



Aged Care
Standards and Accreditation Agency Ltd

Lansdowne Gardens

RACS ID 0891

11 Manns Avenue

Neutral Bay NSW 2089

Approved provider: Lansdowne Gardens Pty Limited

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 24 December 2016.

We made our decision on 16 October 2013.

The audit was conducted on 10 September 2013 to 11 September 2013. The assessment team's report is attached.

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

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

Lansdowne Gardens 0891

Approved provider: Lansdowne Gardens Pty Limited

Introduction

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

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 10 September 2013 to 11 September 2013.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of 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:	Judith Roach
Team member/s:	Ines Vansevenant

Approved provider details

Approved provider:	Lansdowne Gardens Pty Limited
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Details of home

Name of home:	Lansdowne Gardens
RACS ID:	0891

Total number of allocated places:	66
Number of residents during audit:	61
Number of high care residents during audit:	59
Special needs catered for:	Dementia care wing

Street/PO Box:	11 Manns Avenue	State:	NSW
City/Town:	Neutral Bay	Postcode:	2089
Phone number:	02 9953 0000	Facsimile:	02 9953 0111
E-mail address:	Nil		

Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

Interviews

	Number		Number
Chief executive officer	1	Residents	14
Director of care	1	Representatives	9
Clinical care manager	1	Diversional therapist	1
Registered nurses	4	Physiotherapist	1
Care staff	6	Residential services manager	1
Client relations manager	1	Property maintenance manager	1
Client services manager	1	Catering personnel including executive chef	4
Client services officer	1	Housekeeping staff (laundry and cleaning) including hotel services coordinator	3
Receptionist	1		

Sampled documents

	Number		Number
Residents' files (including clinical assessments, care plans, medical and nursing notes, and associated documentation) electronic and hard copies	12	Medication charts	12
Social profiles, leisure and lifestyle assessments, care plans, resident profile leisure preference document (Key to me)	10	Personnel files	4
Compulsory reporting register with consolidated records	1	Resident agreement - master	1

Other documents reviewed

The team also reviewed:

- Administration policies and procedures manual
- Advance care directives
- Case conference documentation
- Catering, cleaning, laundry schedules and manuals
- Clinical policies and procedures manual
- Comments, complaints and suggestions register, completed forms and feedback including confidential records, records of correspondence between the home and Department of Health and Ageing

- Communication records including staff diaries, memorandum, computerised notice board
- Completed audits and surveys including residents/representatives and staff
- Continuous improvement (CI) documentation including CI plan, audit schedule and results, CI logs
- Education records including calendars showing annual mandatory and ongoing education and training, attendance records
- Emergency and disaster management plan and flipcharts, evacuation information including signage, equipment checklist
- External service providers' records including service agreements
- Falls risk assessments, mobility and manual handling assessments
- Fire safety inspection records, current fire safety certificate, fire training records
- Food safety program, current food safety licence, menus, residents' dietary needs and preferences list, meal cards, equipment and food temperature checks, communication book, kitchen audits
- Human resources records including organisational chart, staff handbook, orientation program, position descriptions, duty statements, performance reviews, police check register, police certificates, statutory declarations, professional registrations, master and working roster, staff replacement and availability lists, employee agreements, staff signatures, staff confidentiality agreements
- Infection control including register, policy manual, surveillance data and analyses, infection statistics, outbreak guidelines, resident and staff vaccination records, procedures manual, infection report forms
- Legislative information including updates from Department of Health and Ageing
- Leisure and lifestyle information, activity calendar, cultural and spiritual documentation
- Medication management documentation and forms, medication stock box
- Meeting minutes - schedules, agendas and minutes including staff, residents/relatives
- Night shift security check and building lock up, registered nurse night rounds sign off sheet
- Notice about upcoming re accreditation audit
- Physiotherapy records including assessments, exercise programs, manual handling instruction cards
- Podiatry assessment and care plan
- Policies and procedures - various
- Preferred supplier list
- Preventative maintenance schedule, environmental audits and spreadsheet, service provider reports including pest control, thermostatic mixing valve checks and water temperature records
- Records of electronic mail communication between representatives and director of care
- Resident admission information pack, resident handbook and information booklet, consent forms, signed resident agreements, newsletters
- Resident authorisation documents and consents (bus outings and shopping), privacy and confidentiality of personal information disclosure
- Satisfaction surveys including staff, residents and relatives

