Aldinga Beach Court Hostel
RACS ID 6164
10 PRIDHAM Boulevard
ALDINGA Beach SA 5173
Approved provider: Churches of Christ Life Care Incorporated

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 16 September 2015.

We made our decision on 8 August 2012.

The audit was conducted on 9 July 2012 to 10 July 2012. The assessment team's report is attached.

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

This home is a 2014 Better Practice Award winner. Click here to find out more about their award.

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

Audit Report

Aldinga Beach Court Hostel 6164

Approved provider: Churches of Christ Life Care Incorporated

Introduction

This is the report of a re-accreditation audit from 9 July 2012 to 10 July 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 9 July 2012 to 10 July 2012.

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

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

Assessment team

Team leader:	Jeane Hall
Team member:	Judy Aiello

Approved provider details

Approved provider:	Churches of Christ Life Care Incorporated

Details of home

Name of home:	Aldinga Beach Court Hostel
RACS ID:	6164

Total number of allocated places:	83
Number of residents during audit:	82
Number of high care residents during audit:	66
Special needs catered for:	People with dementia or related disorders

Street:	10 PRIDHAM Boulevard	State:	SA
City:	ALDINGA Beach	Postcode:	5173
Phone number:	08 8550 2100	Facsimile:	08 8550 2149
E-mail address:	ALD@lifecare.org.au		

Audit trail

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

Interviews

	Number		Number
Management – corporate	6	Residents/representatives	11
Management – site	1	Lifestyle, pastoral care staff and volunteers	3
Care and administration staff	8	Ancillary staff	4
External Catering services manager	1		

Sampled documents

	Number		Number
Residents' files	9	Medication charts	9
Care plans	9	Personnel files	8
Lifestyle care plans and progress notes	9	Resident agreements	2
Wound care charts	3	Restraint authorities	3

Other documents reviewed

The team also reviewed:
- Audit schedule and various audit reports
- Beverage lists
- Calibration records
- Care review records
- Carer work books
- Cleaning schedules
- Clinical assessment tools
- Comments, compliments and complaints data
- Communication book
- Continuous improvement documentation
- Credentialing records
- Emergency procedures
- Equipment purchasing records
- Fire system inspection records
- Food safety monitoring records
- Job descriptions
- Key performance indicator reports and analyses
- Maintenance records
- Memos, letters, emails, newsletters
- Policies and procedures
- Resident handbook, information package
- Residents' menu
- Safety data sheets
- Schedule S4 medication licence
- Staff recruitment and orientation materials
- Staff roster, allocation sheets
- Staff training needs analysis and training records

- Strategic Plan 2011-2016
- Tri-ennial fire safety survey records
- Various meeting minutes
- Various survey results and action plans.
- Weight monitoring records

Observations
The team observed the following:
- Activities in progress
- Cleaners rooms
- Comments and complaints information on display
- Equipment and supply storage areas, including chemical storage and signage
- Hand gel stations
- Information stands
- Interactions between staff , residents and representatives
- Internal and external living environment
- Kitchen and laundry facilities
- Locked suggestion boxes
- Meal service
- Medication round
- Medication storage
- Personal protective equipment
- Secure unit
- Sluice rooms
- Storage of medications

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

Standard 1 – Management systems, staffing and organisational development

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

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

Team's findings
The home meets this expected outcome

Aldinga Beach Court Hostel is one of several homes in the Life Care Incorporated group of aged care facilities. The home has quality systems and processes to monitor compliance with the Accreditation Standards. The organisation's strategic goals and objectives guide staff in developing the annual plan for continuous improvement. Additional opportunities for improvement are identified by a variety of processes, including key performance indicators, adverse events, ongoing surveys and staff and resident feedback. Issues identified are added to the plan for continuous improvement and addressed according to the allocated timeframes. Progress is monitored by the site Quality and Safety committee and continuous improvement is a standing agenda item at all meetings, including resident meetings. Residents, representatives and staff interviewed said they are aware of the home's continuous improvement system and how they can make suggestions for change. The home demonstrated results of improvements relating to management systems, staffing and organisational development including:

- Information management has been improved following a corporate initiative. The organisation has introduced an electronic information management system. The system provides management with immediate access to adverse events data on a daily basis. This provides the Residential care manager with the opportunity to address issues as they arise and prevent escalation without having to wait until the end of month statistics to identify emerging trends. The home's information technology system has been upgraded in the process. This provides the home with improved internet coverage and speed. Staff feedback is that the system is easy to use and provides access to relevant information in a timely manner.

