



Aged Care
Standards and Accreditation Agency Ltd

Labrador Gardens Aged Care Facility

RACS ID 5007

83 Muir Street

LABRADOR QLD 4215

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

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 5 July 2015.

We made our decision on 24 May 2012.

The audit was conducted on 17 April 2012 to 19 April 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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Labrador Gardens Aged Care Facility 5007

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

Introduction

This is the report of a re-accreditation audit from 17 April 2012 to 19 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 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 17 April 2012 to 19 April 2012.

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

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

Assessment team

Team leader:	Tony Walters
Team members:	Bridgette Lennox
	Deborah Bettens

Approved provider details

Approved provider:	The Uniting Church in Australia Property Trust (Q)
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Details of home

Name of home:	Labrador Gardens Aged Care Facility
RACS ID:	5007

Total number of allocated places:	161
Number of residents during audit:	155
Number of high care residents during audit:	151
Special needs catered for:	Dementia specific

Street/PO Box:	83 Muir Street	State:	QLD
City/Town:	LABRADOR	Postcode:	4215
Phone number:	07 5523 3479	Facsimile:	07 5526 3716
E-mail address:	m.stewart@bluecare.org.au		

Audit trail

The assessment team spent 3 days on-site and gathered information from the following:

Interviews

	Number		Number
Residential services manager	1	Residents/representatives	25
Regional manager	1	Chaplains	2
Registered nurses	7	Volunteer coordinator	1
Care staff	6	Laundry staff	1
Administration assistant	2	Cleaning staff	4
Catering staff	3	Maintenance staff	3
Lifestyle staff	2	Resident support officer	1

Sampled documents

	Number		Number
Residents' files	13	Medication charts	11
Summary/quick reference care plans	27	Personnel files	10

Other documents reviewed

The team also reviewed:

- Admission pack
- Allied health service listings and specialists recommendations
- Annual meeting planner
- Appointment diaries
- Audit summaries
- Blood Glucose and Bowel monitoring records
- Buzzer check list
- Care plans and care plan reviews
- Cleaning programs and schedules
- Clinical documentation and data
- Clinical incidents and data
- Communication flow charts, processes and diaries
- Compliment and complaints folder
- Compulsory reporting folder
- Confidentiality agreements
- Continuous improvement plan, log and summary
- Diet and nutritional supplement lists
- Doctors communication folder
- Duty lists
- Education schedule and attendance records
- Enduring Power of Attorneys
- Evacuation lists
- External suppliers folder
- Fire and emergency manual and procedures
- Fire evacuation evaluation
- Fire maintenance and inspection records

- Fire Safety Maintenance Declaration
- Food Business Licence
- Food safety program and associated records
- Handover sheets
- Hazardous chemicals register
- Hazards' register, forms and risk assessments
- Incident reports and analysis
- Leisure and lifestyle attendance records, evaluation reports, resource folders and programs
- Maintenance preventative programs, schedule and request forms
- Material safety data sheets
- Medication Incident records
- Meeting minutes
- Memos
- Menus
- Mission statement and philosophy
- Multi-cultural resources
- Newsletters
- Observation management folder
- Orientation manual and programs
- Outbreak management plan and kits
- Occupational health and safety legislation
- Pest control records
- Physiotherapy folder
- Police check register and certificates
- Policies and work directives
- Quality improvement forms
- Release of information documents
- Reporting guidelines for care and clinical staff
- Resident incident notification form
- Resident of the Day documentation
- Resident preferences list
- Residents day/night sign in/sign out register
- Residents dietary communication book
- Residents' information package and surveys
- Review of mental health program 14 March 2012
- Satisfaction surveys
- Shower lists
- Smoking risk assessment tool and assessments
- Spills kit checklist
- Staff communication books
- Staff competencies
- Staff equipment orientation (kitchen)
- Staff handbook
- Staff handover sheets
- Staff medication competencies
- Staff rosters
- Stock-take records
- Strategic plan
- Suite of assessments
- Supplier service agreements
- Temperature records
- Test and tag records

