service delivery when moving in the home and on a regular basis thereafter, and consent and authorisations are sought as required. The home conducts meetings and family conferences to provide residents and representatives with a forum to express views and participate in decisions about care and service, and complaints mechanisms and advocacy services are available to residents and their representatives. Authorised representatives make decisions on behalf of residents who are unable to act for themselves. Staff reported strategies for supporting residents' individual preferences, including choice of doctors and sleep/meals routines as well as refusal/choice of care or intervention and participation in activities. The home uses feedback mechanisms and evaluations of programs and surveys to monitor the effectiveness of residents' choices and preferences. Residents and representatives reported residents are supported to make choices in all aspects of their daily life.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has processes to ensure residents have secure tenure within the home, and understand their rights and responsibilities. An admission coordinator assists residents on moving to the home, and residents and representatives receive a resident information package that includes an agreement and handbook as well as the charter of residents' rights and responsibilities. The agreement includes information regarding complaint mechanisms and advocacy groups, extra services and associated schedules such as the specified level of

care and services. Management provide residents and representatives with consultation prior to room transfers within the home. Resident and representative meetings and newsletters provide ongoing information about the residents' rights and responsibilities. Staff receive relevant mandatory education regarding residents' right to protection from harassment and victimisation. Residents and representatives reported satisfaction with the residents' security of tenure.

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

See Continuous improvement in Standard 1 – Management systems, staffing and organisational development for an overview of the home’s continuous improvement system

Examples of current or recent improvement activities related to Standard 4 are described below.

- The manager identified an opportunity to enhance the safety of residents and staff during bus outings by implementing a formal safety check of the bus prior to each outing. Staff reported the bus safety checklist is user friendly, and vehicle maintenance has been attended in a structured and timely manner since the checklist was introduced.
- Management identified fire and safety maps posted throughout the home were not user friendly. New maps that are easy to read, have a ‘you are here’ feature and clearly identify the locations of fire equipment, fire exits and muster points have been designed and posted throughout the home. In addition, emergency procedure manuals have been updated to include the new maps. Staff reported the maps are easy to read and provide them with increased confidence to manage an evacuation in the event of an emergency.

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

Systems and processes are in place to identify and ensure ongoing regulatory compliance in relation to the home’s physical environment and safe systems. Staff receive mandatory training in fire safety and the home has regular fire safety checks. There is a food safety program in place and staff receive training in food safety. External contractors are provided with service agreements that outline obligations and responsibilities and they are required to document their arrival and departure from the home. There are reporting mechanisms for accidents, incidents and hazards, and staff are provided with personal protective equipment. Material safety data sheets are maintained for all chemicals used within the home.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. See expected outcome 1.3 Education and staff development for further information.

Examples of education and training related to Standard 4 are listed below.

- Chemical use
- Fire and safety
- Infection control
- Manual handling
- Safe food 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 home provides a safe and comfortable environment, consistent with residents' care needs. Residents' accommodation is equipped to assist residents with independence, comfort, privacy and security. Residents personalise their rooms with furniture, pictures and personal mementos and they have access to communal and private areas for social interactions and activities. The home has environmental provisions for residents with sensory losses or requiring behaviour management strategies, including memory support houses. Management undertake and action environmental audits and inspections. Operational maintenance, cleaning and hazard management programs are in place and policies and procedures direct relevant staff in the restraint management process. Residents and representatives reported the home ensures a safe and comfortable living environment according to residents' needs and preferences.

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

There are systems and processes to provide a safe working environment, in consideration of occupational safety and health (OSH) responsibilities. Management, safety/maintenance representatives and staff monitor the safety of the environment using feedback and reporting mechanisms and workplace safety inspections. The safety group meets regularly to review incidents and hazards as well as staff practices and environmental issues. The organisation monitors the reviews of all incidents and safety matters, and communication with staff occurs via alerts, meeting minutes and memoranda. Management commences improvement

projects, or action plans as required in response to safety and infection control issues. Secure storage for chemicals is in place with safety data sheets available at point of use, and a chemical register identifies hazardous substances. Staff reported they are aware of safety management processes through training and meetings, and that management is active in providing a safe working environment.

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 and processes to maintain a safe environment that reduces the risk of emergencies, fire and security breaches. Approved professionals carry out regular testing of fire detection systems, fire fighting equipment and exit lighting. The home has a plan to guide staff in situations that prevent the continuity of business and emergency procedures that contain an updated resident mobility evacuation list. Evacuation maps showing orientation and information regarding exit routes and location of fire fighting equipment are located throughout the home. Staff described the home's security systems and emergency procedures and reported there are processes to check and tag new and existing electrical appliances to identify and resolve electrical hazards. Residents, visitors and contractors sign in and out to ensure awareness of who is in the building. Residents and representatives are informed of what to do if they hear a fire alarm via the residents' handbook, newsletters, posters and meetings.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

There is an effective infection control program with infection control policies and procedures accessible to all staff. Staff are informed of current practices appropriate to their area of work at induction and at the mandatory education sessions. The home has current information to guide all staff in managing infectious outbreaks. Staff reported strategies to minimise and prevent infections, including the use of personal protective equipment, hand washing and vaccination. Information on individual resident infections is collected and analysed monthly. Residents and representatives reported satisfaction with the home's infection control program.

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

Prior to their entry to the home, residents and representatives receive information regarding catering, cleaning and laundry services offered and the services are explained in the resident handbook. Meals are prepared on-site, and the menu is approved by a dietician and provides residents with choice whilst meeting special dietary requirements. Catering staff receive information identifying residents' specific nutrition and hydration requirements, food allergies,

food preferences and choices. The home has cleaning schedules that meet individual resident and service needs. Residents' personal clothing is laundered on-site and there are processes in place to minimise loss of clothing. Management monitor the quality of services via feedback mechanisms such as comments and complaints, audits and surveys. Residents and representatives expressed satisfaction with the hospitality services provided for residents.