



Australian Government

Australian Aged Care Quality Agency

RSL Care Fairways

RACS ID 5354
59 Hanbury Street
BUNDABERG NORTH QLD 4670

Approved provider: RSL Care 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 August 2017.

We made our decision on 25 June 2014.

The audit was conducted on 20 May 2014 to 22 May 2014. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome	Quality 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	Quality 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	Quality 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	Quality 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



Australian Government

Australian Aged Care Quality Agency

Audit Report

RSL Care Fairways 5354

Approved provider: RSL Care Limited

Introduction

This is the report of a re-accreditation audit from 20 May 2014 to 22 May 2014 submitted to the Quality 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 Quality 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

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 20 May 2014 to 22 May 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 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:	Sandra Henry
Team member/s:	Julie White

Approved provider details

Approved provider:	RSL Care Limited
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Details of home

Name of home:	RSL Care Fairways
RACS ID:	5354

Total number of allocated places:	110
Number of residents during audit:	110
Number of high care residents during audit:	96
Special needs catered for:	Residents with dementia related disorders

Street/PO Box:	59 Hanbury Street
City/Town:	BUNDABERG NORTH
State:	QLD
Postcode:	4670
Phone number:	07 4131 6400
Facsimile:	07 4154 1488
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
Residential manager	1
Manager clinical safety	1
Clinical coordinator	1
Registered nursing staff	4
Personal care workers	6
Health and safety adviser/Fire safety adviser	1
Diversional therapist	1
Residents/representatives	15
Administration officer	1
Hotel services staff	6
Maintenance supervisor	1
Physiotherapy assistant	1
Hotel services manager (Regional)	1

Sampled documents

Category	Number
Residents' files	12
Residential agreements	5
Medication charts	15
Personnel files	6

Other documents reviewed

The team also reviewed:

- Accident/incident/hazard register
- Assets/equipment registers
- Audit schedule, guidelines and reports
- Bowel and urinary screening tools
- Certificates of classification

- Cleaning and sanitising schedule
- Clinical governance reports
- Communication books
- Compliments and complaints register
- Continuous improvement plan
- Dietary information sheets
- Diversional therapy records
- Emergency response and business continuity manuals
- Fire drill evaluations
- Food business licence
- Food safety program
- Handover sheets
- Improvement log register
- Infection control management plan
- Maintenance request records (electronic)
- Mandatory reporting records (electronic)
- Mandatory training and medication competency matrices
- Meeting schedule and minutes
- Memoranda
- Newsletter
- Police certificate, professional qualification and performance evaluation matrices
- Policies, procedures and manuals
- Position descriptions and duty/shift responsibility statements
- Preventative maintenance schedule
- Resident evacuation list
- Resident handbooks
- Residents' information package and surveys
- Restraint authorisations (environmental)

- Risk assessments and safety alerts
- Rosters
- Safety data sheets
- Schedule 8 drug registers
- Self-assessment
- Service contracts, register and reports
- Staff orientation checklists and 'buddy shift' checklists
- Stock order lists
- Temperature monitoring records
- Training needs analysis, calendar and attendance records
- Wound treatment folders

Observations

The team observed the following:

- Accreditation information on display
- Activities in progress
- Charter of residents' rights and responsibilities on display
- Equipment, chemicals and supply storage areas
- Evacuation diagrams, assembly areas and routes of egress
- External complaints and advocacy information
- Feedback forms on display
- Fire panels
- Firefighting and fire detection equipment
- General practitioners' clinic
- Hand sanitiser, hand washing facilities and personal protective equipment
- Hazard forms and signage
- Interactions between staff and residents
- Internal and external living environments
- Kitchen, cleaning and laundry operations

- Maintenance workshop
- Meal and beverage service
- Menu on display
- Notice boards
- Outbreak management kits
- Philosophy statement on display
- Sharps and waste disposal
- Short group observation
- Sign in/out registers
- Staff practices
- Storage of medications
- Suggestion boxes

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

RSL Care Fairways (the home) actively pursues continuous improvement. The home's continuous improvement system identifies improvement opportunities against the Accreditation Standards. Staff and residents/representatives contribute to the improvement system through meetings, the comments and complaints system, audits, review of hazards and incidents, and feedback forms. Improvements are discussed and monitored through meetings prior to being evaluated and completed. Residents/representatives and staff are confident suggestions are responded to in a timely manner and are satisfied the home actively pursues continuous improvement.