- Training attendance lists and course evaluations
- Training needs analysis and results
- Training register – mandatory and other training
- Training self directed learning packages
- Wound management folder

Observations

The team observed the following:

- Activity programs displayed and in progress
- Advocacy brochure and complaints process details on display
- Allied health specialists attending to residents
- Antibacterial gel dispensers and hand washing facilities
- Assistive dietary aids in use
- Charter of residents' rights and responsibilities
- Chemical storage, supplier wall charts (descriptions, first aid procedures, safety rules, use)
- Cleaning in progress
- Clinical handover process
- Clinical supplies and resources for staff
- Colour coded mops and cleaning cloths
- Comments and complaints forms/box
- Communication boards with resident information to guide staff practice
- Cultural information on display
- Dressing trolley and supplies
- Emergency assembly areas
- Equipment and storage areas
- Equipment temperature records
- External avenues of complaints displayed
- Fire control panel
- Fire systems and equipment, emergency diagrams and emergency exits
- First aid kits
- Food licence
- Information about improvement and complaint mechanisms on display
- Information brochures and posters on display
- Interactions between residents and staff
- Internal and external living environment
- Keypad access to behaviour unit
- Kitchen equipment, fridge, freezers and store
- Laundry (dirty and clean areas, locked chemicals storage)
- Linen supplies
- Maintenance store
- Material safety data sheets
- Meal and beverage service
- Medication administration
- Medication fridges, and trolleys
- Memoranda
- Menus displayed
- Mobility assistance, aids and manual lifting equipment storage area
- Notice and white boards with activities
- Palliative care box
- Pan rooms
- Personal protective equipment being used
- Pharmacy order books

- Resources for activities
- Safety signage
- Secure storage of medications, clinical documentation, staff records and residents' information
- Sharps' containers
- Signage indicating care in progress
- Spills kits
- Staff practice and provision of care
- Waste disposal bins

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 actively pursues continuous improvement by seeking feedback from staff, residents and representatives through comments, complaints and improvement forms, meetings and surveys. A systematic review of processes occurs through regular audits across the four Standards and opportunities for improvement and solutions are discussed at staff and resident/representative forums. Resident, staff and clinical data is collected and reviewed on a regular basis. The home captures improvement opportunities and objectives on a plan for continuous improvement. Residents and staff indicated that management are responsive to suggestions for improvement.

Recent examples of improvements related to Standard 1 include:

- As a result of a complaint about bullying in the workplace, the home conducted training in zero tolerance to bullying, wall posters were installed throughout the home and memos were placed in all communication folders. Staff stated initiative was positive as they are now better equipped on how to handle and report any future incidents of workplace bullying.
- The home implemented an electronic computerised resident information management system to provide a more efficient data system to manage resident information. Staff feedback to us was the new system has provided them with easily accessible resident information and increased security of that information.

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 an overarching system to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. Regular updates of legislative and regulatory requirements are provided to management from industry peak bodies and professional legislation update services. Amendments to legislation, regulations and policies are communicated to residents, representatives, staff and other interested parties via memos, meetings and staff education. Compliance with all aspects of regulatory compliance in relation to Standard 1 is monitored through surveys, audits and observations of staff practices. Criminal record checks are implemented for all staff, volunteers and relevant external service providers.

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

Processes to ensure that staff have the appropriate knowledge and skills to perform their roles are implemented via an organisational and site specific program. An education calendar is developed and reviewed regularly using information collected through meetings, performance appraisal processes, feedback mechanisms and the changing needs of residents. Education sessions are communicated to staff via education calendars, meetings and notice boards. Education attendance at mandatory and other educational sessions is monitored electronically. Education is planned with opportunities provided for staff to attend training both internally and externally. Management monitor the skills and knowledge of staff through audits, observation of staff practice, attendance of mandatory education and via incident and hazard monitoring. Staff demonstrate skills and knowledge relevant to their roles and are satisfied with the support they receive from the home to identify and develop their skills. Education relevant to Standard 1 includes but is not limited to, accreditation standards, performance development and review, and human resource information.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Residents/representatives are aware of how to access the internal/external complaint mechanisms within the home. Complaint mechanisms are displayed and available including forms and suggestion boxes. Written complaints are logged and management provides either verbal or written feedback to the complainant, following up and evaluating until closed. Management provide opportunities for residents/representatives to voice concerns verbally via individual and group meetings and maintains an 'open door' policy. Staff report verbal concerns to their supervisor or assist residents to complete a complaint form.

