



Aged Care
Standards and Accreditation Agency Ltd

Uniting Aged Care - Box Hill

RACS ID 3088
75 Thames Street
BOX HILL VIC 3128

Approved provider: The Uniting Church in Australia Property Trust
(Victoria)

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 01 December 2016.

We made our decision on 04 October 2013.

The audit was conducted on 10 September 2013 to 11 September 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

Uniting Aged Care - Box Hill 3088

Approved provider: The Uniting Church in Australia Property Trust (Victoria)

Introduction

This is the report of a re-accreditation audit from 10 September 2013 to 11 September 2013 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 10 September 2013 to 11 September 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:	Stephen Koci
Team members:	Nicola Walker
	Sylvia (Lynne) Sellers

Approved provider details

Approved provider:	The Uniting Church in Australia Property Trust (Victoria)
--------------------	---

Details of home

Name of home:	Uniting Aged Care - Box Hill
RACS ID:	3088

Total number of allocated places:	120
Number of residents during audit:	119
Number of high care residents during audit:	101
Special needs catered for:	N/A

Street:	75 Thames Street	State:	Victoria
City:	Box Hill	Postcode:	3128
Phone number:	03 9843 2200	Facsimile:	03 9843 2211
E-mail address:	unitingagedcare@uacvt.org.au		

Audit trail

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

Interviews

	Number		Number
Management	11	Residents/representatives and volunteers	20
Nursing and care staff	13	Chaplain	1
Ancillary staff	4	Maintenance staff and occupational health and safety staff	3
Catering staff	3	Allied health	3

Sampled documents

	Number		Number
Residents' files	18	Medication charts	12
Personnel files	8		

Other documents reviewed

The team also reviewed:

- Approved suppliers list
- Audit schedule, audits, results and spot check records
- Cleaning documentation
- Clinical care information and guidelines
- Communication with pharmacy
- Consumer focus register and feedback forms
- Continuous improvement plan
- Dietary change forms
- Emergency procedures manual and contact numbers
- Essential service records and relevant documentation
- Fire equipment service log books
- Fire safety manual
- Handover sheets
- Human resource and orientation documentation
- Incident records and monthly reports
- Kitchen documentation, external and internal audits. menu and food safety plan
- Lifestyle documentation and program
- Maintenance documentation
- Material safety datasheets

- Meeting minutes
- Memoranda
- Monthly infection report
- Newsletters
- Nurses registration and police certificate check register
- Occupational health and safety documentation
- Pest control records
- Policies and procedures
- Privacy information
- Refrigerator temperature checks
- Resident assessment and review planning matrix
- Resident of the day checklists
- Residents' information handbook and agreements
- Rosters
- Self-assessment report
- Staff handbook
- Supplier agreements
- Surveys
- Test and tagging program
- Training calendar /feedback form /attendance records
- Wound care documentation

Observations

The team observed the following:

- Activities in progress
- Archive room
- Charter of residents' rights and responsibilities
- Chemical storage
- Cleaners cupboard and trolley
- Cleaning in progress
- Communication between staff about resident needs
- Communication folders
- Designated smoking areas
- Equipment and supply storage areas
- Exit areas and signage, egress routes
- Fire evacuation kit, fire fighting equipment, maps and plans
- Gastroenteritis and spills clean up kits
- Interactions between staff and residents

- Kitchen, dry stores, refrigerators, cool room and freezer
- Laundry areas
- Living environment and external garden and courtyard areas
- Meals service and resident assistance
- Medication administration
- Mobility aids and resident assistance
- Modified cutlery in use
- Noticeboards
- Personal protective equipment
- Secure destruction bins
- Secure storage of medication and equipment
- Specialised clinical equipment in use
- Support of resident's family members

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 organisation has a continuous improvement system that demonstrates improvements in management, staffing and organisational development. The systems for residents and representatives include 'Feedback' forms, meetings, surveys and informal feedback. The system for staff includes forms, direct feedback and staff meetings. Continuous improvements are identified, documented on a plan for continuous improvement and are monitored and evaluated via the home's quality control system. Management have monthly quality meetings to discuss the continuous improvement plan. Management provide feedback on continuous improvements via direct feedback or at meetings. Residents, representatives and staff advised they are satisfied continuous improvement occurs at the home.

