



Aged Care
Standards and Accreditation Agency Ltd

Woodend Community Aged Care

RACS ID 4184

2 Sullivans Road

WOODEND VIC 3442

Approved provider: ICL Operations One 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 6 July 2015.

We made our decision on 16 May 2012.

The audit was conducted on 11 April 2012 to 12 April 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Woodend Community Aged Care 4184

Approved provider: ICL Operations One Pty Ltd

Introduction

This is the report of a re-accreditation audit from 11 April 2012 to 12 April 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 11 April 2012 to 12 April 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two 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:	Colette Marshall
Team member:	Sarah Lawson

Approved provider details

Approved provider:	ICL Operations One Pty Ltd
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Details of home

Name of home:	Woodend Community Aged Care
RACS ID:	4184

Total number of allocated places:	80
Number of residents during audit:	76
Number of high care residents during audit:	62
Special needs catered for:	N/A

Street:	2 Sullivans Road	State:	Victoria
City:	Woodend	Postcode:	3442
Phone number:	03 5427 9700	Facsimile:	03 5422 6617
E-mail address:	manager@innovativecare.com.au		

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Residents	10
Operations manager	1	Representatives	8
Assistant operations manager	1	Lifestyle staff	1
Risk and compliance manager	1	Administration assistant	2
Registered nurses	4	Catering staff	1
Enrolled nurses	5	Laundry staff	2
Care staff	2	Cleaning staff	2
Medical practitioner	1	Maintenance staff	1

Sampled documents

	Number		Number
Residents' files/care plans	11	Medication charts	6
Summary/quick reference care plans	6	Personnel files	7

Other documents reviewed

The team also reviewed:

- Activity calendar and evaluations
- Audits, audit schedule, surveys and results
- Building certification certificate
- Care consultation form
- Cleaning schedules
- Clinical charts
- Communication diary
- Continuous improvement plan, logs and information
- Dangerous drugs register
- Dietary information/list
- Education calendar, attendance records/evaluations
- Emergency management plan
- Employment contracts
- Essential services records
- Evacuation maps and evacuation list of residents
- External contractor information and register
- Falls management flow chart
- Feedback forms
- Food safety plan/certificate
- Food temperature monitoring charts
- Handover sheets
- Human resource documentation
- Incident reports/analysis
- Maintenance documentation - schedules, requests, pest control file, test and tag

- Mandatory reporting register
- Material safety data sheets
- Meeting minutes and schedules
- Memoranda
- Newsletters
- Nursing registrations
- Orientation pack, checklists and induction programs
- Outbreak management policies and procedures
- Performance appraisals
- Police check data
- Policies and procedures
- Position descriptions
- Preferred service providers and suppliers register
- Recruitment documentation
- Refrigerator temperature monitoring charts
- Registration of food premises
- Residents' agreements
- Residents' information package, and
- Residents' surveys and analysis
- Restraint documentation
- Risk assessments
- Rosters
- Sign in/out registers
- Smoking assessment and care plan
- Staff, resident, volunteer and contractors' handbooks
- Vision and mission statement.

Observations

The team observed the following:

- Activities in progress
- Archive storage and document destruction processes
- Assessment information
- Continence aids
- Egress doors and emergency lighting
- Equipment and supply storage areas
- Fire fighting equipment, evacuation pack and fire panel
- Goals, mission and philosophy displayed
- Hand wash stations and hand sanitizers
- Interactions between staff and residents
- Internal and external living environment
- Manual handling equipment
- Meal service
- Medication administration and storage
- Mobility aids
- Outbreak kit
- Palliative care kit
- Personal protective equipment
- Notice boards- including accreditation site audit notice
- Safety signs
- Staff handover
- Suggestion boxes.

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 a system to identify, action and monitor continuous improvement. The system is comprised of input from surveys, incidents, audits, observations, care consultations and written and verbal feedback from all stakeholders. Management log all input on a register, document feedback provided and escalate all complex or systematic items to the home's continuous improvement plan. Meetings, newsletters and memoranda keep residents, representatives and staff informed. The home conducts continuous improvement activities at a local level and organisational lead improvements occur. Residents and staff are satisfied with the continuous improvement system and said management are responsive when they raise issues.