Examples of recent improvements undertaken by the home in relation to Standard 1 Management systems, staffing and organisational development include:

- The home has integrated services with the organisation's home care and retirement living arms to support continuity of care for potential and new residents. Home care services are now co-located at the home. Management reported this has enabled the home to share staff and receive information to support care and service delivery, minimising duplication of resident information and providing consistency of staffing to assist residents to adjust to the home.
- As a result of a resident 'settling in' survey, the home has identified that new residents had a poor understanding of fire evacuation procedures. The home increased the size of fire instruction information and simplified the message for signage on the back of residents' doors. Management reported increased resident knowledge following recent fire drill evaluation; this was confirmed through our interviews with residents.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to identify and ensure compliance with relevant legislation, regulations, professional standards and guidelines. The home is supported by the organisation ensuring management is informed of current legislation, industry practice and professional guidelines with regular updates and the development of policies and procedures to guide staff practices. Staff are informed through meetings, memoranda and training.

Monitoring of the home’s regulatory compliance systems occurs through the observation of staff practices by key personnel and the flagging of key review dates. Training mandated by regulation is scheduled and staff attendance and participation is monitored.

Particular to this Standard, the organisation has systems to ensure police certificates are current and residents/representatives are advised of scheduled accreditation visits.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. New staff are provided with position descriptions and duty/shift responsibility statements to ensure they are aware of their position requirements. New staff attend orientation and are supported through ‘buddy’ shifts. All staff attend annual mandatory training sessions to ensure skills and knowledge remain current. Education and training needs are developed in response to legislative requirements, performance development sessions and observation of staff practice. Staff are encouraged to attend internal and external training opportunities with further educational needs being identified through training needs analysis, meetings, audits/surveys and resident care needs. 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.

Particular to this Standard, staff have attended education sessions in the fundamentals of documentation, the organisation’s philosophy of care and leadership.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has processes to ensure residents/representatives have access to internal and external complaints mechanisms. Information is provided about internal and external avenues of complaints during the entry process, in the resident agreement and handbooks, via the residents' noticeboards and at meetings. Complaints are raised on internal feedback forms, via organisational mechanisms, at meetings and through discussions with management and staff. Issues raised are logged, investigated in a timely manner by management and addressed until resolution. Staff and resident/representative feedback is discussed at meetings. Residents/representatives are satisfied with approaching management with comments or complaints.

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 philosophy of care, mission and objectives are documented in the resident and staff handbooks, disseminated to staff during the orientation process and displayed within the home. Management and staff at the home are knowledgeable about the home's vision and values.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Management monitors residents' level of care needs, resident/staff feedback, staff availability and skill mix to ensure adequacy of staffing across the home. A registered nurse is available 24 hours a day to guide registered and care staff in the delivery of residents' care. The home has established relief and on-call processes and staff are supported by organisational staff in undertaking their duties. The home maintains policies for the recruitment and selection of staff including reference checks, criminal history checks and ensuring current professional registrations. New staff are aware of the requirements of their positions through letters of appointment, 'buddy' shifts, orientation processes, position descriptions, duty/shift responsibility statements and ongoing mandatory education sessions. Key personnel conduct annual staff performance appraisals to ensure education needs are identified and staff are aware of their performance requirements. Residents/representatives are satisfied with the staff skill levels and responsiveness of staff to residents' care needs.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has processes to ensure there are stocks of appropriate goods and equipment available to provide care and services. Preferred suppliers are used by the home for the provision of various goods and these are checked upon receipt to determine their suitability. Supplies of stock are rotated and monitored to ensure sufficiency for both care and service delivery. New equipment is assessed prior to purchase and training provided to staff. The home undertakes regular servicing and inspection to ensure equipment is in good working condition. Any unsafe or broken equipment is reported and maintenance action taken. Staff and residents/representatives are generally satisfied there are sufficient goods available and equipment is in good working order.

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's information management systems are effective in ensuring continuity of care and service delivery and communicating organisational requirements. The clinical care management system is designed to manage the assessment of residents' care and lifestyle needs, the development of care plans, and the communication of changes to ensure nursing and other staff have current and accurate information. Communication books and handover processes are used to record care need changes. Staff are satisfied they have access to appropriate information for the delivery of care and services. Effective information systems are used for the documentation, analysis and reporting of complaints, incidents, infections and hazards. Information systems that support human resource management, staff education, use of external service providers and continuous improvement are effective.