Recent continuous improvements relating to Standard 1 include:

- Following identification of gaps in information available to staff, management introduced a seven day handover sheet. Staff report the handover sheet provides information they can easily review with what has happened with residents care.
- Management have reviewed the way staff advise the kitchen of any resident's dietary changes. A new request for change of diet form has been introduced which is completed by relevant staff and supplied to the kitchen so all documentation can be updated to reflect the changes. Staff report the form has improved the way dietary changes are provided to the kitchen and ensures the changes can easily be identified. Management have recently completed an audit of the new system to ensure all changes are recorded correctly.

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 organisation has systems to ensure management receives and disseminates information and monitors compliance with relevant legislation, regulations and guidelines. The organisational head office receives legislative changes through membership to peak bodies, legislative update services, local, state and federal government and professional organisations. Management amends documentation at the organisation level and the facility manager disseminates it to staff through electronic mail, meetings and consultation,

memoranda and notices. Regulatory compliance is a standing agenda item at all meetings and compliance monitoring occurs through automatic electronic alert systems, observations and audit processes. Staff are aware of their responsibilities in relation to regulatory compliance and confirmed management inform them when changes occur.

Examples of responsiveness to regulatory compliance obligations relating to Standard 1 Management systems, staffing and organisational development includes:

- A system to ensure compliance with police certificate requirements for all staff and volunteers and contractors who require them.
- Completion of statutory declarations in relation to criminal histories for any staff or volunteers 'who at any time after the person turned 16, was a citizen or permanent resident of a country other than Australia'.
- Availability of information about internal and external complaints mechanisms and advocacy services.
- Stakeholder notification of the Re-accreditation audit.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome.

Management and staff have appropriate skills and knowledge to perform their roles effectively. The recruitment process outlines the knowledge and skills required for each role within the home. The management team identify educational requirements through staff appraisals, an annual training needs analysis, resident needs, observation, audit results and changes to legislation. Staff are encouraged to participate in education sessions and to identify and undertake other professional development opportunities. There is a variety of education formats including face-to-face, self-directed learning packages and external training. Education attendance records and evaluations are completed and management use a training matrix to confirm staff attend. Management and staff said they are satisfied with the type, frequency and availability of education provided. Residents and representatives are satisfied staff have the appropriate levels knowledge and skills to deliver care.

Recent education relating to Standard 1 Management systems, staffing and organisational development includes:

- customer service and complaint management
- dealing with conflict
- performance appraisal training
- roles and responsibilities for senior staff.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The organisation has a comments and complaints mechanism accessible to residents, representatives, staff and other stakeholders. Residents and representatives access the comments and complaints systems by completing feedback forms, bringing up comments and complaints at meetings or by direct feedback to management. The residents' handbook and agreements discuss the home's comment and complaints systems. Brochures about the external complaints service are available to residents and representatives. Complaints are managed by the manager of integrated services and are actioned in a timely manner. Residents and representatives receive feedback directly or at resident meetings. Comments and complaints are discussed at the monthly quality meetings. Management have processes for the handling of confidential complaints with suggestion boxes for the delivery of the forms. Residents and representatives can access the organisation's corporate office to lodge a comment or complaint. Residents, representatives and staff confirmed their knowledge about the home's comments and complaints processes and feel comfortable to raise any 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 documented its vision, mission and values statements in information provided to residents, staff and management. Management demonstrates its commitment to the provision of quality via all components of the quality management system on site and at an organisational level.