- Staff morale has improved with the introduction of a 'good news' noticeboard in the staff room. A noticeboard has been erected at the entrance to the staff room. The noticeboard contains information on daily events in the home such as training and any specific activities occurring on the day. Positive feedback received about staff is strategically placed on the board. Staff feedback is that the information is useful for them and that it reminds them to ensure residents are ready for any special events or activities that are occurring. They said they appreciate positive feedback on their performance being displayed.

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 and processes to manage and monitor regulatory compliance at a corporate and site level. Staff are alerted to legislative changes that affect the operation of the home through a variety of sources. These include the intranet, education sessions, memorandums and the staff noticeboard. Legislative Update is a standing agenda item at all staff meetings. Residents are advised of legislative changes through newsletters and at resident meetings. Key performance indicators monitor the home's compliance with legislation. The home has systems and processes to monitor and record police clearances for relevant personnel, advising residents and representatives of the accreditation site audit within the legislated timeframes, and maintaining an updated asset register. Staff at the home said they understand and use the system.

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

Staff training needs, surveys and performance appraisals are combined with resident feedback and key performance indicators to plan the annual training calendar. Audits, competency assessments and peer review monitor staff knowledge and skills for performing their roles effectively. Specialised education is accessed as required. Staff are actively encouraged and supported to apply for scholarships and grants and have ready access to the internet and intranet for information and education needs. Management is aware of the benefit of up-skilling and currently three personal care staff are being supported to complete endorsed enrolled nurse training. The organisation provides ongoing training and education in the Life Care 'live every day' philosophy of care provision and service delivery. Additional education and staff development relevant to management systems, staffing and organisational development has been provided to front line managers and administrative staff over the last twelve months. Topics include the Aged Care Funding Instrument, 'peoplepoint' information technology and performance review systems.

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 resident agreement and rights and responsibilities posters displayed in the home provide residents with information about their rights and the internal and external complaints mechanisms available to them. A variety of processes are used to identify areas of concern. These include resident meetings, informal discussions and formal feedback forms. Comments and complaints are generally captured. Comments and complaints is a standing agenda item at all meetings and the organisation's executive staff have access to all comments and complaints data via the intranet. The Aged Rights Advocacy Service visits the home each year and provides information for residents, representatives and staff. Staff

interviewed said they assist residents to use the system when required. Residents and representatives said they are aware of the home's complaint mechanisms and are generally satisfied with the home's response to issues raised.

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 reviewed its vision and mission statements. A new statement entitled 'Live Every Day' has been developed and distributed. This statement is displayed throughout the home and is included in newsletters and resident and staff information booklets.

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

Resident care needs are combined with key performance indicators and staff and resident feedback to determine the number of appropriately qualified and skilled staff required for resident care and service delivery. Planned audits and reporting activities across the four Accreditation Standards monitor that there are sufficient skilled staff available to deliver the care and services required. The organisation's recruitment policy and procedures are used to recruit staff as required. Management is responsive to staff and resident feedback and residents' changing needs and has recently increased nursing and personal care hours by 72.5 hours per week. Lifestyle hours have been restructured and an additional 16 hours per week added to the roster to cater for residents in the memory support unit. Additional hours are accessed to meet changes in residents' short term needs and staff at the home's nearby sister site provide back-up overnight as needed. Credentialling, competency assessments and performance reviews are conducted annually. Staff interviewed said they have sufficient time for their duties. Residents and representatives said they are satisfied with staff responses to residents' care needs.