- Temperature and calibration logs for hotel services (equipment and food) and clinical care equipment
- Work health and safety (WHS) manual

Observations

The team observed the following:

- Activities in progress and activity resources
- Aged Care Standards and Accreditation Agency re-accreditation audit notices on display
- Awards displayed including the organisation, the home, and staff
- Brochures including external complaints mechanisms, advocacy information leaflets, various others
- Catering system and processes including meal service to residents and staff assisting residents, menu, dietary information including email alerts on changes to resident preference/need
- Charter of residents' rights and responsibilities displayed
- Chemical storage, material safety data sheets
- Cleaning system and processes
- Communication processes including staff handover
- Equipment in use, supplies and storage areas - various
- Feedback and complaints forms - internal, suggestion box
- Fire safety instructions, equipment, evacuation plans, current fire safety statement, emergency procedure flipcharts
- Infection control resources and equipment including spills kits, personal protective equipment, colour coded equipment including waste management equipment, hand washing stations and hand sanitiser dispensers
- Interactions between staff, residents and relatives/representatives, visitors
- Laundry system and processes
- Living environment - internal and external
- Manual handling equipment in use and in storage - lifting machines, mobility transfer belts, pressure relieving devices, residents using mobility equipment
- Medication administration rounds and medication storage
- Notice boards with notices, pamphlets, forms, and other information on display for staff and residents
- Safety monitoring processes including nurse call system and staff answering call bells
- Secure document storage, archives and records management including storage of residents' documents
- Staff accessing information systems
- Staff availability and practices, staff work areas, staff room, education resources
- Stored oxygen
- Vision, mission, values displayed
- Visitors, contractors and residents sign in and sign out books

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's continuous quality improvement program is underpinned by a quality management system. Improvement outcomes are achieved through regular monitoring and evaluation of all aspects of resident care and service delivery and involve the residents/representatives and staff. A range of methods are used to gain feedback including the comments and complaints system, improvement logs, meetings, and a scheduled program of auditing and surveys. Discussion on feedback is a standing agenda item at management, staff, and resident/relative meetings. Residents/representatives and staff are aware of the ways they can make suggestions for improvement and contribute to the process. Residents/representatives and staff expressed high levels of satisfaction with the approach and timeliness of management in responding to their suggestions for improvement and providing feedback.

Examples of specific improvements relating to Standard 1 Management systems, staffing and organisational development include:

- The organisation identified a need to develop strategies for employment and retention of staff. Results include the extended development of personal carer roles into team leader roles with regular opportunities provided for further education. Another identified aim included provision of pathways for staff to enter university to undertake undergraduate nursing studies. The organisation has held an inaugural graduate registered nurse dinner in April 2013 to recognise and celebrate the achievements of graduating student nurses. Three nursing students worked at the home as personal carers whilst undertaking and successfully completing an undergraduate nursing degree. The home provided assistance to the three nursing students whilst they were completing their degrees and they are now employed in the home's new graduate program.
- The organisation's commitment to seeking opportunities for continuous improvement has resulted in newly created management roles being implemented in client and property services, an executive chef overseeing hospitality services, and a hotel services coordinator. The CEO has sourced a management training company to provide the staff with a two year training program whereby they attend classes one day per month. Management and staff interviewed said the course is proving very beneficial to relevant staff in undertaking their new roles and responsibilities.
- The home has developed a user friendly advanced care directive form in liaison residents' medical officers. Feedback from residents/representatives and staff showed the previous form to be too detailed and time consuming in relation to gathering information. The medical officers have reported a high level of satisfaction with the user friendly format of the form which has resulted in timely information being provided by families. The medical officers have subsequently requested the form be made available at the

organisation's other locations. Management advised the information initiative has been introduced into other aged care homes in the organisation.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home maintains a regulatory compliance register detailing compliance requirements with all relevant legislation, regulatory requirements, professional standards and guidelines. Identification mechanisms include regulatory information received from government departments and peak industry bodies. The CEO disseminates all relevant information to the home through updated policies, emails, memorandums, meetings and staff education. Information is disseminated to residents/representatives through formal letters and meetings. Staff compliance with regulatory requirements is monitored through education and performance review. Document review and staff interviews show staff have attended education on regulatory compliance and have knowledge and understanding of regulatory requirements relevant to their roles.