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

Systems exist to recruit, retain, manage and support appropriately skilled and qualified staff. Organisational policies and procedures guide staff recruitment, orientation, rostering, staff replacement and management processes and records confirmed management and staff follow these processes. Relevant staff manage the master roster and fill vacancies accordingly. Management review staffing levels and the resident mix regularly and increase staffing levels as the need arises. Staff said they have access to information about their roles and responsibilities including position descriptions and confirmed the staffing levels are flexible and appropriate. Residents and representatives stated they are very satisfied with the sufficiency and capabilities of the staff working within the home and staff respond to their needs in a timely manner.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Management ensure stocks of appropriate goods and equipment are available to provide quality service delivery. Maintenance staff and contractors maintain and service all equipment through a scheduled preventative maintenance program and provide a twenty four hour service. Designated staff order clinical, continence, housekeeping and catering supplies through preferred suppliers using effective stock assessment and rotation processes. All supplies are stored in clean and secure areas in the home. Management purchase items of equipment after trial and evaluation and feedback from relevant staff. Qualified staff conduct electrical testing and tagging according to a schedule. Staff and residents said they were satisfied with the availability of goods and equipment and reported maintenance staff respond to requests to repair equipment in a timely manner.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Management has information management systems to provide information that includes meetings, minutes, resident handbooks, notice boards and lifestyle calendars. The systems to inform staff include orientation, meetings and minutes, staff handbook, noticeboards, policy and procedures, memoranda and clinical files. Clinical notes, resident and staff files are securely stored. Old files are stored on site in a secure archive room and staff have access to secure document destruction bins. Residents and staff confirm their satisfaction with access to information and with the communication mechanisms at the home.

1.9 External services

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

Team's findings

The home meets this expected outcome

The facility service manager at the organisational level is responsible for sourcing and managing all external service providers and to review service contracts on an annual basis or as required according to performance. Currently the home has established service contracts with some external providers that specify the home's needs including regulatory requirements and specific services required. External providers are required to complete an on line orientation package and management provide them with information related to the home. Contractors are required to record their entry and exit at the main reception area. Management raise any dissatisfaction with the contractor and seek other suppliers if there is no resolution to the issue. Management and staff reported satisfaction with the services provided by the home's current 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

The home has a continuous improvement system that demonstrates improvements in resident health and personal care. The continuous improvement system is described in expected outcome 1.1 Continuous improvement. Residents advised they are satisfied they receive appropriate clinical care. Staff confirmed improvements have occurred in resident health and personal care.

Examples of continuous improvement in Standard 2 include:

- Following a management review the admission process for new residents has been updated and streamlined. The amount of forms used has been reduced and any duplication of information has been removed. Staff report the new assessment process is an improvement on the old system and has reduced the paperwork involved in a new resident admission.
- Following a review of the television based education system and staff participation in education management installed televisions in each nurse's station so staff could easily view the education. Staff report the changes have improved access to the education and participation in education.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Management has systems to identify and ensure the home meets regulatory compliance obligations in relation to health and personal care compliance. Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

Examples of responsiveness to regulatory compliance relating to Standard 2 Health and personal care includes:

- Management maintain a system identifying professional registrations of registered nurses and enrolled nurses are current.
- A system to manage mandatory reporting requirements for 'unexplained absences of care recipients' to the Department of Health and Ageing is included in policy manuals and the information is available to staff through the education and orientation programs.
- Management has a registered nurse overseeing residents' specialised nursing care needs.

- Medications are stored and administered in accordance with legislative requirements.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management have processes to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to residents’ health and personal care. For details regarding the home’s systems and processes, refer to expected outcome 1.3 Education and staff development.

Recent education relating to Standard 2 Health and personal care includes:

- behaviour management
- compulsory reporting
- diabetes management
- medication management
- pain management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure residents receive clinical care appropriate to their needs and preferences. Staff assess residents’ clinical needs and preferences on entry to the home and develop individualised care plans. Appropriately qualified staff evaluate the relevant components of each resident’s care plan every three months. Staff use a recently introduced comprehensive process to ensure the care plan remains effective and is responsive to each resident’s changing needs and preferences. The team leader communicates changes to residents’ needs and preferences to staff at shift handover and records updates on the handover sheet. If indicated, extended observation and assessment occurs for specific aspects of care such as sleep, pain, behaviours and food and fluid intake. Staff describe relevant aspects of each resident’s daily care in progress notes. Residents and representatives confirmed staff communicate relevant changes when residents’ clinical needs change.