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 home's Vision Statement and Code of Conduct are documented in the resident handbook and in the staff information booklet.

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

Employment processes at the home, include the selection, appointment and orientation of staff. An orientation program includes mandatory training and staff receive 'buddy' shifts and training specific to their role. Staff skills and knowledge are monitored and supported through educational opportunities identified at annual performance appraisals, competency assessments, audits and attendance at education/training. Staff provide documentation to obtain a current criminal history clearance prior to commencement of work and alerts are provided to staff prior to expiry. To ensure that there is appropriate and adequate staffing for all shifts the home maintains a roster which is reviewed regularly in response to the changing care needs of the residents. Planned and unplanned leave replacements are maintained from the home's current staffing numbers or agency staff. Residents are satisfied that their needs are met by appropriately skilled staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has processes in place to ensure that suitable goods and equipment appropriate for the delivery of services are available to meet residents' needs. Key staff from each area submit regular orders to ensure stock is maintained within pre-determined limits and according to budget. Cleaning products are supplied through a preferred external supplier and inventory and equipment is stored appropriately to ensure accessibility and prevent damage. A preventive maintenance program ensures equipment is serviced on a regular basis and requirements for additional or replacement equipment are identified through staff feedback and resident care needs. Staff demonstrated that quality service delivery is maintained in relation to routine and specialised health and personal care, resident lifestyle, catering, housekeeping, cleaning and resident and staff safety. Residents and staff reported that sufficient and appropriate goods and equipment are provided by the home 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 established processes to identify and record key information and changes to resident care, quality improvement, administration, financial, human resource and maintenance needs. Residents, their representatives, staff and other stakeholders have access to current information on the processes and general activities and events of the home via internal email, memos and meetings for staff and residents/representatives. Electronic and paper based records are maintained by the home, information is securely stored, access to information is based on designation and electronic based information is password

protected and backed up daily. Monitoring of the information management system occurs through internal auditing processes and staff feedback. Communication processes between staff are effective in ensuring that they receive information relevant to their role. Staff and management analyse a range of clinical and management data and this information is discussed at meetings. The home is guided by organisational policies and procedures to guide staff practice and information is archived, stored and destroyed according to organisational policy and legislative requirements. Residents and staff are generally satisfied that information is communicated effectively either verbally or in writing.

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 identifies external service requirements based upon resident, operational and legislative requirements including cleaning, laundry, chemicals, incontinence aids, medical supplies, plumbing, electrical and fire safety maintenance. The organisation has established corporate contracts with major suppliers and external service providers that stipulate details of service to be provided, insurance and a service review process. The home obtains staff and resident feedback and uses internal auditing processes to monitor the performance of external service providers. Management liaise with external providers to address any dissatisfaction with services or supply of stock. Residents and staff are satisfied with the quality of services provided by external service providers.

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 about the home's continuous improvement systems and processes.

Recent examples of improvements related to Standard 2 include:

- The home has implemented a lower limb care program for the residents including a resident assessment strategy to capture all resident's lower limb care needs. Two care staff have completed certificate IV in allied health care (podiatry) and all care staff have received communications and documentation about the program. Residents and staff have provided positive feedback to us about the improved lower limb care provided by the program.
- As a result of resident surveys the home has initiated a resident chronic pain clinic. The home has purchased a number of transcutaneous electrical nerve stimulation machines, allocated 12 hours of physiotherapy to the clinic and developed a “pain myth” pamphlet and distributed it as an education strategy for staff and residents. Resident feedback to us has been positive about improved pain relief. The home conducts monitoring of clinic attendance and this has been positive.