Examples of regulatory compliance undertaken at the home relating to Standard 1 Management systems, staffing and organisational development include residents/representatives being notified about the Reaccreditation audit. There are processes for managing criminal history checks for all staff and relevant external service providers. Management ensures all residents/representatives and staff have access to internal and external comments and complaints mechanisms.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has systems to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. The education program includes topics covering the four Accreditation Standards and is reviewed annually with input from management and staff. There is a comprehensive orientation program for new staff and a buddy system is used to support the staff during their induction. The director of care oversees on-site education and training. Records are kept to monitor attendance at all education and training and there is follow-up of non-attendance at compulsory education sessions. Management and staff said they have access to a broad range of education including external courses and are satisfied with the career development opportunities made available to them. Management and staff said the education and training program is assisting them in their roles and responsibilities.

Education undertaken by management and staff relevant to Standard 1 Management systems, staffing and organisational development include frontline management training, accreditation, bonds management, complaints management, documentation skills, compulsory reporting including elder abuse, orientation and induction, and new equipment training.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home ensures each resident, or their representative, and other interested parties have access to internal and external complaints mechanisms. Document review and interviews confirm residents/representatives are aware of external avenues to raise concerns. Brochures and posters on the Aged Care Complaints Scheme and the home's internal mechanisms are displayed and available throughout the home. Information on raising complaints is contained in the resident handbook and resident agreement provided to residents/representatives on a resident's entry to the home. The director of care's open door policy and regularly held resident/relative meetings provide opportunities to raise issues and consult with management. Residents/representatives stated they raise any concerns directly with the director of care and are very well satisfied with management's timely response and feedback to any 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's mission and philosophy are on public display in the home. Information is presented to residents/representatives and staff through key documentation including the resident and staff handbooks. The handbooks are given to all residents/representatives on a resident's entry to the home and to staff on their commencement of employment. Education on the home's mission, vision and philosophy is provided as part of the orientation program for new staff.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings

The home meets this expected outcome

The home's human resource policies and procedures include staff recruitment and selection, position descriptions and duty statements, and an orientation and induction program. Staff performance and development is underpinned by the home's education program including skills training and competency assessments. Staffing mix and levels are determined and adjusted with reference to residents' needs, a range of clinical monitoring data and feedback from staff and residents/representatives. Residents/representatives interviewed said care and services are delivered to residents by sufficient staff numbers in a very caring and knowledgeable manner. Staff interviewed expressed satisfaction with the support provided by management, and their employment conditions at the home. Staff said they have sufficient time to meet residents' needs and notable throughout the home was a positive and calm atmosphere and a sense of teamwork.

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

There are policies and procedures for ensuring adequate supplies of inventory and equipment are available for quality service delivery. The home has clear procedures for purchasing, servicing and maintaining, and replacing necessary equipment for use in various care and service areas. We observed storerooms and functional areas such as staff areas, clinical areas, the kitchen and other service areas to be well equipped, well stocked and well maintained. Staff said there are adequate supplies of inventory and equipment for them to perform their work effectively. A planned preventative and corrective maintenance program ensures that equipment is well-maintained and fit for purpose.

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

There are effective information management systems in place. Confidential files of staff and residents are stored securely. Procedures are used for the receipt, dissemination, storage, review and destruction of records. Access to electronic records is protected and back-up security software and hardcopy records are securely stored. The home has a schedule of meetings to ensure relevant information is available in a timely manner to residents/representatives and staff. Information is disseminated through email, noticeboards, newsletters, memoranda, staff handovers, formalised feedback mechanisms and informal lines of communication. The home has current policies and procedures available and collects data regarding the quality of care and services for purposes of assessment and improvement. Our review of residents' files show their care needs are documented and reviewed. Staff said they are satisfied with the home's information systems and residents/representatives expressed satisfaction with their access to information saying it assists them to make decisions about residents' care and lifestyle.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has a system that assists management in ensuring that externally sourced services are provided in a way that meets the home's needs and service quality goals. A range of external service providers operate within contracts and service agreements including clinical care, education, food services, fire systems, infection control and various building maintenance and services. Service agreements encompass the organisation's requirements and expectations for quality service provision, police certificates (where appropriate) and other relevant criteria. Management and staff monitor the performance of the service providers and take appropriate action, including their replacement if necessary, in order to ensure services are provided at the desired level.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The results of document review, observations and interviews reveal the home is pursuing continuous improvement in relation to the health and personal care of residents.