Recent improvements relevant to Standard 1 include:

- Staff identified they often had trouble accessing policies and procedures. Management arranged for access to be available on the desktop of all computers. Staff said they now have continual easy access to policies and procedures.
- Management identified storage areas were cluttered and disorganised. They allocated additional rooms and areas for storage. Staff state this has improved accessibility and observation confirmed equipment and supplies are stored appropriately.
- Management have introduced a joint employment contract and orientation with a nearby home within the same organisation. This facilitates employees being able to work across both homes. Management state this has improved staff replacement, reduced the amount of agency staff used and provides improved continuity of care for residents.

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 with the support of corporate structures has a system to identify relevant legislation, regulatory requirements, professional standards and guidelines across all four Accreditation Standards. There are processes to monitor compliance and to manage required changes to practice. The home's corporate management identify relevant regulatory compliances and review and amend policies and procedures in response to legislative changes. Management receives information relating to regulatory and legislative updates and changes from various sources including health departments, peak industry bodies and publications. Management keep stakeholders informed through memoranda, newsletters and meetings. Staff said they are aware of their regulatory compliance responsibilities.

Examples of responsiveness to regulatory compliance relating to Standard 1 include:

- There are processes to ensure the currency of police record checks for staff and volunteers and relevant statutory declarations are in place.
- The home monitors the credentials of registered and enrolled nurses.
- Residents, representatives and staff received notification of the reaccreditation assessment visit.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home demonstrated staff have relevant knowledge and skills to undertake their roles effectively. Recruitment includes skill based selection criteria outlined in position descriptions. There is a comprehensive education program incorporating topics across the Accreditation Standards including management systems, staffing and organisational development. Ongoing monitoring of skills and knowledge occurs through performance review, meetings, staff feedback and the home's monitoring systems such as audits and incident reports. An education planner is developed and displayed in relevant areas for staff information. The program includes competencies, orientation and mandatory training via several modalities such as on line, in house presentations and written competencies. Staff reported they are encouraged and supported to attend education including external courses.

Recent training and development opportunities relevant to Standard 1 include:

- elder abuse/mandatory reporting
- bullying and harassment
- accreditation update
- documentation

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 home has formal and informal comments and complaints processes that are accessible to residents, representatives, staff and visitors. Stakeholders receive information about internal and external comments and complaints processes and resident advocacy services through resident and staff handbooks, policies and procedures and brochures. Mechanisms to notify the home of concerns or suggestions include direct access to management, feedback forms, a lodgement box and resident/representative and staff meetings. Management log all complaints on a complaints register and provide formal acknowledgement and feedback. Documentation illustrates the system is being used by all stakeholders with investigations, actions and feedback all occurring in a timely manner. Residents and representatives said they are aware of the formal complaint systems and are confident to raise any concerns directly with management if needed.

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 Woodend Community Aged Care's vision, mission, values, philosophy of care and commitment to quality in a consistent way. These statements of strategic commitment and standards of conduct are on display in the home and shared with all stakeholders through information packages including handbooks. The organisation maintains a strategic business plan and completes an annual financial budget to support service goals. Management and staff say they are committed to upholding the vision and values of the home in providing quality care for residents.

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

Management demonstrated there are appropriate numbers of skilled and qualified staff to deliver resident care and services. Recruitment processes include selection criteria, interview, reference checks and a comprehensive orientation. Resources to support staff include position descriptions, duty statements, policies and procedures, handbooks and education. Records of qualifications, police checks, statutory declarations and professional registrations are maintained. Processes to monitor staff performance include observation, performance appraisal, individual discussion and competency testing. Staff reported they have sufficient time to perform their roles and are satisfied with current staffing levels. There are processes to manage planned and unplanned leave and adjustment of staff levels occurs to meet resident care needs. Residents and representatives are satisfied with the care and services provided by staff and their responsiveness to requests for personal assistance.

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 systems to ensure stocks of appropriate goods and equipment are available and maintained. Management and relevant staff purchase consumables regularly and maintain adequate stock holding levels. Identification of equipment needs occurs through incident and hazard reporting, observations, meeting structures, changing residents' needs and audits. New equipment is trialled as necessary and staff receive education in the use of the equipment. Storage areas are secure, clean and sufficient for inventory and equipment not in use. The home's process to ensure maintenance of equipment in optimal condition includes a preventative maintenance program and a reactive maintenance procedure. Staff, residents and representatives said they are satisfied with the quality of supplies and equipment used by the home and records show staff complete maintenance requests 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 and staff have access to information that is accurate and appropriate to their roles. Residents and representatives are provided with information on entry to the home, including an information brochure and resident agreement, and are kept informed through newsletters, care consultations, meetings and informal discussion. Staff are kept informed through policies and procedures, education, meetings, handover and position descriptions. Key data is routinely collected, and generally available for staff to review and/or discuss at staff meetings. Security of confidential records and information is maintained and access to electronic records is password protected. Computerised information is backed up regularly and there is an archive procedure in place. We observed noticeboards, memoranda, display boards and meeting minutes. Staff residents and representatives said they were kept informed of the home's operations.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has contracts with a wide variety of external service providers including pharmaceutical services, chemical supply, fire protection, pest management, podiatry and nursing agencies. The wider organisation negotiates contracts with external suppliers and contractors on behalf of the home to ensure service provisions meet requirements. Signed service agreements are in place which set out the scope and standard of the services provided. Monitoring of the quality of services provided occurs through formal and informal feedback processes at a local and corporate level. External service providers where required are contractually obligated to ensure the currency of police record checks of their staff, appropriate licensing and insurance. Staff and residents are satisfied with 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