There are processes to ensure the security of electronic and hardcopy information and to manage the archiving and destruction of obsolete records. Residents/representatives are satisfied they have access to relevant information and are kept informed.

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 processes to ensure that externally sourced services are provided in line with the home's needs and service requirements. Contracts are coordinated centrally or locally as required and preferred suppliers are used for the provision of external services. Ongoing performance is monitored by key staff and feedback is provided where performance is not to

the required standard. Management, residents/representatives and staff are satisfied with the provision of current external services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Examples of recent improvements undertaken by the home in relation to Standard 2 Health and personal care include:

- The home has introduced a new model of resident care, based on consistency of staff for residents. Following consultation with staff, the home has developed rosters which focus on “assignment” of staff to particular resident cohorts rather than completion of tasks. Management reported this has enabled staff and residents to establish relationships; for example, allocation of the same care staff to a particular resident resulted in identification of the resident's preference for an earlier breakfast.
- The Residential Manager identified the home's poor telecommunications network coverage and systems access was impacting on care delivery by general practitioners, resulting in inconsistency in visiting arrangements. The home has created a centralised doctors' clinic and waiting area to encourage attendance by doctors and residents, and has arranged cable network access so doctors can access relevant information and conduct Telehealth consultations. Management reported this has enabled residents to be reviewed more efficiently and effectively.

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 systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to health and personal care.

Particular to this Standard, the home has systems to ensure registrations of registered staff remain current.

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 systems and processes to maintain staff knowledge and skills. 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.

Particular to this Standard, staff have attended education sessions in medication management, wound care and management of challenging behaviours.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive appropriate clinical care and are satisfied with the clinical services provided by staff at the home, their designated general practitioner and visiting allied health personnel. Initial clinical care needs are determined through reference to medical assessments, hospital discharge summaries and interviews with residents and/or representatives. An interim care plan is developed to guide nursing and care staff as to residents’ individual care needs. A series of focus assessment tools are used to record baseline data and this information, together with a review of progress note entries and discussions with the residents and care staff assists registered nursing staff in the development of individualised comprehensive care plans, which are subject to a scheduled three monthly review. Medical officers visit residents on a regular basis and are available for consultation with nursing staff at other times. Monitoring of clinical care is undertaken through the review of clinical incident data, audits and in consultation with residents and/or their representatives.

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 nursing care needs are provided by appropriately qualified nursing staff. Information from initial and ongoing assessment processes is reflected in residents’ care plans and specialised care documentation. Where necessary, referral to allied health personnel and external health specialists occurs to assist in meeting residents’ specialised nursing care needs. The home monitors outcomes of specialised care through regular care plan review and evaluation, resident feedback and consultation with individual residents’ medical officers and allied health personnel, as required. Access to clinical training resources assists staff to care for residents with specialised care needs; appropriate equipment and

supplies are available. Residents/ representatives are satisfied with care provided and the support received for specialised nursing care needs.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents have access to a range of health specialists according to their assessed needs and preferences. Services are provided both internally and externally by the home’s contracted staff and/or external consultants. Initial and ongoing assessment processes identify each individual resident’s need for other health and related services; appropriate referrals are initiated by registered staff or the resident’s medical officer. The home has recently set up Telehealth services to facilitate access for residents to external medical specialists. The results of referral consultations are documented, with resulting care changes incorporated into relevant care plans. The effectiveness of care is evaluated through clinical care evaluation processes and resident feedback. Residents/representatives are satisfied with residents’ access to other health specialists and the choices available.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has policies and procedures, appropriately qualified staff and ongoing review systems to ensure safe and correct management of residents’ medications. Registered nurses oversee the medication management system and along with enrolled nurses and personal care workers who have completed competency assessments assist residents with their medications. Medication orders and charts are regularly reviewed by the medical officers and pharmacists and charts include information such as photographic identification, resident allergies and instructions for administration, specific to the needs of the resident.

The medication advisory committee meets for discussion at regular intervals. As required (PRN) medications are monitored for effectiveness and outcomes are documented.