Residents/representatives and staff are satisfied that the organisation actively promotes and improves residents' physical and mental health. For further information regarding the continuous improvement system see expected outcome 1.1 Continuous improvement.

Examples of continuous improvement activities relevant to Standard 2 Health and personal care include:

- Management identified a need for timely updating of registered nurses' knowledge on current best practice techniques in wound care management. The initiative included identifying current trends in wound care and establishing ways in which the organisation's clinical leaders could effectively impart the knowledge to registered nurses employed at the home. The director of care has successfully liaised with a wound care specialist attached to a university teaching hospital to provide advice when required. Management said the initiative will provide residents with optimal wound care in a timely manner if and when required.
- The residents' medical practitioners identified an opportunity for residents to improve their muscle strength, balance and mobility through undertaking a regular Tai Chi exercise program. The director of care reported a trained instructor has been employed and that regular Tai Chi classes are now regularly held. Residents interviewed are enjoying the program stating it is helping them with their balance and mobility.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to manage regulatory compliance which are described at expected outcome 1.2 Regulatory compliance. Examples of the home's observance of regulatory compliance relating to Standard 2 Health and personal care include the home maintaining records of current professional registrations of all qualified staff and visiting health specialists. Document review and interviews with management and staff confirmed policies, procedures and practices are in place for the compulsory reporting of residents who are deemed to be missing without explanation. The home has an accredited medication system in accordance with the relevant legislation and guidelines governing medication management practices.

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 a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge. Review of documentation and staff interviews confirmed education relating to Standard 2 Health and personal care has been provided for management and staff. Examples include mentoring of newly graduated registered nurses, fourteen staff attended a specialist dementia behaviour management course, evidence based practice, medication management, palliative care and wound care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents said they receive clinical care that is appropriate to their individual needs and preferences. The home has processes and systems to ensure residents receive appropriate clinical care through regular assessments, care planning and evaluation. Initial clinical care planning is overseen by the senior team. Care plans are developed and implemented in consultation with residents and/or representatives using the results of clinical assessments, input from the healthcare team and information from the resident’s medical assessment. Staff practices are monitored for compliance with the home’s processes and procedures. Residents are satisfied with the level of consultation and the health and personal care 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

The specialised nursing care needs of residents are identified through review of their medical history, clinical assessments and discussion with residents/representatives. Specialised nursing care is provided by appropriately qualified registered nurses who are onsite 24 hours per day. Care plans are regularly reviewed to ensure they reflect the specialised nursing care needs of residents. Staff at the home currently provide specialised nursing care for residents requiring wound care, anticoagulant, pain and diabetes management. Residents at the home are referred to a range of specialists including general practitioners, clinical nurse consultants, and wound, continence, psycho geriatric and palliative management teams. The home has an ongoing review and evaluation system for identifying and managing specialised nursing care needs. Residents said they are satisfied with the consultation and provision of specialised nursing care. Nursing staff have access to internal and external education and are competency tested.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The residents are able to access appropriate health specialists through referrals from their medical officer in accordance with their individual needs and preferences. A number of health care specialists visit the home on a regular basis and as required, including a physiotherapist, podiatrist, speech pathologist and dietician. Other specialist health services can be accessed through the local area health service. Records of visits to specialist are kept in resident files and relevant advice from these specialists is included in residents’ care plans. Staff advised, and residents confirm, the home assists in the arrangement of appointments to health specialists and transport to appointments as necessary. Residents said they are satisfied with the referral systems, consultation regarding preferences, and timeliness of referrals to specialists.

2.7 Medication management

This expected outcome requires that “residents’ medication is managed safely and correctly”.

Team’s findings

The home meets this expected outcome

Staff demonstrated resident medication is managed safely and correctly. Care staff who are deemed competent administer medication via a blister packaging system. The medication needs of each resident are assessed when they move into the home in consultation with the representative and medical officer. Staff responsible for administering medications are appropriately trained and participate in annual competency assessments. A photograph identifies each resident with their date of birth and clearly defined allergies on each medication chart. There are processes to monitor compliance with the medication management system through audits and documentation of incidents. Medication advisory committee meetings are planned and review legislation changes, medication and pharmacy issues. Residents are satisfied medications are managed in a safe and correct manner. We observed staff administering medication in a safe and correct method.