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 information about the home's compliance systems and processes.

In relation to Standard 2 the home maintains compliance with all aspects of regulatory compliance through monitoring, surveys, audits and observations of staff practices. Staff were aware of their responsibilities in relation to the notification of unexplained absences of care recipients.

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 information about the home's education systems and processes.

In relation to Standard 2 Health and personal care, relevant education is identified through specific health care related issues for residents and includes but is not limited to, pharmaceutical information, incident reporting, wound management, mobility and podiatry care needs.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents’ care needs are assessed on entry to the home and an interim care plan is developed. Baseline health assessment is undertaken, supported by focused assessments ongoing as required. The care plan is written by a clinical nurse with evaluation of care interventions occurring every three months by a qualified nurse following consultation with carers and allied health professionals. Care delivery is monitored by the clinical nurses and qualified nurses. Residents are referred to their medical officer or a specialist service as required. Residents’ continuity of care is maintained through verbal and written hand over reports, staff communication diaries and resident progress notes. Staff are aware of the care requirements of residents. Residents/representatives are satisfied with the care being provided.

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’ specialised clinical care needs are identified through initial and regular assessment and ongoing observation by staff, with subsequent specialised care strategies developed, implemented and monitored by registered staff. Three monthly evaluation of the planned care occurs in addition to intermittent reviews where changes in residents’ needs are identified. Specialised care and residents’ ongoing clinical needs are addressed in a timely manner by appropriately qualified members of staff and, where necessary, external specialists. Residents have access to specialised equipment and aids appropriate to their needs and are assisted by staff to use these correctly and safely. All care staff have access to information from allied health practitioners to provide consistent care. Residents are satisfied with the delivery of 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 referred to appropriate health specialists in response to identified needs. Residents’ needs are identified through initial and regular assessment and ongoing observation by care staff, medical officers and members of the allied health team that includes a dietitian, physiotherapists, podiatrist and speech pathologist who attend residents within the home environment. Evaluation of the planned care occurs as required where

changes in residents' needs are identified and three monthly in line with a documented schedule. Referral to relevant allied health practitioners and medical officers occurs in a timely manner and related changes are effectively communicated to nursing and care staff. Assessments and treatments by allied health professionals and medical officers are incorporated into care plans and evaluated for effectiveness. All staff have access to and use care plans and information from allied health practitioners to provide consistent care. Residents are satisfied with the access to and delivery of specialised care within the home

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

Residents' medication needs, including their ability to self administer medications, are assessed initially and on an ongoing basis in consultation with medical officers responsible for prescribing the required medications. The home's medication management systems include supply of medications from a central pharmacy in sachet packaging which are administered to residents by registered and enrolled nurses. Guidelines are available within the home to support safe and correct medication administration. Medications are stored, administered and disposed of appropriately. Medication review by medical officers occurs on a regular basis and related changes are effectively communicated to relevant nursing staff. The effectiveness of medication management processes is monitored through audits, incident reporting and discussion at medication advisory committee meetings. Residents reported they were satisfied with medication management within the home.

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' pain is identified during initial assessment, and reassessment is undertaken quarterly during care plan review, when new pain is identified and/or when existing pain control strategies are ineffective. The medical officer and allied health professionals are involved in the management of residents' pain; strategies to manage pain include medication and alternative interventions such as heat pad interventions. A designated allied health professional identifies and specifically treats residents with persistent pain and individualised plans for pain management are maintained and evaluated by this health professional regularly. Equipment to support pain management is readily available. All relevant staff have access to residents' pain management plans and provide care consistent with these. Residents/representatives are satisfied with the management of pain within 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 palliative care needs and wishes of residents including preferred contacts and funeral arrangements are identified and recorded on admission. Palliating residents are enabled to have their needs met in the home. As a resident's needs change and their condition