Processes for ordering, delivery, monitoring and return of medication items are audited regularly to ensure medications are dispensed, stored and administered safely and effectively. Residents/ representatives are satisfied with the management of medications and the assistance provided by staff.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The management needs of residents are identified through the use of both verbal and non-verbal assessment tools. Individual pain management care plans provide details of strategies considered effective in reducing pain. The pain management program includes interventions such as gentle exercise, regular position changes and the application of heat packs. Pharmacological measures include the use of prescribed regular and/or as needed ‘PRN’ oral pain relieving medications and transdermal narcotic patches. Monitoring and evaluation processes include ongoing reassessment of pain, identifying when existing management strategies are ineffective, the occurrence of new pain and/or the need for additional health professional referrals and consultations. Residents are satisfied with the help and support provided to assist them to remain as free from pain as possible.

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

Initial and ongoing assessment processes and discussion with residents and representatives enable residents and their families’ wishes relating to palliative care to be identified. As each individual resident’s clinical status changes, their needs, preferences and required care interventions including pain management and comfort measures are documented on a special needs care plan; this guides staff practice together with advice from external health professionals, as required. Involvement of family members and ongoing monitoring processes ensure residents’ physical, emotional and spiritual needs and preferences are identified and met. Staff are able to access external palliative care resources to ensure care is provided in a manner that maintains the dignity and comfort of residents. Staff demonstrate awareness of care interventions required to provide comprehensive care and comfort for residents and emotional support for their families.

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 receive nourishment and hydration according to their assessed needs and preferences. Initial and ongoing assessments include reference to individual resident food allergies, food preferences, food allergies, special dietary requirements, swallowing difficulties and specialised equipment. Assessments are documented in care plans with a copy of the catering preferences form forwarded to the kitchen. Staff provide assistance with meals, thickened fluids, texture modified diets and special utensils, if required. Care outcomes are monitored through regular recording of residents’ weights, audits and three monthly care plan evaluations. Referrals to the speech pathologist and/or dietician are made as necessary. Staff

monitor residents' ingestion of supplements and encourage residents to take additional fluids to maintain adequate hydration. Residents/representatives are satisfied residents' nutrition and hydration needs are being met.

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

Initial and ongoing assessment, review and evaluation processes identify residents' skin integrity status and the potential for skin breakdown. Individual care plans document identified risk and interventions aimed at maintaining skin integrity consistent with the resident's general health. Care outcomes are monitored through regular care plan evaluations, audits and investigations of incidents involving breaks in skin integrity. Wound care processes include initial and ongoing assessment, evaluation of interventions and review of progress towards healing. Advice is sought from general practitioners and/or external health professionals regarding the management of complex wounds. Residents are satisfied skin integrity is consistent with residents' general health.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Continence assessments for individual residents to identify the nature and level of any incontinence are part of the home's entry processes. Information gathered is used to inform development of continence programs and care plans. Ongoing monitoring of care outcomes includes regular care plan evaluation, audits and resident feedback. Increased incontinence prompts reassessment and investigation of potential causes. Staff training and ongoing review processes enable prompt detection of and attention to risk factors such as urinary tract infections and/or constipation. Individualised programs to manage/prevent constipation include dietary interventions and administration of prescribed medications. A link nurse oversees the ordering and use of allocated aids and ensures sufficient supplies are available. Staff have access to relevant education/training through the home's continence products service provider. Residents are satisfied with the level of assistance and aids provided to manage their 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

The baseline assessment identifies residents with impaired cognition and a focus tool is completed to identify strengths and limitations. Interventions are implemented to minimise residents' demonstrating challenging behaviours, manage the potential for such behaviours

and to protect the safety and rights of the resident and others. Ongoing assessment, review and evaluation processes aid identification of triggers and interventions to effectively manage specific behaviours such as aggression, intrusion and agitation. Individual care plans reflect assessment information and input from the resident and/or representatives, care staff and the resident's medical officer. Staff access relevant external services as required. Care outcomes are monitored through observation, regular care plan evaluations, reassessment and recording/analysis of behaviour incidents. Staff demonstrate awareness of appropriate interventions to care for individual residents, including use of prescribed medications and were observed to reflect this understanding in their practice. Ongoing episodes of challenging behaviours are analysed through the home's incident reporting system.