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 a system to ensure appropriately qualified staff identify and meet residents’ specialised nursing care needs. A registered nurse, in conjunction with the resident’s doctor or other health care consultants assesses each resident’s specialised nursing care needs

and preferences on entry to the home. Registered nurses re-assess the effectiveness of care provided on a three-monthly basis or more frequently if required. A complex care plan reflects monitoring requirements, specific needs, equipment, resources, instructions and strategies. Residents and representatives said they are happy with the way staff meet residents' specialised care needs.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

The home has an effective system to ensure prompt referral of residents with specialist needs to appropriate health specialists. The system includes identification of needs, consultation with the resident or representative, referral procedures and a process of information sharing and ongoing communication. Specialists include dentists, dietitians, speech pathologists, podiatrists, optometrists, physiotherapists, palliative care services and wound specialists. Nursing staff generally ensure recommendations and instructions from health specialist are flowed-up as appropriate. Residents and representatives said they are satisfied with the way the home arranges referrals to relevant health specialists when required.

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 to manage residents' medication safely and effectively. Appropriately trained and qualified staff manage medication administration and medications are stored securely in accordance with legislative requirements. An external pharmacy supplies medication and provides a delivery service between 9am and 9pm each day. The home has a medication advisory committee and the pharmacist regularly reviews resident's medication charts and an external pharmacist conducts an annual medication management review process. Residents representatives stated medication administration occurs in a safe and timely manner and in accordance with residents' needs and preferences.

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

The home has a system to ensure residents are as free as possible from pain. All residents undergo a comprehensive assessment on entry to the home. Nursing staff develop a care plan and this is re-evaluated every three months or when needs change. Extended observations enable staff to develop an understanding of the causes, quality, frequency and types of pain experienced by a resident and implement appropriate pain management strategies. Physiotherapists provide support where necessary so residents can be as free from pain as possible and continue their daily routines. Residents and representatives expressed satisfaction with the way staff optimise residents' pain management.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has a palliative care program that staff implement when indicated in consultation with the resident or their authorised representative and the resident’s doctor. The palliative care program aims to support the resident and their representatives. Nursing staff sensitively discuss end of life needs and preferences with residents or their representative and document these in an advanced care plan. Staff review the plan if the resident’s condition changes to ensure staff understanding remains consistent with that of the resident and their representatives. Access to external specialist support and a chaplaincy service is available if required to enhance support for residents and representatives.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure residents receive adequate nutrition and hydration. Nursing staff assess each resident’s nutrition and hydration status as well as food preferences and swallowing risks on entry to the home. The outcome of the assessments informs the development of a care plan, which includes instructions and relevant information for care staff. Staff weigh residents regularly. Evaluation of care plans occurs every three months or more frequently if staff identify changes in residents’ weight or food and fluid intake. Referrals to a speech pathologist or dietitian are made if residents are at risk of swallowing difficulties, poor nutritional and hydration status or experience weight changes. Nursing staff generally implement the recommendations of dietitians in conjunction, if necessary with the resident’s doctor. Residents and representatives confirmed they are generally satisfied with the home’s approach to meeting residents’ nutrition, hydration and associated support 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

The home has a system to assess each resident’s skin care needs on entry to the home and nursing staff generally document strategies to minimise risks in the care plan. These include regular repositioning, skin protectors, pressure relieving equipment and use of emollient creams. Staff generally evaluate skin integrity risks and report these promptly to a registered nurse or team leader. A podiatrist visits residents at the home regularly and records details and instructions for staff in the progress notes if changes are noted. Registered nurses assess injuries such as skin tears, pressure sores and trauma and plan care. Nursing staff generally plan and follow wound care regimes and referrals to external consultants when indicated. Residents and representatives said they are satisfied with the way staff assist residents maintain skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems to manage residents’ continence needs effectively. Care staff assess each resident’s toileting and continence needs on entry to the home and may implement extended assessments to collect detailed information over a period of several days. A number of different continence aids and toileting equipment are available and supplied by the home. Referrals are made to external consultants if specialised assessment and management is indicated. Staff receive education and training in the availability and use of continence aids, equipment and manual handling. Residents and representatives confirmed the home meets resident’s 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

The home has a system to manage the needs of residents with challenging behaviours. Staff assess residents’ behaviours on entry to the home and obtain further information from representatives and previous care givers. Staff will also conduct extended periods of assessment if indicated and document detailed reports of behaviour related issues in the progress notes. Nurses develop care plans to reflect the assessment and other findings. These identify triggers which may prompt challenging behaviours and include individualised behavioural management strategies so staff can provide effective responses when these occur. The home accesses external services for residents who require further review and management of challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all residents”.