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 are assessed on entry and on an ongoing basis to ensure they are as free as possible from pain. Residents’ cognitive abilities are taken into account and the home uses a variety of tools to assess and manage pain. Any resident identified with pain including residents at risk of pain are assessed and have a pain management plan documented in the care plan. The plan is monitored and regularly evaluated for effectiveness in consultation with the resident/representative, healthcare team, medical officer and the physiotherapist. Residents are referred to specialists when necessary. Medication and alternative approaches to manage pain include massage, the provision of emotional support, exercise and the use of pain relieving equipment. Staff receive education in pain management and staff practice is monitored by management. Staff interviewed said that pain management for residents is a priority. Residents report that staff respond promptly to their pain and offer interventions in line with preferences.

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

Management has practices in place to ensure the comfort and dignity of terminally ill residents is provided. Most rooms at the home are private rooms and relatives are encouraged and supported to stay with the resident. Advanced care directives are discussed with residents and/or representatives on admission depending on care needs and then as needed. The home has access to specialist advice from a palliative care team at the local health service and has a range of technical devices and assistive aids including access to syringe drivers and air pressure relieving mattresses. Ministers of religion are available according to residents’ preferences. Staff practice is monitored to ensure it is consistent with resident needs and preferences. Residents state they are satisfied with the flexibility of the home’s staff in meeting resident and relatives’ needs.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure residents receive adequate nourishment and hydration. Residents are offered a varied, healthy and well balanced diet, which is developed in consultation with a dietician. The home demonstrates that residents receive adequate nutrition and hydration through initial consultation and ongoing feedback about likes and dislikes and special dietary requirements. Nutritional supplements are introduced as required to assist weight and wound management. Weight loss or gain is monitored and managed in consultation with residents. The home has access to a speech pathologist to assess the swallowing ability of residents as required. Residents expressed satisfaction with the home’s approach to meeting residents’ nutrition and hydration.

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 said they are satisfied with the way skin care is managed. The skin integrity of each resident is assessed when they move to the home and residents are involved in care planning to ensure any concerns relating to skin care are identified and met. Skin tears and wounds are assessed and treated promptly and are regularly monitored by competent staff. The home has access to wound care specialists who provide education to the staff. Care plans are regularly reviewed by the healthcare team and appropriate referrals to specialist services are made. Changes to skin care are documented and communicated to care staff in a timely manner. Manual handling education for staff is mandatory. Strategies for maintaining residents’ skin integrity include repositioning, nail care and pressure area care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents said continence is managed effectively at the home. Assessments are used to develop individualised programs in consultation with the residents and the healthcare team. Continence management plans are regularly reviewed by the registered nurse in consultation with the continence nurses and referrals to specialists are arranged as needed. Any changes in care and resource allocation are communicated to staff in a timely manner. Continence is promoted through resident toileting programs which may include prompting, scheduled toileting times, high fibre diets, and increased fluid intake and exercise programs. The home has sufficient stock of continence aids in appropriate sizes to meet the needs of the individual resident. Staff practice is monitored by management to ensure residents’ privacy and dignity is maintained at all times.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has systems to effectively manage residents with challenging behaviour. Challenging behaviour of residents is identified through review of their medical history, clinical assessments and discussion with residents and/or representatives. A review of clinical documentation shows that specific behavioural assessments are conducted on entry and when necessary. Challenging behaviours, triggers and management strategies are documented in care plans and challenging behaviours are monitored. The home has access to a psycho-geriatric consultant and other specialist health services through the local area health service. Staff interviewed and observed confirmed the various strategies used to assist in modifying residents’ behaviour. Residents generally report being unaffected by the conduct of residents with challenging behaviour. Nursing staff have access to internal and external education and are competency tested.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Residents at the home are supported to achieve optimum levels of mobility and dexterity. An external physiotherapist contracted to visit the home is working together with the internal staff to complete assessments and physiotherapy care plans for all residents. The physiotherapist also develops individual exercise, balance and strengthening programs for residents. The home has a wellness centre with rehab equipment and a hydro pool. There is a range of equipment available to maximise resident mobility and dexterity including mobility aids and equipment for transfers such as lifters, transfer belts and wheelchairs. A comprehensive falls program is in place. Residents expressed satisfaction with the support provided for residents to maintain their mobility and dexterity levels.