Residents/representatives are satisfied with the management of residents' challenging behaviours and report they feel safe and secure in their environment.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Residents' mobility, dexterity and rehabilitation needs are initially identified through assessment which includes the risk of falls. Further assessments are undertaken by registered nurses and a physiotherapist. Individualised care plans include manual handling instructions, level of falls risk and interventions to promote optimal function and minimise functional decline. Care staff assist residents with passive exercises during daily care routines; exercise programs are developed by the physiotherapist and delivered by the care staff and the physiotherapy assistants. Staff are trained in the use of appropriate manual handling techniques and implement strategies to prevent /minimise resident falls, with the aim of assisting them to achieve and maintain optimal mobility. Care outcomes are monitored through regular care plan evaluations, investigation and analysis of resident falls and resident feedback. Residents are satisfied with the level of support and assistance provided to maintain 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 needs are identified through initial and ongoing assessment, review and evaluation processes. The level of assistance required to maintain residents' oral and dental health is included in individual care plans which document the presence of dentures or residents' own teeth and specific care strategies required. Oral hygiene is provided as part of residents' daily personal care. Outcomes of oral care are monitored through reassessment, regular care plan evaluations and through reports following referrals to dental services. Residents are assisted to attend external dental services where necessary. Oral care equipment and products are available to provide oral care for residents, including those at the end stage of life. Residents expressed satisfaction with the level of support and assistance provided to maintain oral and dental health and care.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

Residents’ sensory impairments and associated needs are identified through initial and ongoing assessment processes. Individual care plans, provision of assistive devices, modification of the environment and assistance with activities of daily living support residents with specific sensory needs. A range of care strategies, including help with assistive devices and referral to relevant specialists are implemented as required. Care outcomes are monitored through resident feedback, regular care plan evaluations and audits. Staff demonstrate an awareness of individual resident’s sensory impairments and cares required and report perceived changes in levels of impairment to registered staff.

Residents/representatives are satisfied staff are sensitive to residents’ sensory losses and assist them as required.

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

Initial and ongoing assessment processes identify residents’ sleep patterns, settling routines and personal preferences. Individual care plans document interventions to help residents achieve and maintain natural sleep patterns. Night routines support an environment conducive to sleep with staff implementing assistance support and comfort measures and administering prescribed medication if required. Ongoing assessment, planning and evaluation processes and resident feedback monitor the effectiveness of care interventions. Staff are aware of individual resident’s sleep/rest patterns and personal routines and provide additional support for residents with disturbed sleep. Residents report they are able to sleep comfortably and are satisfied with the support provided by staff.

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.

Examples of recent improvements undertaken in relation to Standard 3 Resident lifestyle include:

- Following an increase in the home’s population of male residents, the home has purchased a pool table for the hostel area. Management reported approximately eight men attend regularly to play pool in conjunction with ‘happy hour’. One staff member stated the men also use the table in the afternoons when there are fewer activities available and this has assisted them to socialise with male residents from other areas of the home.
- In response to resident feedback, the home has created a ‘kiosk’ area for use by residents and visitors. The kiosk is open 24 hours a day, with hot beverages and snacks available from vending machines for consumption in a café style seating area. Residents are provided with tokens to purchase the hot beverages available while the profits from visitor purchases are used to support diversional therapy activities. Management reported there were no cafes in the vicinity of the home for this purpose, and residents had provided feedback that it “feels like going out” to use the facilities. We observed residents and their families enjoying the kiosk area during the re-accreditation audit.

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 systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to resident lifestyle.

Particular to this Standard, the home has systems to ensure reportable and non-reportable events are managed according to legislative requirements.

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 systems and processes to maintain staff knowledge and skills.

Particular to this Standard, staff have been provided with education in 'elder abuse' and mandatory reporting processes, and courtesy, dignity and respect.