Team’s findings

The home meets this expected outcome

The home has a system to ensure qualified staff assist residents achieve optimum levels of mobility and dexterity. A physiotherapist assesses each resident’s mobility, dexterity and rehabilitation needs on entry to the home and recommends a plan of care. The care plan outlines equipment or support needs and is re-evaluated regularly as required. The home is in the process of increasing the provision of physiotherapy services to provide additional support for residents in relation to pain management and exercise activities. Equipment is available to assist residents with mobility and dexterity. Staff assess residents for their risk of falling and implement and record strategies in the care plan to manage this risk.

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

The home has a system to ensure residents are able to maintain or improve their oral and dental health. Staff assess each resident’s oral and dental health on entry to the home and develop a care plan. The care plan details the degree of assistance a resident requires to manage their own mouth care and maintain independence. Staff evaluate the care plan every three months or more frequently if care needs change. A dental service is available or residents choose their dentist and the home assists them to make and attend appointments. The home has dental and mouth care supplies available for residents. Residents confirmed staff assist them with mouth care as required and support their independence.

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

The home has systems for identifying and managing residents’ sensory losses across all five senses. A range of staff, including nurses, dietitians, the physiotherapist and lifestyle and leisure staff capture this information on entry to the home. Care plans are reviewed every three months to ensure information remains current. References to the five senses can be found in the care plan and progress notes. Staff arrange appointments to relevant specialists as required and a mobile optical service regularly visits the home. The home has resources available to minimise the impact of sensory loss such as large print and talking books and the lifestyle program provides activities that highlight the different senses. Residents and representatives said they are satisfied with the identification and 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 processes to assist residents achieve natural sleep patterns. Assessment of personal preferences and routines occurs on entry to the home. Extended observational assessments ensure staff obtain a good understanding of each resident’s sleep pattern and identify any problems they are having. Staff evaluate the care plan every three months to ensure it remains current. Staff use strategies such as pain relief, music, warm milk and other comfort measures to assist residents get to sleep and consults with a resident’s doctor if medication is required. Residents reported they sleep well.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a continuous improvement system that demonstrates improvements in resident lifestyle. The continuous improvement system is described in expected outcome 1.1 Continuous improvement. Residents, representatives and staff are satisfied with the home's improvements in the area of resident lifestyle.

Examples of continuous improvement in Standard 3 include:

- Following resident and representative’s feedback, no management representatives attend the resident and relative meetings for the first twenty minutes to allow residents and representatives to discuss any issues as a group before management come into the meeting. A family member chairs the resident and relative meeting.
- Following resident feedback, lifestyle staff introduced food lover’s corner where staff members and their families cook food in front of the residents and residents get to try the cooked food. Lifestyle staff report dishes such as dumplings and rice paper rolls have been prepared as part of the monthly sessions.

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 a system to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to leisure and lifestyle .Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Examples of responsiveness to regulatory compliance obligations relating to Standard 3 include

- There are processes to ensure management offer residents and representatives a residential agreement during the admission process and inform them about their right to privacy and confidentiality.
- There is a system for mandatory reporting of ‘alleged or suspected assaults’ of residents to the police and the Department of Health and Ageing. The information is included in policy manuals and is available to staff through the education and orientation programs.

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

There are processes to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to resident lifestyle. For details regarding the home's systems and processes, refer to expected outcome 1.3 Education and staff development.