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

The home demonstrates that residents’ oral and dental health is maintained. Residents’ oral and dental care needs and preferences are identified on entry through a variety of assessments. Care plans are developed and a monitoring program implemented to update the plans for any changes required in an ongoing manner. Staff provide assistance to residents with oral hygiene daily as outlined in the care plan. There is access to a visiting dentist and through the local area health service who is available for routine appointments. Residents are satisfied with the assisted oral hygiene 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

The home has systems to identify and manage residents’ visual, hearing and other sensory losses. Resident sensory deficits are assessed on entry and the level of assistance required by residents, as well as the management of relevant aids such as glasses and hearing aids, is included in residents’ care plans. Residents have access to external specialist services including an ophthalmologist, optometrist, audiologist and speech pathologist in the local area health community. Cleaning glasses and hearing aids as required are part of the residents’ daily hygiene routine. The home provides a safe hazard free environment and aids to assist those with sensory loss such as large print books and games. Residents interviewed indicated satisfaction with the management of sensory loss.

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

Staff at the home assist residents to achieve natural sleep patterns through the assessment of residents’ sleep pattern, associated care planning and the availability of staff support at night. Strategies available to support residents to achieve natural sleep patterns include pain and continence management, warm drinks and/or snacks at night, and reassuring residents who are having difficulties in sleeping. Residents’ interviewed confirm the environment is quiet at night and that staff use a range of strategies to assist them if they have difficulty in sleeping.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home is pursuing continuous improvement in relation to resident lifestyle and this was confirmed by our observations, interviews and document review. Resident meetings and surveys are used to formally gather suggestions and feedback and participation in lifestyle activities is observed by the activities officer. Management and staff encourage and support residents and others to provide feedback and suggestions. For further comments regarding the continuous improvement system see expected outcome 1.1 Continuous Improvement.

Examples of continuous improvement activities relevant to Standard 3 Resident lifestyle include:

- A new seasonal menu with an extended four week cycle has been introduced following residents requesting an increased opportunity for choice and decision making in relation to menu planning. The dietitian was invited to speak with residents prior to development of the new menu to ensure they had an active role in choice and decision making. Evening meetings were held with the residents/representatives, the dietitian and management to facilitate positive outcomes for the residents. A winter menu was developed and successfully implemented. Residents interviewed said they are very pleased with the current menu and are looking forward to participating in the selection of the new summer menu.
- Management identified a need to increase the opportunities for male residents to participate in lifestyle and leisure activities of interest to them. This resulted in the creation and launch of the ‘Men’s Boardroom’ luncheon series whereby regular lunches are organised in the boardroom with guest speakers attending. The lunches are providing a forum for male residents to establish relationships with interest groups in the wider community. The series has now expanded beyond the boardroom with activities such as men’s rugby outings and drinks tasting evenings. Some examples of guest speakers include a pilot employed by a major airline carrier, a classic car enthusiast, and other industry leaders. The home was awarded a 2013 Better Practice award for the initiative.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to manage regulatory compliance which are described at expected outcome 1.2 Regulatory compliance. Document review show the home’s policies have undergone review in relation to changes in Aged Care Amendment Acts. Interviews with staff confirm they have attended relevant educational programs. Examples of the home’s regulatory compliance relating to Standard 3 Resident lifestyle include residents being issued with a residency agreement incorporating clauses on security of tenure. Documents

displayed and available on site include the residents' handbook with information on residents' privacy and confidentiality. The home has a system for the compulsory reporting of resident assaults according to the requirements of *The Aged Care Act 1997*, *The Accountability Principles 1998*, and *The Records Principle 1997*.

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

Information about the home's system for education and staff development is provided under expected outcome 1.3 Education and staff development. Education sessions that management and staff attend relating to Standard 3 Resident lifestyle include specialist behaviour management course, resident privacy and confidentiality, advocacy and elder abuse. A lifestyle staff member is undertaking a certificate IV course in Leisure and lifestyle.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has systems to ensure each resident receives initial and ongoing emotional support. This includes an orientation to the home on entry. All new residents are visited by staff including housekeeping and recreational activities staff who support and encourage social involvement during the settling in process. Initial and ongoing emotional needs are identified and additional support is given by the pastoral care professionals in response to staff and/or family requests. Care and support are planned in consultation with residents and their family and staff provides one-on-one time. Residents are encouraged to personalise their rooms and visitors are welcomed. Observation of staff interactions with residents showed warmth, respect, compassion, empathy and understanding. Residents said they are satisfied with the way residents are assisted to adjust to life in the home and with the ongoing support provided.