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 receive information about the home prior to entry and through orientation processes to assist with adjustment to their new living environment. Ongoing assessment, planning and care evaluation processes identify residents' needs and preferences for emotional support. Individual care plans document interventions and preferred support mechanisms. The diversional therapist visits new residents; family members and friends are welcomed as part of the supportive network and are encouraged to visit during residents' transition to living at the home. Care and lifestyle staff provide emotional support for residents. Staff monitor care outcomes through reassessment, personal contact with residents and family members, observation and care plan evaluation. Residents are satisfied with the support received from staff during their settling in period and with the ongoing support provided by staff, volunteers and management.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home's system for the assessment, planning and delivery of care and services identifies residents' previous interests and lifestyle as well as their current interests and abilities. The information assists with the development of care plans that maximise individual resident's opportunities to maintain independence. Lifestyle programs/leisure activities aim to promote residents' independence and maintain/develop connections with internal and external communities. Residents are assisted with those aspects of personal care and other activities they are unable to manage unaided; reassessment, individual risk assessments and care evaluation processes identify additional interventions needed to support individual resident's preferences for maintaining an independent lifestyle. Staff assist residents to maintain their

civic and legal rights and to exercise control of their lives to their optimal capacity. Residents report they are encouraged and supported to be independent.

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 maintains a supportive environment that protects residents' privacy and dignity. Entry processes provide residents with information about their rights, including their right to privacy; staff are informed of their responsibility to respect residents' privacy and dignity and to maintain confidentiality regarding all aspects of residents' care requirements and personal information. Established administrative processes protect residents' personal information and identify /address potential breaches of privacy and confidentiality. Staff described how they maintain respect for residents' privacy and dignity and individual preferences while providing care and services. Outcomes of care are monitored through resident feedback, audits and observation of staff practice. Residents report staff are courteous and respectful of their privacy.

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

Initial and ongoing assessment processes, including completion of a social and cultural profile, identify residents' past and current leisure interests. Care plans reflecting individual resident's physical, sensory and cognitive abilities and identified interests are developed and reviewed by the lifestyle coordinator. Ongoing processes for planning, delivering and evaluating lifestyle programs consider residents' interests and capabilities. Residents are informed of activity programs through established communication processes; activities are monitored and evaluated through resident meetings and surveys, individual feedback, comments and complaints and review of participation rates. Residents report a range of activities are offered and staff assist them to be involved in solo or group activities of their choice.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents' specific cultural and spiritual needs are identified through initial and ongoing assessment processes. The information is included in care plans to assist staff to foster and value individual resident's beliefs and customs. Church services are held regularly and pastoral care visitors from several denominations visit the home. A chapel for meditation and worship is provided. The catering service is able to provide for residents' specific cultural

dietary needs and preferences; celebrations are held to mark days of religious and cultural significance. Outcomes of care are monitored through resident feedback, regular care plan evaluation and comments and complaints processes. Staff receive information to increase their awareness of specific cultural and religious considerations relating to personal care.

Residents report their cultural and spiritual needs and preferences are respected and supported.

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 and/or their representatives are encouraged to participate in decision-making through processes relating to care planning and delivery and lifestyle choices. Residents' choices are identified through initial and ongoing assessment processes, resident meetings, surveys, comments and complaints processes and daily contact between staff and residents. Staff respect and accommodate residents' choices, such as times for daily hygiene cares, evening retiring times and attendance at group activities. Residents are encouraged and supported to make individual choices, and to continue to participate in the community as they wish. Opportunities for residents to exercise their decision-making rights are monitored through care plan evaluations, resident feedback and surveys. Residents and representatives report they are satisfied with choices offered in matters relating to the care and services residents receive.

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 and representatives are supplied with written and verbal information regarding care and service provision prior to entering the home. Documents including a residential care agreement and resident information booklet provide information about terms and conditions of tenure, fees and charges, compliments and complaints process and residents' rights and responsibilities. Ongoing discussion with residents and their representatives ensures that care needs are met and residents remain secure in their living arrangements. Should there be a need to move a resident around the home, the reasons are discussed with the residents/representatives to ensure consent is gained and there is an understanding of the reasons for the proposed move. Residents are aware of their rights and responsibilities and are satisfied their tenure at the home is secure.

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.

Examples of recent improvements undertaken in relation to Standard 4 Physical environment and safe systems include:

- Following floods in 2013 which had a significant impact on the home, the home has improved its emergency preparedness. The Residential Manager’s membership of the Local Disaster Management Group has provided the home with key information to inform evacuation planning and the home now has a business contingency manual which includes specific instructions and local contact details. The home is currently organising appropriately sized evacuation bags for residents which will be acceptable to emergency services and creating emergency transfer folders for nurses’ stations.
- In response to staff feedback and a maintenance request, the nurse call annunciator panel has been moved out of the nurses’ station to an adjoining corridor in one area of the home. Staff had indicated the panel was too noisy when in the nurses’ station and difficult for them to see when they were undertaking their duties around the home. Management reported the panel is now easily visible, including from the dining and lounge areas where residents tend to congregate.