The home has a system that shows ongoing improvements in resident health and personal care. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard 2 include:

- Staff identified the home's palliative care process was conducted in a clinical manner. Management have established a 'palliative care box' which includes aromatherapy and are including lifestyle staff in the palliative care process. Staff state the palliative care process for residents has improved.
- After management identified the organisation's medication policy did not include complementary medicine they updated the policy to include this. The policy has been implemented at the home. Management state this has resulted in improved residents' medication management and safety.
- When management identified inappropriate use of continence aids they established a 'continence group'. Staff received additional education and reviewed residents' continence aids. Staff and management state residents' continence management, skin integrity and sleep patterns have improved.

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 system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in expected outcome 1.2 Regulatory compliance. Interviews with staff and observations indicate they have access to the home's policies and procedures manual and they are aware of their regulatory responsibilities.

Examples of responsiveness to regulatory compliance relating to Standard 2 include:

- The home has arrangements in place for an appropriate response in the event of an unexplained resident absence.
- Medications are stored safely and administered according to legislated processes and guidelines.
- Registered nurses oversee provision of care and specialised nursing needs for high care 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

Management demonstrated that staff have the appropriate knowledge and skills to perform their roles effectively in the area of resident health and personal care. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 2 include:

- catheter care
- continence management
- dysphagia
- diabetes update
- falls management
- acute illness assessment and observations.

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 demonstrated that assessment of residents’ clinical care needs and preferences occurs on entry to the home and on a regular basis during resident review each month. All residents have comprehensive assessments completed which form the basis of the care plan. A registered nurse is responsible for the evaluation of clinical care and review of care plans. Residents and representatives said they are involved in formulating the care plan and are satisfied with the clinical care provided. Care staff are aware of individual care needs and are informed of changes to care by verbal handovers, care plan review, and progress notes. There is evidence that clinical incidents are monitored and evaluated and clinical problems reviewed by appropriate health professionals.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

Residents are assessed for specialised care needs on arrival to the home by qualified nursing staff. A registered nurse provides and evaluates specialised care and demonstrated that support from external consultants such as wound care specialists occurs. Outreach teams from acute facilities visit the home and assist with palliative care and behaviour management. Medical officers are involved in specialised care planning and evaluation including diabetes management and palliative care. Residents and representatives are satisfied that appropriately qualified staff meet specialised nursing care.

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 assessed on entry to the home for other health and related services and referral to appropriate professionals occur. Medical practitioners visit residents regularly and on an as needs basis. Other health professionals provide services on site including physiotherapy, nutrition, and podiatry. Referral to specialists outside the home is arranged as needed and was confirmed by resident interviews. Documentation shows that specialist treatment instructions and recommendations are followed and care is delivered to residents accordingly. Residents and representatives say they are satisfied that referral to relevant health related services meets resident needs and that provision of sufficient information allows informed choice.

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 demonstrated the medication management system meets required legislative and regulatory standards. Staff demonstrated adherence to defined medication procedures and competency training is completed. A medical practitioner undertakes assessment and review of resident medication requirements. Annual review of individual resident medications occurs by an independent pharmacist. Medication prescribing, ordering, storage, administration, documentation and disposal systems are clear and well defined. Staff were observed following these processes and included correct storage, checking of dangerous drugs, and dating of opened medications. Medication incidents are monitored and reviewed, medication chart audits are done regularly, immediate remedial action occurs and results are discussed at a multidisciplinary medication meetings. Residents reported they are satisfied with medication administration.

2.8 Pain management

This expected outcome requires that “all residents are as free as possible from pain”.