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

Corporate and site specific management processes provide for appropriate stocks of supplies and equipment for care and services. Site management and key staff have delegated responsibility for ordering, storing and monitoring supplies according to purchasing policies and procedures. Planned and ad hoc equipment purchases are made according to resident needs, replacement programs or to meet staff safety needs. Pre-purchase equipment trials are conducted and staff provided with relevant training and safe practice guidelines. Scheduled preventive maintenance and corrective maintenance services, regular audits and work site inspections assist the home to monitor that equipment is clean and

serviceable. Resident satisfaction with supplies and equipment is reported through resident meetings and established feedback processes and those interviewed said they have access to required equipment and supplies to meet their needs.

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

Team's findings
The home meets this expected outcome

The home has information systems, including policies and procedures to provide staff with the information required to perform their roles. Appropriate information is provided to residents and representatives to enable them to make informed decisions about care and lifestyle. Written consent is obtained from residents and representatives for the use of photographs in care provision. Processes, including the intranet, memorandums, newsletters and direct consultation are used to communicate with staff, residents and representatives. Current and archived resident and staff information is stored securely. Processes maintain the security of computer-based information and emergency back-up measures are in place. Regular audits and staff, resident and representative feedback are used to review and evaluate information management systems. Staff stated they are satisfied with the information they receive to enable them perform their roles. Residents and representatives said they are satisfied with the level and amount of information provided prior to entry and that ongoing communication and information is generally clear.

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

Externally sourced services are provided according to quality standards and to meet residents' needs. External contracts are negotiated and managed by corporate services, including monitoring registration and police clearance requirements. Service reviews and evaluation are regularly conducted and include feedback on service standards provided by the home. Contracts are discontinued if service is unsatisfactory. Contractors attending the home are required to register and adhere to documented occupational health and safety guidelines. Resident satisfaction with external services is monitored through resident meetings, care reviews and comment and complaint mechanisms. Resident and representative interviews indicated satisfaction with externally sourced services.

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

Refer to Expected outcome 1.1 Continuous improvement for information on the home's continuous improvement systems and processes.

Resident incident data is analysed and combined with clinical key performance indicators to identify contributing factors and trends to provide opportunities for improvement. The home is using a variety of methods to evaluate continuous improvement activities and demonstrated results of improvements relating to health and personal care including:

- Clinical care has been improved following the introduction of alert stickers. Orange alert stickers have been developed to alert care staff whenever a there is a change in a resident's care plan. The stickers are placed in the staff communication book identifying those residents whose care plan has changed. The system enables all staff to remain abreast of changes in resident care needs. Feedback from care staff is that they are able to identify changes as they occur and that this assists them in meeting current care needs of residents.

- Medication management has been improved following staff feedback. It was identified that the administration of 'as required' Schedule 8 medications could be improved. Residents who are prescribed 'as required' or regular Schedule 8 medications have been identified. Separate medication charts for Schedule 8 medications have been developed and placed in the Schedule 8 medication storage room. Staff administrating 'as required' Schedule 8 medication now have ready access to medication charts without having to locate the charts if the drug round is in progress when the 'as required' medication is needed. Staff report that the system is efficient and enables them to meet the needs of residents in a timely manner.

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

Refer to Expected outcome 1.2 Regulatory compliance for additional information relating to the home's systems and processes for monitoring regulatory compliance.

The home has systems and processes to identify and manage regulatory compliance relating to residents' health and personal care. This includes the provision of prescribed care and services, medication management and the registration of nurses and allied health providers. Staff interviewed state they understand and use the system.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for additional information relating to the home's systems and processes for education and staff development.

Education and staff development in health and personal care has been provided to nursing and personal care staff over the last twelve months in a range of topics. These include palliative care, medication management, catheter management and dysphagia.

2.4 Clinical care

This expected outcome requires that "residents receive appropriate clinical care".