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 systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to physical environment and safe systems.

Particular to this Standard, the home has a food safety program and processes for monitoring fire and occupational health and safety requirements.

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 systems and processes to maintain staff knowledge and skills.

Particular to this Standard, staff have been provided with education in manual handling, food and chemical safety, infection control, fire safety and workplace health and safety.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

There are processes to support a safe and comfortable environment for residents in accordance with their care needs. Residents and visitors have access to common lounge and dining areas with other private areas available if required. Individual assessment of residents requiring a secure environment is undertaken on entry and regularly reviewed. There are processes for the reporting of safety issues, hazards and resident/staff incidents. The living environment is maintained through the completion of cleaning schedules, preventative maintenance processes and the maintenance request system. There is a process to support the replacement of furniture and equipment as required. Management monitors the environment through observation and completion of regular audits to ensure a safe and comfortable environment for residents. Residents/representatives are satisfied with the safety and comfort of the living 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

Management is actively working to provide a safe environment that meets regulatory requirements. The organisation has policies to ensure safe practices throughout the home including the identification and investigation of hazards and resident/staff incidents. Regular monitoring of the internal/external environment and staff practices occur through observation by key personnel and the auditing program. There is a preventative maintenance program to ensure equipment and the working environment is maintained in a safe working condition.

Staff are trained in safe working practices through the orientation process and annual mandatory training sessions and have access to manuals and operational guidelines to assist and guide them in the operation of equipment. The home has a Health and Safety Adviser who is supported by organisational personnel. Staff have opportunities to provide input into the

safety program through meetings, improvement forms, hazard reporting and incident forms. Staff are satisfied management is responsive to safety issues raised.

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

Management and staff are actively working to provide an environment and safety systems of work to minimise fire, security and other emergency risks. The home has processes and an emergency response manual to enable management and staff to respond to fire and other emergencies. Fire safety equipment and detection systems are inspected and serviced in accordance with legislative requirements and action is consistently undertaken to resolve any defects in a timely manner. Staff receive instruction in fire and emergency procedures at orientation and at ongoing annual mandatory training sessions. Fire drills are conducted regularly and evaluated. Processes to ensure the security of the home include nightly lock up, access by staff to a secure car park and a sign in/out register. Inspections/audits and observations are conducted to monitor the safety of the environment for potential hazards.

Staff and residents demonstrated knowledge of how to respond in the event of a fire or emergency.

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 to identify and contain potential and actual sources of infection including in the event of an outbreak. The program includes a food safety program, a vaccination program for residents and staff and pest control measures.

Infection control education is provided to all staff at orientation and on an annual basis. Residents' infection statistics are recorded and reviewed by the Infection Control Officer with support from the Care Manager. Personal protective equipment is in use and hand washing facilities, hand sanitisers, sharps containers and spill kits are readily accessible. Cleaning schedules and laundry practices are monitored to ensure infection control guidelines are followed and food is handled in accordance with the food safety program. Staff are aware of infection control measures, including the appropriate use of personal protective equipment, hand hygiene procedures and precautions to be taken in the event of an outbreak.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hospitality services at the home are provided in a way that enhances residents' quality of life and staff's working environment. Residents' dietary needs and preferences are assessed on entry and updated as needs and preferences change, and this information is communicated to relevant staff. Meals are prepared and cooked daily in the main kitchen using a cook-chill system and served in dining areas or residents' rooms. Menus are rotated four weekly, reviewed by a dietitian and alternatives made available where residents have special requirements or dislikes. Residents have input into menu planning through resident meetings and surveys. There is a scheduled cleaning program to guide staff to ensure regular cleaning of residents' rooms and the environment. Residents' personal clothing and linen items are laundered on site six days a week. There are processes to reduce the incidence of missing laundry and residents' clothing is labelled on entry to the home. Staff are provided with ongoing education relating to hospitality and safety. Monitoring of the provision of hospitality services is conducted through surveys, comments and complaints, feedback at meetings and audits. Residents/representatives expressed satisfaction with the provision of hospitality services at the home.