Team’s findings

The home meets this expected outcome

Residents reported that a pain assessment occurs on entry to the home and they are consulted about pain needs and the effectiveness of therapies. A review of documentation confirmed the home uses assessment tools and a range of pain management strategies including analgesia, physiotherapy, heat and massage. Ongoing assessment and evaluation of therapies occurs and is documented in care plans and progress notes. Other health professionals and medical staff are involved in pain management for individual residents. Residents and representatives said they are satisfied with pain management interventions used in the home.

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 care systems in place to support residents requiring palliative care. Completion of palliative care plans occurs in consultation with families, medical practitioners and other professionals as needed and staff have undertaken palliative care education. External palliative care specialists from the local health service provide assistance with care planning and support staff on a daily basis if needed. Staff described care measures they undertake when caring for terminally ill residents which include comfort and dignity measures.

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

On entry to the home residents’ nutrition and hydration needs and preferences are determined. There are formal and effective communication processes in place to inform the kitchen of residents’ allergies, preferences, texture and dietary requirement. Review of residents’ nutritional status occurs regularly and referrals made to doctors, speech pathologists and dieticians as needed. Weight and nutritional status is monitored and supplements introduced if required. Resident files and kitchen records showed consistency in record keeping and effective implementation of changes to residents’ needs and preferences. We observed assistance given to residents at meal times in a calm and homely dining environment. Residents and representatives said they were satisfied with nutrition and hydration care needs provided by the home and assistance given to residents during meal times.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Residents’ skin integrity is assessed on entry to the home and is monitored as a matter of routine based on individual needs. Skin care plans outline residents individual skin care needs and includes assessment of nutrition, continence and mobility status. Staff interviewed reported they monitor the condition of residents’ skin while attending to their personal hygiene and maintain integrity through the application of emollients and barrier creams, pressure area care, and use of pressure relieving devices. Registered nurses undertake wound care and wound consultants are engaged to provide advice and support to staff. Documentation confirmed that individualised wound care monitoring and review occurs. Resident and representatives said they are satisfied with skin care provided at the home.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

Documentation and interviews confirmed that assessment of residents’ continence history occurs on entry to the home, and is monitored routinely based on individual needs. Detailed assessment of continence is collected over designated periods to formulate an individualised care plan, toileting schedule and continence aid requirements. Continence plans inform care staff of residents’ needs and continence aids required. Continence education is undertaken to support and train care staff as required. Staff reported that sufficient levels of continence aids are available to meet resident needs. Residents said staff manage their continence effectively and maintain their privacy and dignity when providing assistance.

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 systems in place to assess and effectively manage resident’s behaviours. Behaviour assessments identify concerns and effective interventions according to resident response. Care plans for residents with behaviour and psychiatric conditions outline specific individual triggers and management strategies. An external aged /psychiatric care team visit the home and assists with behaviour management. Staff report that interventions are effective and the lifestyle program supports residents with behaviour problems. Staff reported and documents confirmed they receive training on dementia care. Residents and representatives said they are satisfied with the home’s approach to managing 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

Residents’ mobility and dexterity assessment occurs on entry to the home and reviewed regularly thereafter and includes falls risk assessment. Care plans include strategies to minimise falls and promote residents’ safe mobility and dexterity. Falls data is analysed and trended and results incorporated with care review processes to ensure maintenance of residents’ safety. Assessment and regular review by the physiotherapist assists residents in maintaining mobility and dexterity abilities. Assistance devices such as mobility aids and manual handling equipment assist residents in maintaining mobility. Residents and representatives confirmed that mobility and dexterity is actively encouraged and staff provide suitable assistance.

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

Assessment of oral and dental needs and preferences occurs on entry to the home and reviewed regularly. Care plans include details about daily care of teeth, mouth and dentures and level of assistance required by the resident. Dental appointments are arranged as required, and residents preferred provider of dental care is established with assistance to attend given by the home if required. Residents confirm they are satisfied with oral and dental care regimes at the home.

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

On entry to the home, a sensory assessment is undertaken for each resident including communication and comprehension. Care plans are developed and provide staff with individual resident care requirements. Referral to other health professionals such as speech pathologist, audiologist, and opticians occurs as required and was noted in residents’ files. Aids such as glasses and hearing aids are checked as part of the care plan review and staff were observed by the team assisting residents with hearing aids and glasses. Residents report satisfaction with the care of their sensory needs.