Team's findings

The home meets this expected outcome

There are processes to provide relevant clinical care to meet resident needs. Resident entry processes include consultation with residents, their families, general practitioners and allied health services. Assessments are progressively conducted as the resident settles and interim and comprehensive care plans are documented and made accessible to staff. Residents changing care needs are communicated to staff at handover, through progress notes, daily work books, communication books and 'tool box' sessions. Regular care reviews, allied health and general practitioner reviews monitor ongoing care needs. This is in addition to multi-disciplinary meetings, incident reporting, audits and resident observations. The corporate Clinical Governance committee reviews clinical policies and procedures. Residents and representatives interviewed are generally satisfied with the clinical care provided for residents.

2.5 Specialised nursing care needs

This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings

The home meets this expected outcome

Specialised nursing care is provided by appropriately qualified staff. Registered nurses assess residents and plan and review care with the support of enrolled nurses. Procedures and guidelines are provided for specialised aspects of care and staff training is conducted relevant to resident needs and to provide for required skills and knowledge. Residents specialised care needs are identified during care planning and care review processes and monitored through resident observation, incident reporting, wound care reviews, general practitioner and allied health reviews. Residents and representatives said they are satisfied with the specialised care provided to meet residents' 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

Residents are referred to health and related services according to their needs. Initial assessments and ongoing care reviews identify the need for health and related service referrals. Entry processes include informing residents of services available and identifying their service preferences. Visiting services include physiotherapy, podiatry, speech pathology and dental care. Referral forms are completed for resident transfers and extended care services are used to reduce the need for hospital admission. Referred services provide treatment recommendations and progress note entries and changes to care are generally documented and communicated to staff. Health and related services and referral processes are evaluated through care and allied health reviews, resident feedback, audit processes and incident reporting. Residents and their representatives interviewed are satisfied with referral processes and resident access to health and related services.

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

Medications are managed safely and correctly according to the home's medication procedures. Medications are administered by registered and enrolled nurses and credentialed care staff. Medications are provided in pre-packed sachets by contracted pharmacy services, which also monitor imprest stocks. Medications are safely and securely stored. Medication administration guidelines generally provide relevant information and medications are regularly reviewed by general practitioners and pharmacy services. There are procedures for nurse initiated and 'as required' medications and regular staff education on medication management is provided by the pharmacy. Medication management is monitored through incident reporting, signature omission tracking, pharmacy drug profiles and care reviews. Residents said their medications are managed safely and correctly.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

Processes provide for resident comfort and pain management. Residents' pain experiences are observed and monitored and in conjunction with physiotherapy assessments, are used to develop pain management plans and treatment directives. Strategies to provide pain relief and comfort include hot packs, tubi grip and massages in addition to regular and 'as required' pain management medication. Pain monitoring is implemented to evaluate changes to residents' pain management regime. Referrals for expert pain management advice are made when required. The effectiveness of pain management processes is evaluated through resident observation and feedback, regular care and physiotherapy reviews, audits and general practitioner reviews. Residents and representatives said they are satisfied with the care and support provided to maintain resident comfort and freedom from pain.

2.9 Palliative care
This expected outcome requires that "the comfort and dignity of terminally ill residents is maintained".

Team's findings
The home meets this expected outcome

There are processes to maintain the comfort and dignity of terminally ill residents. Residents advanced directives are generally discussed on entry to the home or reviewed during care review consultation. A Chaplain is available to assist this process. A new palliative care pathway and care plan has recently been introduced for use when palliation is required. The home has relevant resources to support palliative care and referral to palliative care services is used as required. Volunteers are available to provide company for residents being palliated and funeral services can be conducted on-site if preferred. The home monitors palliative care processes through audits, consultative care reviews and representative feedback. The home has received appreciative feedback from relatives for the care provided during palliation.

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

There are processes to provide adequate nourishment and hydration for residents. Resident food preferences and required dietary needs are documented and sent to catering services. A risk based nutrition and hydration assessment identifies residents' assistance requirements, specific utensils, fluid intake levels and required textures. Supplements or fortified meals are implemented and referral for speech pathology or dietitian review is arranged as necessary. Residents' weights are regularly monitored and weight loss parameters set to assist decisions about management according to the home's procedures. Nutrition and hydration is monitored through regular weight reviews, care reviews, resident satisfaction surveys, and food intake charts. A dietitian has reviewed the home's menu. Residents and representatives said they are satisfied with the home's support to maintain residents' nutrition and hydration needs.