deteriorates, the staff of the home liaise with the resident and their family members or significant others to ensure that the resident's physical, spiritual, cultural and emotional needs are respected and provided for. Support for the comfort and dignity of terminally ill residents is provided by staff, volunteers and the chaplain. Families and friends are encouraged to stay with residents in the end stages of life. Staff are aware of interventions to ensure the comfort and dignity of residents who are palliating.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Residents' dietary needs and preferences including special requirements and/or food allergies are identified on admission with information forwarded to the kitchen to guide food and fluid preparation and service. Resident's weights are monitored with strategies implemented as required including commencement of supplements or fortification of food, more frequent weigh regime and /or closer support and monitoring by staff. Any changes in residents needs are referred to a dietician or speech therapist as indicated. Prescribed orders relating to dietary changes or supplements, portion controls, positioning during mealtimes and the use of any aids are incorporated into the resident's care plan and communicated to kitchen and server staff. Staff are aware of individual resident's needs and special requirements and provide residents with appropriate supplements or aids and any assistance they require to facilitate eating and drinking. Residents are satisfied with the quality and quantity of food and fluid provided.

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 care needs and preferences are identified by registered staff through initial and ongoing assessment and review processes that include general skin integrity and potential risk of breakdown. Skin care interventions and preventative actions are planned to meet individual needs and preferences. Care strategies include the daily application of moisturisers, correct manual handling procedures and pressure area care. Podiatry services are provided and specially trained and competent care staff support clinical oversight of foot and nail care. Residents with wounds are assessed by a registered nurse who plans, delivers and evaluates treatment and refers residents to the medical officer or wound care specialist as required. Equipment to assist in the maintenance of skin care is readily available and utilised by staff. Residents/representatives are satisfied with the assistance provided to maintain skin integrity.

2.12 Continence management

This expected outcome requires that "residents' continence is managed effectively".

Team's findings

The home meets this expected outcome

Processes are in place for ensuring that residents' continence is managed effectively. Residents' initial and ongoing urinary and bowel continence status and personal habits are identified during initial assessments by carers and registered staff. Plans to promote continence, manage incontinence and maintain bowel function are developed and communicated to staff. Guidelines, resources and specially trained and competent care staff are available to support appropriate continence management in the home. Continence products are available in plentiful supply and individual product requirements are reassessed as required to ensure resident comfort and dignity. Residents are satisfied with the assistance and aids provided to them to manage continence.

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

Resident's behaviour patterns are assessed during the entry process and settling in period which guide care plan development taking into account residents' mental, emotional and physical state. Resident's behaviours are subtly monitored and reassessment occurs when care needs change or current interventions are ineffective. Staff were observed to interact calmly with residents. Residents with complex behavioural requirements are monitored closely by the qualified nursing staff with regular input from the attending doctor. Where restraint is implemented authorisation is sought from the treating medical officer and the resident's representative. Close monitoring and recording of residents consistently occurs during the time restraint is in use. Reassessment of the need for restraint occurs three monthly during care plan review. When new behaviours are identified a behaviour assessment is initiated to guide ongoing effective care planning and implementation. Residents and their representatives are satisfied with the strategies used to manage challenging behaviour in the home.

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

Resident's level of mobility, dexterity and falls risk is determined through baseline assessment on admission, including assessment by the physiotherapist. Assessment is conducted quarterly ongoing with full review conducted by a physiotherapist in response to a referral from a registered nurse following a residents fall or where concerns are identified with strength or gait. Assessed needs and strategies for care are communicated to staff through the physiotherapy care plan, and care plans are reviewed. Appropriate aids to improve/maintain mobility, dexterity and transfers are available for residents to use and specific exercises are determined for individual residents by the physiotherapist. Residents/representatives are satisfied with the assistance they receive in achieving optimum levels of 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