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

Assessment of resident’s sleeping and rest patterns takes place on entry to the home and on a regular basis thereafter. Residents are involved in care planning to meet individual needs and preferences including settling and rising time. Strategies to assist with sleep include medication, and non pharmacological interventions such as warm drinks. Residents said care staff monitor sleep and assistance is provided as needed and according to residents preferences. Residents stated the home is quiet and restful at night.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a system that shows ongoing improvements in the area of resident lifestyle. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard 3 include:

- Following a suggestion from an Assessment contact visit management reviewed and extended the home’s lifestyle hours. The lifestyle program has been extended to weekends in the memory loss unit with a four hour program Saturday and Sunday. Staff state residents are enjoying the extended program.
- As a result of a staff initiative, lifestyle staff created tactile boards for residents with a cognitive impairment. The boards are now part of the regular activity program. Staff state residents enjoy the activity.
- After staff identified a lot of residents come from a nearby town, lifestyle staff have established a regular monthly visit to a home there from within the organisation. Residents said they are enjoying the visits and meeting up with old friends.

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 systems to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident lifestyle and there are processes to ensure compliance. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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

- The home has systems to demonstrate compliance related to residential agreements.
- Policies and procedures to maintain privacy and confidentiality of resident information are in place and followed.
- The home has policies, procedures and staff education for appropriately managing reportable incidents of episodes 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

Management demonstrated that staff have the appropriate knowledge and skills to perform their roles effectively in the area of resident lifestyle. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 3 include:

- privacy and dignity
- dementia care
- elder abuse/mandatory reporting.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Residents and representatives stated that assessment of resident's emotional needs occurs on entry to the home and on an ongoing basis thereafter. Information obtained includes family and life history, important life events and individual preferences for emotional support. Management could demonstrate that residents are supported in adjusting to the living in the new environment. Information packs and orientation assist residents to integrate into life in the home. Staff interviews and documents confirmed emotional support is personalised according to resident's individual needs and responses. Residents said they were supported in adjusting to life in the home and staff were friendly and welcoming.

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 systems and resources to assist and encourage residents to achieve maximum independence, maintain friendships and participate in community life. Assessments, care plans and consultations optimise residents' level of independence in daily activities. Staff promote residents' independence and community involvement through regular use of the home's bus, shopping trips, exercise programs and visiting school/community groups. Staff practices maintain each resident's individual level of independence. The home's environment and equipment encourages independence including through tea/coffee making facilities, private areas, mobility aids and handrails. Residents confirm they are satisfied with the level of assistance the home provides in promoting their independence and participation in the community.

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 homes' systems provide for residents' privacy, dignity and confidentiality. Information is securely stored and access to confidential electronic information is password protected. Residents live in single rooms all with ensuites. There are small private sitting areas, balconies and courtyards where residents can have quiet time or spend time with family and friends. Staff orientation and the privacy principles on display refer to information regarding privacy, dignity and confidentiality. Staff practices maintain residents' confidentiality and they are consistently discreet when managing care needs. Residents stated staff always treated them respectfully, with dignity and do not rush when providing assistance with personal care.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has systems and processes to encourage and support residents to participate in a range of interests and activities. Staff complete lifestyle profiles and assessments after entry to the home in consultation with residents and representatives and individualised care plans are developed. Lifestyle staff provide activities in small and large groups, on a one to one basis and consider cognitive ability and gender. Annual surveys, resident meetings and formal evaluations monitor the effectiveness of the program. Each resident receives a monthly program; also displayed in prominent areas of the home. Regular outings and visits from school groups and entertainers provide opportunities to foster close relationships with the wider local community. Residents are satisfied with the encouragement they receive to participate in a range of activities of their choice.

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 has processes in place to ensure staff identify, value and foster residents' cultural, spiritual beliefs and customs. Assessment of residents' cultural and spiritual needs occurs on entry to the home. Care plans are developed and regularly reviewed. The home holds regular church services and residents can access additional weekly communion visits. Residents' cultural needs are met through the celebration of events, food, days of significance and practices that are of importance to residents as a group and individually. Residents and representatives 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

The home supports residents and/or their representatives to participate in decisions about the planning of their care and the services the home provides to them. Resident feedback is encouraged at monthly resident meetings with minutes available to all stakeholders. Management encourages residents to furnish and personalise their rooms. Management encourage comment through feedback forms, care consultations, meetings and on one to one. Staff encourage residents' choice regarding their life at the home including about activities, personal care and end of life wishes. Residents said they feel supported by staff to make choices and decisions and stated they are encouraged to express their opinions and comments through meetings and individual one on one feedback.