2.11 Skin care
This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's findings
The home meets this expected outcome

Processes provide for the maintenance of residents' skin integrity. Entry assessment processes include identifying residents at risk. Skin care and daily hygiene plans include routine care and strategies to reduce risks to skin integrity. These include regular moisturisers, sheep skins, position changes, and pressure relieving mattresses. Wound care assessment, planning and evaluation processes are documented on-line and regularly reviewed by an on-site wound care specialist. There are podiatry and hairdressing services on-site. The incidence of skin tears is monitored and there are protocols for management. Nutrition supplements may be used to aid healing. Skin care is evaluated during care reviews, wound healing rates, pressure ulcer incidence, and resident nutrition status. Residents and representatives interviewed indicated they are satisfied with the home's approach to maintaining residents' 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

There are processes to manage residents' continence needs. Continence patterns are initially monitored on entry to the home and used to plan continence management in consultation with the resident. Plans identify support needs, required aids and toileting schedules and required management of catheters where relevant. Continence link nurses support staff to effectively meet residents' continence needs. Bowel management protocols guide monitoring and diet or medication support to achieve natural bowel patterns. There are also protocols for the management of urinary tract infections and incidence is monitored as part of infection surveillance processes. Continence management processes are evaluated during care reviews, through monitored use of aids and infection incidence, documented bowel monitoring and use of 'as required' aperients. Residents and representatives interviewed are generally satisfied with residents' continence management.

2.13 Behavioural management
This expected outcome requires that "the needs of residents with challenging behaviours are managed effectively".

Team's findings
The home meets this expected outcome

Residents' challenging behaviours are effectively managed. Behaviour monitoring and assessment processes identify triggers to residents' behaviour. Behaviour management plans include a range of strategies and diversional activities to assist staff to provide effective and safe care. External mental health and behaviour management advice is regularly used to support effective behaviour management. Two secure areas accommodate residents requiring memory support and safety from wandering. Residents were observed to be happy and engaging socially with staff and each other. Restraint use is minimal and appropriately assessed and authorised. Staff are provided with ongoing education in behaviour management. Behaviour incidents are monitored and behaviour management processes evaluated through audits, care reviews. Residents and representatives interviewed are satisfied that residents' behaviours are effectively managed.

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

Processes provide for the enhancement of residents mobility and dexterity. Entry assessments include identifying residents at risk of falling and required transfer and mobility support and equipment. Mobility plans and exercise programs are documented in consultation with the physiotherapist. Additional exercise sessions and dexterity based activities are regularly held as part of the home's lifestyle program. Sensor mats, hip protectors and room alarms are used to reduce the risk of injury from falls in at-risk residents. Regular care and physiotherapy review and multi-disciplinary conferences are used to monitor residents' mobility needs in addition to reviewing the incidence of falls. Staff manual handling competencies are assessed. Residents and representatives interviewed are generally satisfied with resident support to maintain their mobility and dexterity.

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

There are processes to maintain residents' oral and dental health. Oral and dental hygiene assessments are conducted and a specific oral and dental care plan documented. Additional guidelines for dental care processes are provided to staff, including care strategies for residents resistive to oral care. Visiting dental services are available or residents supported to attend external services of their choice. A recently revised policy and procedure for oral and dental care includes the requirement to ensure regular review of resident toothbrushes. Staff knowledge of oral and dental care is assessed and knowledge deficits addressed. Oral and dental care is monitored through observations of resident meals, pain monitoring, and regular care reviews. Residents and representatives report satisfaction with the oral and dental care provided.

2.16 Sensory loss
This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's findings
The home meets this expected outcome

Residents' sensory deficits are identified and managed. Residents' sensory needs across all five senses are assessed and deficits identified during entry processes. Sensory support needs, and required aids are documented in residents' care plans. Risks to resident safety are also considered. Initial assessments and regular reviews identify referral requirements such as optical or audiometry services or services for the blind. Lifestyle plans provide for activities to enhance residents' sensory experiences such as pet therapy, cooking, gardening, 'rummage' boxes, or soft toys. Sensory loss is monitored through regular care reviews, audit processes, incident reporting and resident observation. Residents and their representatives report satisfaction with residents' sensory management and support.