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 expressed satisfaction with the manner in which staff assist residents to optimise their independence physically, socially, culturally and intellectually. Residents are encouraged and assisted to maintain friendships and interests, and to participate in community activities in accordance with their individual abilities and preferences. The home arranges bus trips and community events. Resident meetings provide the opportunity for residents to raise issues and provide feedback. Residents' level of independence and need for assistance are assessed when they move into the home and are regularly reviewed. Planned activities encourage residents and their families to participate. Family and friends

can visit at any time and residents were observed entertaining visitors in their rooms and in communal areas of the home. Volunteers and entertainers attend as part of the activity program.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home recognises and respects each resident's right to privacy and dignity through the identification of residents' care needs, cultural and spiritual needs, care planning and staff practices. On entry to the home residents are provided with information on privacy, dignity and confidentiality. Consent forms that relate to the disclosure of health related information and the use and disclosure of personal and sensitive information and use of photographs are obtained. All residents have their own rooms that provide privacy. Observation of staff practices and interactions with residents show staff treat residents respectfully and with dignity. Staff sign a confidentiality agreement. Residents' clinical records are stored securely and staff handovers are held in private. Interviews demonstrate residents are satisfied with staff's respect of residents' privacy and dignity. Residents confirm staff knock on resident doors before entering, speak to residents respectfully, and call residents by their preferred name.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home demonstrates residents are encouraged and supported to participate in a range of interests and activities of interest to them. Residents' specific needs, interests and preferences are assessed on entry and on an ongoing basis in consultation with residents and families. Assessments identify emotional and social needs and contribute to the development of lifestyle plans of care. Recreational activities staff provide group and one-on-one activities and they are assisted by volunteers. Residents contribute to program development through meetings and discussion. The home's activity program has a variety of in-house and community based activities including outings, craftwork, exercise programs, reading, music, sing-a-long and games. The newsletter includes planned activities and special events. Noticeboards display the activities calendar and staff remind residents about activities. Residents expressed satisfaction with the type and range of leisure activities available at the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents' cultural and spiritual needs are identified during the home's assessment processes. Residents' individual interests, customs, religions and ethnic backgrounds are

recorded in the 'key to me' document and in the plan of care. The home recognises and celebrates significant religious events and culturally specific days consistent with residents residing in the home and the cultural diverse staff caring for the residents. Examples of those celebrated include Christmas and Easter celebration, Italian Day and Asian Day. Residents' birthdays are celebrated. Non-denominational religious services are held and a minister of religion visits on request of residents and/or representatives. Residents are actively encouraged to maintain cultural and spiritual links to community. Staff demonstrated an awareness of strategies to facilitate communication with residents from culturally and linguistically diverse backgrounds. Residents interviewed are satisfied with the way the home manages residents' spiritual and cultural requirements.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

There are systems to ensure a resident and/or their representative is able to exercise choice and control over residents' lifestyle. Some examples include: choice of medical officer; participation in decisions about care and services; dietary preferences; and choice to participate in activities or not. Care conferences and resident meetings provide forums for residents to express views about care and service provision. Internal and external feedback forms and brochures are available. All residents receive a resident handbook and service directory on admission. Residents' authorised representatives' contact details are recorded. The charter of residents' rights and responsibilities is displayed. We observed staff consulting with residents about their wishes and preferences. Residents interviewed are generally satisfied with the provision of choices available and processes to make decisions about their lifestyle.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has policies and procedures to ensure residents have secure tenure within the residential care service, and understand their rights and responsibilities. New residents (and/or their representatives) are provided with information about residents' rights and responsibilities on a resident's entry to the home. A resident agreement is offered to each resident/representative during this time to formalise occupancy arrangements. The agreement includes information for residents/representatives about residents' rights and responsibilities, complaints handling, fees and charges, residents' security of tenure and the process for the termination of the agreement. Residents/representatives interviewed generally expressed satisfaction with the information the home has provided regarding residents' security of tenure and their rights and responsibilities. Residents said they feel secure in living at the home.

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

Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Recent improvement initiatives relevant to Standard 4 Physical environment and safe systems are:

- Feedback from residents/representatives resulted in the organisation constructing a pathway around the home’s gardens to provide residents with a large and safe walking area within the home’s boundary. Outdoor seating areas have been constructed along the walkways to provide residents with opportunities to rest during their walks. New outdoor furniture has been purchased and covered areas installed to provide residents with year round enjoyment of the gardens and walkways.
- In line with implementing the new work health and safety (WHS) legislation the home has a WHS representative who has participated in industry accredited training in relation to the new legislation. A WHS committee has been formed and is actively involved in reviewing WHS documents, auditing and the implementation of the WHS legislation.