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 systems to ensure residents understand their rights and responsibilities and have security of tenure within the home. Staff conduct a pre-admission interview and an information package is provided for all residents and the home's agreement contains information about fee calculation, terms of tenure and services provided. Consultation is made prior if moving rooms is required for clinical or safety needs. Staff are informed about residents' rights and responsibilities, specified care and services and elder abuse through policy, handbooks and education. The Charter of Residents' Rights and Responsibilities is prominently displayed and information regarding independent complaint services and advocacy groups is available within the home. Residents and representatives confirmed they receive information about their security of tenure and are able to approach management with any queries.

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 system that shows ongoing improvements in the area of physical environment and safe systems. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard 4 include:

- After management identified potential risk they purchased locked cabinets for the cleaning trolleys. Management stated this has improved the safety for residents.
- Following feedback from the occupational representative management purchased new linen trolleys. Staff stated these have reduced their risk of an injury.
- Staff identified residents were not always aware of what was on the day’s menu. New menu boards were installed throughout the home which displays the daily menu. Residents stated they are happy with the improvement.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a system to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to the physical environment and safe systems and there are processes to ensure compliance. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 4 include:

- Chemical storage is secure and current material safety data sheets are available.
- The home has a food safety program audited annually by a third party.
- The home complies with annual essential services maintenance reporting.

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 demonstrated that staff have the appropriate knowledge and skills to perform their roles effectively in the area of physical environment and safe systems. For a description of the system, refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 4 include:

- fire and emergency training
- infection control
- manual handling
- food safety refresher training
- chemical usage 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 of the home are working to ensure the residents' home is safe, comfortable and well maintained. The home has a proactive maintenance schedule and an incident reporting system to identify and act on hazards. Residents and representatives have input into changes to the living environment. The home has several outdoor areas easily accessible to residents. Doors are fitted with keypad locks for residents' security. Residents stated the home is safe, secure and well maintained.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has systems and processes to actively support and provide a safe working environment that meets regulatory requirements. Policies and procedures, staff education and orientation and incident reports support a safe workplace. The home's program including hazard identification, analysis of incidents, workplace audits and maintenance schedules ensure the environment/equipment is safe. The home has safe chemical storage, appropriate safety signs and personal protective equipment in use. Interviews with staff demonstrate their knowledge of incident and hazard reporting procedures. Staff confirmed they are able to approach management with any issue relating to occupational health and safety.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to maintain a secure environment and minimise fire, security and other emergency risks. The home is equipped with security cameras, generators, emergency fire fighting and detection systems which are maintained and serviced regularly according to a schedule. Evacuation maps are located throughout the home and emergency exits and egress routes are free from obstruction. Keypad locks which automatically release in the event of an emergency protect all entry points to the home and external gates throughout the gardens. There are documented contingency plans available to staff to respond to other identified emergencies. Fire and emergency training is part of staff and volunteer induction

and is mandatory annually for staff with management monitoring attendance. Staff and management demonstrated appropriate knowledge of emergency and evacuation procedures and their responsibilities. Representatives and residents said they feel safe and secure living in the home.

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

Management demonstrated that an effective infection control program is in place. Policies and procedures, mandatory education, observation of practice such as hand washing ensure staff follow correct infection control processes. Staff demonstrated their knowledge of infection control guidelines and practice including the process to follow in event of an outbreak. We observed staff using hand washing facilities and there is adequate stock of personal protective equipment available. Appropriate waste disposal systems were in place throughout the facility. Medical practitioners and nursing staff monitor resident infections and was confirmed in clinical files. There is a planned pest control program in operation. Catering, cleaning and laundry procedures follow infection control guidelines. There is a food safety certificate and an external audit, food and refrigerator temperature monitoring occurs. Cleaning schedules and environmental audit documentation was in place and observed.

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

Food is prepared fresh daily onsite according to a food safety program, seasonal menu and dietician input. Assessment of resident's dietary requirements and preferences occurs on entry to the home and reviewed on a regular basis, the information is readily available to the catering staff. Residents report they have input into the menu selection and are generally satisfied with food choices offered by the home. Cleaning staff follow schedules and infection control cleaning policies. The home was clean, neat and tidy and staff said they have sufficient time to complete tasks. Linen and residents clothing is laundered on site using industrial machines. There are designated clean and dirty areas and staff could describe correct procedures for use of chemicals and washing infectious laundry. Laundry staff label residents' clothing and there is a process for claiming lost laundry. Residents and representatives were generally satisfied with hospitality services provided at the home.