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

There are processes to support residents' natural sleep patterns. Observed sleep patterns are documented as the resident settles into the home. In consultation with the resident this information is used to plan residents' settling regimes and preferred rising and rest times. A range of strategies are used to assist residents to settle, in addition to the use of ordered sedation. Changes to residents sleep patterns are investigated and relevant re-assessments conducted, such as, pain or continence. Regular care reviews, 'as required' sedation audits, resident observation and resident feedback assist the home to monitor residents' sleep management. Residents and representatives interviewed are satisfied with the home's support to residents, to achieve natural sleep patterns.

Standard 3 – Resident lifestyle
Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

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

Team's findings
The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information on the home's continuous improvement systems and processes.

Formal and informal feedback processes assist residents and staff to contribute to continuous improvement in resident lifestyle. Management and key staff encourage suggestions for improvement. Examples of recent improvements relating to residents' lifestyle include, but are not limited to:

- Emotional support has been enhanced following introduction of the special care group. The home's Chaplain identified the need for residents to express grief and loss following the passing of a fellow resident in their area. A special care group has been introduced whereby residents are invited to share memories of the fellow resident and to pay tribute to their lives. Residents were observed to be participating in a group in one area of the home. They stated that they appreciate the opportunity to share their feelings immediately following the passing of a fellow resident, particularly as they are often not able to attend the funeral.

- Residents' enjoyment of the home's outdoor area has been enhanced following a volunteer suggestion. It was identified that many of the home's residents have been involved in farming activity in the past. A mini farm has been established with a vegetable garden and chickens, rabbits, cockatiels, budgies and a dog. Volunteers assist residents to care for the animals. Feedback is that residents are enjoying the mini farm and that tending the garden and caring for the animals reminds them of activities they have previously enjoyed.

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

Refer to Expected outcome 1.2 Regulatory compliance for additional information relating to the home's systems and processes for monitoring regulatory compliance.

The home provides lifestyle and activity programs consistent with Quality of Care and User rights Principles 1997. This includes protecting residents' privacy, maintaining confidentiality of resident information and providing resident agreements. Staff interviewed said they understand and use the home's system.

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

Team's findings
The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for additional information relating to the home's systems and processes for education and staff development.

Education and staff development has been provided to all staff groups in the last twelve months in the organisation's 'live every day' Life Care philosophy. Additional education and staff development has been provided to lifestyle staff in the areas of dementia awareness and pastoral care. Staff interviewed said that education and training in the organisation's guiding philosophy assists in integrating care and lifestyle processes.

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 are welcomed to the home with a welcome card and flowers that are placed in their room. The welcome package includes coffee vouchers for use in the home's on-site café. A family tree is developed on entry and placed in residents' care plans providing staff with a snapshot of the resident's family history. The home's Chaplain runs a special care group to assist residents with grief and loss associated with the passing of fellow residents. Activities that assist residents to maintain links with their past are supported and encouraged. These include visiting the local vineyards and assisting with maintaining the mini on-site farm. Ongoing review processes are used to evaluate the effectiveness of the support provided. Residents and their representatives said they are satisfied with the level of emotional support given at entry to the home and on an ongoing basis.

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

Physiotherapy assessments are combined with mobility aids to assist residents retain their independence in activities of daily living. Residents are encouraged to maintain contact with the local community, including attending their senior citizens clubs to maintain long standing friendships and maintaining membership at their local health club. Internet access and skype is available in the home and residents with mobile telephones are assisted to maintain their phones by keeping them charged and in credit. A variety of methods are used to monitor and review the effectiveness of strategies implemented. Staff interviewed gave examples of assisting residents to retain their independence. Residents and representatives stated they are satisfied with the assistance provided to residents to assist them in maintaining their independence as far as they are able.