Residents' oral and dental care needs are identified during the initial and ongoing assessment process by registered staff and care is planned to address identified needs, resident preferences and personal habits. Residents' oral and dental health needs are communicated to care staff via care plans. Resources such as mouth care products are available to meet residents' oral hygiene needs. Residents have access to external routine and emergency dental services which are facilitated by the home as required. Oral and dental care is provided as described in the care plans. Care plans are reviewed regularly in line with the documented schedule. Residents are satisfied with the assistance provided by staff in caring for their oral health.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Residents care requirements in relation to sensory loss are collected through the baseline and ongoing assessment. Care plans identify needs and individual preferences and are reviewed three monthly. Residents are referred to specialists such as audiologists and optometrists according to assessed need or resident request and are assisted to attend appointments as required. Staff support and assist residents in the care and use of sensory aids and are aware of the interventions required to meet individual residents' needs. Residents/representatives are satisfied with the assistance provided by staff to optimise sensory function.

2.17 Sleep

This expected outcome requires that "residents are able to achieve natural sleep patterns".

Team's findings

The home meets this expected outcome

Residents usual sleep patterns, settling routines and personal preferences are identified during the baseline assessment process and on an ongoing basis. Care plans are developed and reviewed three monthly, including sleep. Residents experiencing difficulty sleeping are offered warm drinks and snacks and assisted with hygiene requirements should this be required. Registered and enrolled nurses monitor ongoing needs with input from care staff. Residents/representatives are satisfied with the care and comfort measures implemented by staff in relation to promoting sleep.

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 about the home’s continuous improvement systems and processes.

Recent examples of improvements related to Standard 3 include:

- As a result of a staff suggestion the home initiated combined birthdays for residents so they can be remembered in a special way. Combined resident birthday parties are now being held in each court within the home. Resident/representative feedback to us was positive saying the combined birthdays makes them feel like they are being remembered on their special day.
- In response to feedback from staff and the changing needs of residents, management have increased the lifestyle staff hours, to provide afternoon activities for residents in the secure needs unit. Management informed the team that an activities officer provides individual or group based activities with residents, as per their preferences. Management and staff stated that this is an ongoing program that will continue to be developed and change in response to the needs of the residents.
- Residents’ feedback identified how they are affected when their peers pass away. In response, the home has developed strategies to inform residents and staff, and to provide a dignified exit from the home. These strategies include a farewell poem that is posted on the resident’s room door and an electronic candle that is placed at the dining room or activity table where the resident previously sat. In addition, for the transfer of the resident to the funeral vehicle, a cream cover is placed over the resident to provide a dignified exit from the home. Residents have positively responded to these strategies, stating that they feel they will be cared for until they leave.

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 information about the home’s compliance systems and processes.

In relation to Standard 3 the home maintains compliance with all aspects of regulatory compliance through monitoring, surveys, audits and observations of staff practices. Staff interviewed are aware of their responsibilities in relation to alleged and suspected reportable assaults.

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 information about the home's education systems and processes.

In relation to Standard 3 Resident lifestyle, relevant education is identified through regulatory compliance which includes but is not limited to, elder abuse/compulsory reporting, resident rights and responsibilities and privacy and dignity.