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

Information about the home’s system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home’s monitoring and compliance with regulatory requirements relevant to Standard 4 Physical environment and safe systems include fire safety equipment being regularly inspected and tested and an annual fire safety certificate has been issued. The home has updated occupational health and safety systems in line with new Work Health and Safety legislation. Document review and staff interviews confirm the home implements a food safety program and the home has a current food safety program. Staff have participated in industry workshops in relation to the introduction of the work health and safety (WHS) legislation and codes of practice. A WHS policy, associated protocols, procedures and forms have been introduced.

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

Information about the home's system for education and staff development is provided under expected outcome 1.3 Education and staff development. Education sessions that management and staff attend relating to Standard 4 Physical environment and safe systems include: induction and orientation and mandatory training including fire safety, manual handling, infection control, chemical use, and safe food handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home has put in place mechanisms that demonstrate management is actively working to provide a safe and comfortable environment consistent with residents' care needs. Mechanisms include environmental safety inspections, cleaning programs, maintenance and other safety related checks including electrical equipment checks, fire safety systems and incident and accident reporting. There are resident feedback mechanisms including residents' meetings and direct discussions with management in relation to the comfort and safety of the living environment. Residents are encouraged to make their rooms into a homelike environment and all residents' rooms have furniture and equipment that provide for their comfort. Lounge and sitting areas and external gardens and courtyards with walkways are available for residents and their visitors. A planned preventative and corrective maintenance program ensures the overall safety of the home's environment and equipment. Residents/representatives we interviewed are of the view that the home is safe 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 effective mechanisms in place to ensure that management is actively working to provide a safe working environment that meets regulatory requirements. The home's safety system is overseen by a trained work health and safety (WHS) officer and WHS is discussed at all meetings. The safety system includes staff training in manual handling, safety audits and inspections, electrical equipment checks, safe operating procedures for chemicals and dangerous goods, access to material safety data sheets, manual handling equipment, personal protective equipment, hazard reporting, and accident and incident reporting. Our review of data and discussion with management, staff and residents/representatives revealed that incidents and accidents are reported and effectively managed.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home's management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are documented emergency procedures in place. Fire safety systems in the home include a designated fire officer, fire alarms, fire sprinklers, smoke/fire doors, fire hoses and extinguishers, exit signs, regular system and equipment checks, and evacuation plans. The home has formal, external contractual arrangements for the monitoring and maintenance of all on-site fire safety equipment and systems. We sighted the current fire safety certificate. Staff training records confirmed staff have participated in regular fire safety training and staff interviewed are aware of fire safety and emergency procedures. Residents said they have received fire safety education and residents/representatives demonstrated awareness of and satisfaction with residents' safety, security and comfort at 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

The home has an effective infection control program underpinned by infection control policy, practices and guidelines. The care manager oversees the program which includes the use of standard precautions, food safety procedures, management of contaminated waste, appropriate linen handling, outbreak management, sharps containers, spill kits, regular and appropriate use of personal protective equipment, staff and resident access to immunisation, a cleaning regime, temperature monitoring, colour coding and hand washing. Education on infection control procedures has been conducted and staff demonstrated awareness of their responsibilities. There are also regular surveillance audits of relevant areas including catering, cleaning and the laundry. Clinical data is used to monitor infection rates on a regular basis. We observed appropriate infection control practices in operation at the home.

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

The home has policies, procedures and appropriate arrangements to ensure that hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment. Regular food safety audits and surveys are attended. Food is cooked fresh on site and the catering system ensures that residents' preferences are taken into account in the food planning process, and that appropriate choices and alternatives are offered. Residents have input into menus and food quality through feedback directly to the executive chef, satisfaction surveys, and regular residents' meetings. Cleaning in the home is well organised and effective with common areas and each resident's room being cleaned regularly. Residents' personal clothing and linen is laundered on site. Laundry services are done in such a way as to ensure linen is appropriately laundered and residents' personal items are washed and returned to their owner, within a reasonable turnaround time. Interviews showed

residents/representatives are very satisfied with the way in which the home provides catering, cleaning and laundry services.