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

There are systems and processes to ensure that residents' privacy and dignity are safeguarded. Care plans contain strategies to guide staff in maintaining privacy and dignity during personal care. All staff and volunteers sign the organisation's confidentiality statement. Management monitor staff practices and there are processes in place to address any breaches of privacy if necessary. Residents have a key to their own room where appropriate and residents in the memory support units have a lockable drawer in their room. Files are stored appropriately to preserve confidentiality. Residents and representatives said they are satisfied with strategies staff use to respect residents' 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

Assessment and ongoing review processes are used to identify and respond to residents' interests and preferred activities. Individual preferences are generally recorded. Staff and volunteers assist residents to participate in activities of their choice, including knitting items for charity, gardening and participating in taping announcements for the local radio station. Programs are in place to support residents in the memory support unit. Male specific groups cater for the needs of male residents. Feedback at resident meetings and staff observations monitor satisfaction with activities provided. Staff interviewed are aware of their responsibilities in assisting residents with their lifestyle program and are able to demonstrate knowledge of residents' activity care plans. They said ongoing education in the Lifecare 'live every day' philosophy assists and reminds them in integrating care and lifestyle processes. Residents and representatives said they are satisfied with the range of activities provided.

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 to identify residents' cultural and religious backgrounds and any practices that are of significance to them. Religious days and festivals are observed and celebrated. Religious services are conducted in the home each week and lifestyle and pastoral care staff liaise with representatives from other religions to provide for the spiritual support needs of all residents. Spiritual services tailored to meet the needs of residents in the memory support units are held within each unit. Ongoing reviews monitor the effectiveness of strategies implemented. Staff interviewed are aware of residents' cultural and spiritual support needs and the availability of care plans to provide ongoing information as required. Residents and their representatives said they are satisfied with the level of spiritual and cultural support offered.

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

Regular family conferences provide residents and their representatives with the opportunity to discuss residents' care needs and services provided. Residents are actively involved in decisions about lifestyle programs and 'activities' is a standing agenda item at resident meetings. Information on residents' rights and responsibilities is included in all resident information, including the resident information package and resident agreement. Care plans identify representatives who can assist with care and lifestyle decisions when needed. Ongoing reviews monitor the effectiveness of strategies implemented. Staff interviewed are aware of residents' right to make informed choices where appropriate. Residents and representatives are generally satisfied that they are kept informed and involved in decisions about the care and services provided.

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's policy and procedure documents support residents' right to safe and secure tenure and staff responsibilities to protect these rights. All enquiries for accommodation are directed to the Residential admissions officer in the organisation's corporate office. Residents and their representatives are supplied with information about security of tenure, fees and charges, residents' rights and responsibilities and resident decision making forums at the initial enquiry. The home is an ageing-in-place facility and links with external services assist in enabling residents to remain in the home as their care needs change. The Residential care manager consults with residents and their representatives regarding any change to residents' low care status. These consultations are documented in progress notes and residents and/or their representatives provided with confirmation in writing. Residents and their representatives said they are satisfied with the information provided and processes used to assist them to understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems
Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

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

Team's findings
The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information on the home's continuous improvement systems and processes.

Internal and external audits are combined with staff and resident feedback to identify opportunities for improvement in physical environment and safe systems. The home demonstrated results of improvements relating to physical environment and safe systems including:

● Infection control has been improved with the introduction of butterfly symbols. The home has adopted the butterfly system for identifying residents with infections. Different coloured butterflies denote specific infections. Butterflies are placed alongside residents' doors and in care plans as required. This alerts staff to the need for additional precautions with specific residents. Staff feedback is that the butterfly system assists in readily identifying residents with specific infections and is a timely reminder for additional precautions as needed.

● The incidence of lost laundry has reduced following audit results. It was identified that 70% of residents did not have suitable labels for their clothing. A project was commenced whereby residents and representatives were contacted and reminded of the IPSO labelling system available to them. A recent audit showed that 81% of residents are using the system and the remaining 19% have all clothes labelled. Spare labels are ordered and kept in the laundry for use when new clothes are purchased. There has been no incidence of lost clothing since the commencement of the project.