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 satisfied that they are supported adjusting to life in the home and on an ongoing basis. Information identifying the individual needs of each resident are collated from entry and gathered from residents, representatives and family members, which is documented in assessments, handover sheets and progress notes. The emotional needs and support required by each resident includes support provided by chaplains, pastoral carers or volunteers, is incorporated into an individualised care plan which is reviewed regularly. Residents/representatives provide feedback via mechanisms including audits, case conferences, one to one conversations and resident meetings.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents are satisfied that they are assisted to achieve maximum independent lifestyle choices. Information identifying the individual needs of each resident are collated from entry and gathered from residents, representatives and family members, which is documented in assessments, handover sheets and progress notes. An individualised care plan which incorporates the support required to maintain independent lifestyle choices includes identified specialised equipment or aids. Support and assistance to access the community for services, appointments, events, shopping and visitors is provided both within and outside the home. Staff are aware of the individual choices and preferences to support resident's independent lifestyle. Residents/representatives provide feedback via mechanisms including audits, surveys and/or group or individual meetings.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Residents' preferences in relation to their preferred name, care, lifestyle, cultural and spiritual beliefs are identified on entry to the home and this information is recorded in care plans and information folders to guide staff practices. Resident/representative consent is sought on information that may be displayed including photographs, birthdays or religious denomination. Residents' records are secured in areas that are restricted to authorised personnel, and staff discuss individual residents' issues in private. Staff practices promote privacy and dignity and include knocking on doors to gain consent for entry and closing doors whilst attending to resident care needs. Staff have knowledge of individual preferences and address residents in a respectful manner. Residents are satisfied that staff maintain their privacy and dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents are satisfied they are supported and encouraged to participate in a wide range of interests and activities. Information identifying the individual needs of each resident is collated from entry and gathered from residents, representatives and family members, which is documented in assessments and progress notes. This information is incorporated into an individualised care plan and includes the physical, cognitive, social, spiritual and cultural needs of the resident. Guidelines for appropriate equipment and/or assistance to ensure resident lifestyle choices are documented. A program of activities is developed and evaluated with input from residents/representatives, staff, management and volunteers through feedback mechanisms including surveys, audits and meetings. A weekly calendar of events is displayed throughout the home, and special events are discussed and advertised at meetings and in newsletters. Staff are aware of residents' preferred activity and leisure pursuits and provide support to residents to access the activity.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents are satisfied that their individual interests, customs, beliefs and cultural needs are supported and maintained. Information identifying the individual needs of each resident is collated from entry and gathered from residents, representatives and family members, which is documented in assessments and progress notes. The home has a chaplain and pastoral carers who provide additional support as required. This information is incorporated into an individualised care plan. Staff are aware of resources to support the cultural and spiritual needs of residents' including pastoral care support, access to denominational services and ministers, food preferences, special events and information for culturally and linguistically

diverse residents. Staff support and assist residents to attend special celebrations and events.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents are satisfied that they are able to exercise choice and decisions in relation to the care and services provided. Information provided to the resident/representative includes an information kit and handbook which outlines both care and ancillary services provided at the home. Resident's specific lifestyle choices and preferences including care needs, routines, current pursuits and interests are collated from entry, and documented in assessments, handover sheets and progress notes, which are incorporated into an individualised care plan. Alternative decision makers, such as an enduring power of attorney, adult guardian or public trustee to make decisions on behalf of residents are documented and updated as required. Residents are aware of their rights and responsibilities and have access to information regarding advocacy services if required. Residents are supported to maintain lifestyle choices and decision making by representatives/relatives, friends, health professionals, staff and volunteers. Residents/representatives are consulted via feedback mechanisms including case conferences, comments and complaints, group or individual meetings.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents/representatives are satisfied that they are provided with information in regards to security of tenure and understand their rights and responsibilities. Residents/representatives are provided with a resident agreement, information kit and handbook which outline information relating to residents' rights and responsibilities, security of tenure, fees and charges, internal and external complaint mechanisms, and the care and services provided at the home. Consultation occurs with the resident/representative should relocation to another area within the home be required. Residents/representatives are notified about changes both through correspondence and/or individual meetings with relevant staff.

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 about the home’s continuous improvement systems and processes.

Recent examples of improvements related to Standard 4 include:

- As a result of a complaint by staff about overfilling laundry bags the home purchased new load limiting slings for the laundry trolleys. The home has monitored the use of the new slings and subsequent weights of the laundry bags which show the bag weights have been reduced. Staff feedback to us about this initiative has been positive with laundry trolley bags now being filled correctly resulting in better manual handling practices
- As a result of a complaint about bullying in the workplace, the home conducted training in zero tolerance to bullying, wall posters were installed throughout the home and memos were placed in all communication folders. Staff stated initiative was positive as they are now better equipped on how to handle and report any future incidents of workplace bullying in the workplace.
- The home has implemented serving soft and puree meals on dinner plates with an insulated lid, to ensure the meals are appetising and the correct temperatures are maintained. This initiative was a suggestion by staff and feedback from the residents to us was positive about the presentation and temperature of meals.
- In response to a suggestion about resident safety the home has implemented a “Drive Safe” strategy for residents who use motorised mobility aids outside the home. The strategy includes providing those residents with road safety training, yellow safety vests and identification tags for the resident and their equipment. Residents provided positive feedback to us about this initiative and they now feel safer when operating their motorised mobility aids outside the home.