Recent education relating to Standard 3 Resident lifestyle includes:

- behaviour management
- caring and grieving.
- defensive driving re lifestyle staff driving the bus for resident outings
- elder abuse – mandatory reporting
- manual handling for lifestyle.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home supports residents in adjusting to life in the home and on an ongoing basis. Assessment of residents' emotional support needs and preferences occur upon entry to the home and care support plans are developed to meet their needs. Review of residents' emotional support needs occurs on a regular basis by nursing and lifestyle staff and care support plans are updated as required. Residents and representatives are provided with a resident handbook to assist their orientation to the home. Lifestyle staff run a one to one visiting program and the home has a chaplain on site. Residents and representatives confirmed their satisfaction with the initial and ongoing emotional support residents receive at the home.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Initial and ongoing assessment and care support planning processes identify, assess and plan for residents' physical, social, cognitive and emotional needs. Strategies to maximise independence include regular exercise programs, freedom of movement within the home and the use of individual mobility aids. The home has a physiotherapist and has recently contracted with an additional physiotherapist service to provide a pain management clinic and exercise programs. The home welcomes visitors and maintains contact with local community groups

and schools. Residents and representatives confirmed they are satisfied residents' independence is supported by 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

Staff respect residents' right to privacy, dignity and confidentiality. There is a privacy policy in place. The home has single rooms with private ensuites and has sitting areas for residents to meet with friends and family. Staff describe appropriate practices to protect residents' privacy and dignity including knocking on doors and waiting for a reply, not discussing private information in public areas and calling residents by their preferred name. Residents and representatives confirmed and we observed that staff respect residents' rights to privacy and dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents are encouraged and supported to participate in a wide range of interests and activities. Staff complete a lifestyle assessment on entry to the home and develop a social, cultural and spiritual care support plan in consultation with residents and representatives. Staff regularly review social, cultural and spiritual care support plans. The program includes a wide range of activities that are advertised through a monthly lifestyle program calendar. The calendar is distributed to residents and displayed on noticeboards and a daily program that is displayed on dining room doors. Management obtain feedback on the program via the completion of evaluation forms, resident and relative meetings, direct feedback, 'feedback' forms, observations and through lifestyle/therapy participation records. Residents and representatives confirmed they are satisfied with the lifestyle program and confirm the support of residents to participate in a range of activities at the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home values and fosters individual interests, customs, beliefs and the cultural and ethnic backgrounds. Staff identify residents' cultural, religious and spiritual needs through the assessment process on entry to the home. The home has a chaplain on staff and there is provision for church services for residents at the home including a regular uniting church service, catholic mass once a quarter and the Catholic ladies visit every week. There are special days held throughout the year and staff have access to culturally specific services via the internet and a cultural care kit to assist in meeting individual cultural needs as required. Residents and representatives confirmed they are satisfied with the home's response to residents' cultural and spiritual 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

There are processes in place that promote residents' right to exercise choice and control over their lifestyle. Residents and representatives are encouraged to participate in the assessment process. The home provides residents and representatives with regular resident and relative meetings held during the day and in early evenings and 'feedback' forms to provide feedback on the home. Management have an open door policy to ensure they are easily accessible if needed. There is a wide range of activities on offer and residents can choose their participation levels. Residents and representatives confirmed that their individual choices and decisions are encouraged, respected and supported by management and staff at the home.

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 organisation has a system to ensure residents and their representatives understand the residents' rights and responsibilities and they have access to information defining security of tenure at the home. Management provide Information about security of tenure, residents' rights and responsibilities, specified care and services outlined in the *Aged Care Act 1997* and complaint mechanisms to residents during the entry process. The information is also contained in the resident handbook and the residential agreement which management offer to residents on entry to the home. Management inform staff about residents' rights and responsibilities, specified care and services and elder abuse through policy, hand books and education. Residents and representatives stated they are aware of residents' rights and responsibilities and feel secure in the tenure arrangements

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a continuous improvement system that demonstrates improvements in the physical environment and in the area of safe systems. The continuous improvement system is described in expected outcome 1.1 Continuous improvement. Staff confirm that ongoing improvements occur at the home. Residents and representatives are satisfied with the safety and comfort of the home’s environment.

Examples of continuous improvement in Standard 4 include:

- Following identification of an area in the homes garden that was not being used management levelled the area and installed raised garden beds, a water feature and a barbeque. Management also pruned trees around the home so residents could see the view of the nearby gardens next to the home. Residents and representatives reported they enjoy the gardens and the views from their rooms.
- Following resident feedback management reviewed the catering services and brought the service back under the control of the organisation. Management report the menu has been reviewed and updated and positive feedback from residents about meals has increased.