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

Team's findings
The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for additional information relating to the home's systems and processes in monitoring regulatory compliance.

The home has processes to monitor and maintain regulatory compliance relating to physical environment and safe systems. This includes implementing occupational health and safety regulations and generally monitoring and maintaining fire safety systems. Staff interviewed said they understand and use the home's system.

4.3   Education and staff development

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for additional information relating to the home's systems and process for education and staff development.

Mandatory training attendance is monitored and staff who miss mandatory training are directed to attend the next mandatory session at one of the home's sister sites. Education and staff development in physical environment and safe systems has been provided to all work groups over the last twelve months in a range of areas, including safe food handling, fire and emergency procedures, manual handling and infection control. Staff interviewed said the training and education they receive assists them in their roles.

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

There are processes to provide for a comfortable and safe living environment for residents. Residents are accommodated in single ensuite rooms and have access to varied communal and private areas for socialising, or quiet time with family or friends. The home is divided into 'houses' each with a dining area and kitchenette and access to external courtyards and gardens. There is secure accommodation for residents who tend to wander and monitored use of required restraint; that is minimally used. Sensor mats and wrist alarms assist staff to monitor resident movement and there are procedures for managing potentially absconding residents. Residents have access to call bells to summon staff assistance and response times are evaluated. The living environment is monitored through environmental and cleaning audits, incident and hazard reporting and regular maintenance programs. Residents and their representatives report that the environment is homely and comfortable.

4.5   Occupational health and safety

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

Team's findings
The home meets this expected outcome

There are management processes to provide a safe working environment. Site specific and corporate occupational health and safety meetings monitor occupational health and safety systems, work site inspection outcomes and reported incidents, hazards and accidents. Identified issues are actioned or logged as an improvement initiative. Occupational health and safety policies and procedures have recently been reviewed. Induction processes and regular core training that includes occupational health and safety are provided to staff and includes assessed manual handling competencies. There are elected and trained staff safety representatives and staff interviewed said that management supports and encourages a safe working environment.

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

Team's findings
The home meets this expected outcome

There are management systems to reduce the risk of fire, security and other emergencies. Emergency procedures and evacuation plans are accessible to staff and there are instructions for residents on actions in the event of a fire alarm. Current resident evacuation lists are maintained. Contracted services regularly monitor fire equipment and alarm systems. Electrical equipment is tested and tagged and the home has a no smoking policy. Security patrols, closed circuit television monitoring and lock up procedures provide for a secure environment. Staff have access to duress alarms. Induction, regular training and assessed drills are generally provided and disaster management planning is coordinated at corporate level. The home does not have a current tri-ennial fire safety certificate. Residents and representatives interviewed said they felt safe and secure 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

There are processes for implementing and monitoring an effective infection control program. Corporate key performance indicator monitoring includes infection surveillance. Site infection incidence data is frequently and regularly analysed and reported according to infection control policies and procedures. The home has outbreak management resources and adequate access to hand-washing facilities, hand gel stations and personal protective equipment. Residents with infections are discreetly identified and there is a vaccination program for residents and staff. Induction and core training programs include infection control and knowledge is regularly assessed. Infection control practices are monitored through hand-washing audits, cleaning and environmental audits. The home has an audited food safety program.

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

Team's findings
The home meets this expected outcome

Hospitality services are generally provided to meet residents' needs and enhance the living and working environment. Resident preferences for hospitality services are assessed on entry and communicated to the hotel services supervisor and contracted catering services. Meals are served in dining areas according to residents' menu choices and documented nutrition and meal texture requirements. Residents are supervised and assisted by staff. Between meal snacks and drinks are also served according to documented beverage lists. Cleaning services are provided according to cleaning schedules and infection control guidelines and are generally relevant to resident need and privacy preferences. Linen and personal clothing is laundered on-site and a naming system reduces the risk of lost personal items. Hospitality services are monitored through regular audits, resident satisfaction surveys, resident meeting feedback and care reviews. Resident and representative interviews indicate general satisfaction with hospitality services and staff said their working environment is clean and well maintained.