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 information about the home’s compliance systems and processes.

In relation to Standard 4 the home maintains compliance with all aspects of regulatory compliance through monitoring, surveys, audits and observations of staff practices. The home’s food safety program has been accredited by Council and external audits conducted; a Food Safety Supervisor and a Fire Safety Adviser are available to guide staff.

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 information about the home's education systems and processes.

In relation to Standard 4, relevant education is identified via regulatory requirements, incident and hazard reporting and includes but is not limited to fire emergency and first response, infection control, incident reporting and management.

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

Monitoring of the living environment occurs through the reporting and actioning of hazards and the investigation of incidents. Restraint authorities are sought for residents requiring protective assistive devices and are reviewed regularly. The environment and equipment is maintained in accordance with the preventative maintenance schedule, cleaning duty lists and maintenance requests. The residents are encouraged to personalise their rooms with furnishings and decorations. Dining and lounge areas are furnished to provide a safe and comfortable home like environment to support the lifestyle needs of the residents for easy access. The home is secured each evening and lighting ensures a safe environment for residents and staff. Residents/representatives are satisfied that management is actively working to provide a safe and comfortable environment

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

New staff attend orientation sessions covering a range of occupational health and safety topics and staff complete learning packages covering mandatory education topics annually. The home has an Occupational Health and Safety staff available to guide staff at the home and there are regularly reviewed policies and specific work instructions. Maintenance is conducted on buildings and equipment to ensure safety and useability, and staff are guided on the use of equipment and chemicals. Reporting of risk and potential and actual hazards related to the physical environment, chemicals or dangerous goods, equipment, staff infections and systems of work are discussed at regular occupational health and safety meetings and there is active follow-up of audit/inspection results and incident data. Chemicals are stored securely and material safety data sheets are accessible to staff. Staff demonstrated knowledge of incident and hazard reporting processes and their role in maintaining a safe environment, and indicated satisfaction with management's response to safety issues.

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

Independent fire safety inspections occur at regular intervals and maintenance records confirm regular checks by an external contractor of fire safety installations. Fire detection systems provide an immediate alert to local fire brigade and fire extinguishers, hoses, hydrants and blankets are inspected regularly. Evacuation plans and procedures are displayed and there are clearly marked emergency exits free from obstruction leading to emergency assembly points. Guidelines for the management of other emergencies including natural disaster are in place. The home conducts initial training for all staff in fire, security and emergency procedures as part of the orientation process. Staff attend fire safety training on a regular basis, have access to current resident mobility lists and understand their role in the event of an emergency or evacuation.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has a registered nurse who manages an established infection control program, and the infection control manual is available to guide staff practice. The home's incident surveillance monitoring system is used to track and assess all infections. Infection data is discussed at staff meetings and actions/practices are implemented to address any trends. The organisation's audit program is used to monitor and improve the effectiveness of the home's infection control program. Monitoring of staff practices to ensure minimisation of cross-infection practices and monitoring. Staff are provided with training in relation to infection control during their orientation and on an annual basis. The on site kitchen and laundry operate with standard food safety and infection control practices. Staff demonstrated appropriate understanding of infection control practices.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Residents expressed satisfaction with the standard of the catering and cleaning as well as laundry services provided at the home. Registered nurses assess and document residents' dietary needs and generally information is forwarded to the kitchen/kitchenettes to guide food and fluid provision. Resident meetings are used as a forum to discuss menu issues and residents' satisfaction with the meals. Linen is sorted by care staff into specialised bags and taken to the laundry for laundering on-site. Residents' clothing is identified to minimise lost clothing and residents are assisted by the home to manage their clothing labels. Cleaning services are provided by specialised staff in line with residents' needs and infection control practices.