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 pursues continuous improvement related to regulatory compliance with the overall systems described in expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 4 Physical environment and safe systems include:

- Management have policies, procedures and practices to actively promote a safe environment.
- A food safety program is available.
- Maintenance of fire equipment is regularly undertaken. Management ensure staff receive annual fire and emergency training and provide procedures to guide their practice.
- Management has occupational health and safety systems and processes and actively promotes occupational health and safety.
- Chemicals are stored safely in secure areas with a chemical register with material safety data sheets available.

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 have systems to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to physical environment and safe systems. For details regarding the home's systems refer to expected outcome 1.3 Education and staff development.

Recent education relating to Standard 4 Physical environment and safe systems include:

- fire and emergency response and fire warden training
- food handling/safety.
- infection control
- manual handling
- occupational health and safety refresher training.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management and staff actively work to ensure the residents living environment is safe, secure, clean and comfortable. Residents reside in single rooms, with private bathrooms. The home has eight cottages within four units. Residents have secure access to clean and well maintained communal and private living areas including several smaller sitting areas, large lounge areas, activities room and library areas to provide meeting places for all residents. Residents' rooms are personalised with mementos, photographs and personal furniture. Management maintain comfortable temperatures throughout the home including heating and cooling. Staff monitor the living environment through review of incidents and hazards, environmental safety audits and survey data. Residents and representatives said the home is safe and comfortable and appropriate to residents' needs.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management ensures its processes support the provision of a safe working environment and inform staff of occupational health and safety through the orientation process, policies, procedures, meetings, education and manual handling training. Processes to support a safe environment include occupational health and safety, including hazard and incident reporting, maintenance requests, preventative maintenance, risk assessments and environmental audits. Staff have access to appropriate inventory and equipment to promote safe work practice. Occupational health and safety meetings occur and this is an agenda item at staff

meetings. Key issues are discussed and actioned at management and quality meetings. Staff said they are satisfied management is active in providing a safe work environment and are satisfied with the safety measures taken and the equipment provided by the home.

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 organisation has developed systems to maintain a secure environment and minimise fire, security and other emergency risks. The home is equipped with emergency, fire fighting and detection systems. Qualified external contractors service the fire fighting and detection systems regularly. Emergency exits and egress routes are free from obstruction; emergency evacuation packs are prepared and include emergency procedures. There are documented contingency plans available to staff to respond to other identified emergencies. Fire and emergency training is part of induction process and management ensures staff attend annual mandatory training sessions. Residents said they feel safe in the home. Staff were able to describe emergency procedures confidently.

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 organisation has an effective infection control program in place. Infection prevention and control policies and procedures are accessible to all staff. Staff receive ongoing mandatory infection control education and the organisation has self directed learning packages. Management displays posters to educate staff and highlight the importance of infection control. Staff including laundry, cleaning and catering also have access to appropriate personal protective equipment. The home has current information to guide staff in managing infectious outbreaks and have gastroenteritis kits. Management monitors infections via new infection reports and monthly registers. The infection data is analysed and reported and is discussed at the monthly quality meetings. We observed hand washing facilities around the home. Staff confirmed they are aware and have access to infection control information and could access personal protective equipment.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Management have effective systems in place to enable the provision of catering, cleaning and laundry services that enhance residents' quality of life and the staff working environment. All food is prepared in a central kitchen and served directly to the main residents' dining room or delivered to other dining rooms. Monitoring mechanisms in the kitchen include external and internal audits and reports and daily record sheets of food temperatures. The home has a four week menu that is reviewed by an in house dietitian. Schedules are in place to ensure that cleaning tasks are completed and we observed the living environment and resident

rooms to be clean during the visit. All personal laundry is completed offsite at another nearby home within the organisation with all linen being laundered through an offsite contractor and we observed adequate linen services. All residents clothing is labelled and laundry staff have access to a machine to label resident's personnel clothing. The home has a system to manage lost property. Staff and residents confirmed that they are satisfied with the home's catering, cleaning and laundry services.