Florence Aged Care Facility

RACS ID 3883
375-381 Mason Street
ALTONA NORTH VIC 3025

Approved provider: Softwood Ridge Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 17 August 2017.

We made our decision on 23 June 2014.

The audit was conducted on 20 May 2014 to 21 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

Audit Report

Florence Aged Care Facility 3883

Approved provider: Softwood Ridge Pty Ltd

Introduction

This is the report of a re-accreditation audit from 20 May 2014 to 21 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 21 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:	Ann De Pellegrin
Team member:	Jennifer Williamson

Approved provider details

Approved provider:	Softwood Ridge Pty Ltd

Details of home

Name of home:	Florence Aged Care Facility
RACS ID:	3883

Total number of allocated places:	72
Number of residents during audit:	72
Number of high care residents during audit:	72
Special needs catered for:	N/A

Street:	375-381 Mason Street
City:	Altona North
State:	Victoria
Postcode:	3025
Phone number:	03 9391 3380
Facsimile:	03 9391 3320
E-mail address:	florenceacf@softwoodridge.com.au

Audit trail

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

Interviews

Category	Number
Management/administration staff	4
Clinical/care staff	12
Lifestyle staff /volunteers	3
Residents/representatives	10
Hospitality/safety staff	7
Allied health professional	1

Sampled documents

Category	Number
Residents' files	15
Wound care charts	5
Medication charts	11
Diabetic management plans	5
Resident dietary profiles	12
Incident reports	6
Residents agreements	3
Contractor agreements	5

Other documents reviewed

The team also reviewed:

- Admission assessment pack

- Allied health communication registers

- Audit results, actions and review schedule

- Cleaning schedules

- Clinical care and lifestyle review schedules

- Comments and complaints records and summaries

- Compulsory reporting register

- Continuous improvement logs and associated documentation

- Contractors summary register

- Dangerous drug log books

- Data and trend analysis

- Education and training schedule and staff attendance register

- Equipment inventory records

- Food safety plan, related records and external food safety audit report

- Human resources records

- Incident report analysis

- Infection control summary records and resource information

- Information packages and handbooks - residents and staff

- Lifestyle program and associated records

- List of resident and staff nationalities and languages spoken

- Maintenance schedule and records – reactive and preventative

- Material safety data sheets

- Medical practitioner communication registers

- Memoranda

- Minutes of meetings

- Newsletter

- Policies, procedures and associated flow charts

- Priority action work plans

- Refrigerator temperature monitoring logs

- Registers related to police certificates, statutory declaration and nurse registration

- Regulatory compliance certification

- Risk assessments

- Rosters and staff allocation lists

- Safety and fire system records and checklists

- Vision, value and philosophy statement.

Observations

The team observed the following:

- Activities in progress

- Administration and storage of medications

- Assistance provided to residents by staff

- Charter of residents' rights and responsibilities displayed

- Equipment and supply storage areas

- Fire panel and firefighting equipment

- Information brochures and suggestion box accessible

- Interactions between staff and residents

- Living environment

- Meal and refreshment service

- Short observation

- Staff using personal protective equipment.

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 ensures the active pursuit of continuous improvement across the Accreditation Standards. Improvement opportunities are identified at the home through quality monitoring and feedback processes. These include audits, comments, complaints, suggestions, incident analysis, meetings, staff and resident surveys. Issues are logged onto a continuous improvement register which include sections to document the planned improvement, action and evaluation of effectiveness. Management monitors the home's quality performance and communicates relevant information back to staff at monthly meetings. Residents and staff receive feedback through memoranda, meetings, notices and regular informal consultation. Residents and staff stated they are encouraged to provide suggestions and reported management are approachable and are responsive to their needs and continuous improvement is ongoing.

Examples of improvements in relation to Standard 1 include:

- As a result of need to improve the monitoring of external contractors' service agreement requirements a new tool was implemented. All required information is now kept on a matrix and this has addressed all potential gaps. Management said the new system is working well and allows easy access to retrieve information and accurate contract monitoring.

- Due to poor staff attendance to education in 2013 the education delivery process was reviewed. A system was proposed in consultation with staff and now training is provided twice during the day at 2.00pm and 7.00pm. This allows all staff to be captured across all shifts. Education attendance has improved dramatically since the implementation of the extra afternoon training sessions.

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

Management has a system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines in relation to the Accreditation Standards. Management receives updates and relevant information from government, professional and peak-body associations. Management reviews changes, updates policies and associated information as required and informs stakeholders.

Management utilise orientation, information handbooks, education, meetings and other communication mechanisms to flag specific regulatory compliance issues. Management monitors continued compliance through internal and external auditing systems. Staff said they are aware of their obligations in relation to regulatory compliance and confirm management inform them when changes occur. Residents and representative said they were informed of the re-accreditation audit.

Examples of regulatory compliance in relation to Standard 1 include:

- The home has a continuous improvement system.

- A system for ensuring the currency of police certificates and statutory declarations as appropriate for staff, volunteers and contractors.

- Processes to ensure the currency of professional registrations and licenses for staff and contractors' as required.

- Appropriate and secure information storage and destruction systems at the home.

- Stakeholder were notified of the re-accreditation audit.

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 the knowledge and skills required for effective performance in relation to the Accreditation Standards. Management develop an annual education and training program, which incorporates scheduled induction, mandatory and planned topics with other education sessions offered as required. Management identify education and training through various sources including training needs analysis, surveys, the changed needs of residents and stakeholder input. A range of delivery methods includes in-house and external sessions, competency evaluation and self directed learning. Key personnel maintain a staff education database which records completed education and training sessions, competencies and staff evaluation. Management and staff said they are satisfied with the type, frequency

and availability of education provided. Residents and representatives state they are satisfied with staff skills and knowledge.

Examples of education and training scheduled and attended in relation to Standard 1 include:

- accreditation

- continuous improvement

- English as a second language

- information systems

- regulatory compliance.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Residents, representatives and other interested parties have access to internal and external complaint mechanisms. During the entry phase, management explain this information verbally to residents and/or their representatives and is further documented in relevant information packs, handbooks and agreements. External complaints and advocacy brochures are accessible and available in a range of languages appropriate to the current residents. Feedback forms and suggestion boxes are available for anonymous input.

Management has an 'open door policy' providing stakeholders opportunities to raise issues or concerns. Staff and management follow up on comments and complaints raised at the time with action taken and a response to the complainant, as required. Stakeholders have various opportunities for comments or complaints through relevant meeting groups, regular resident/representative consultation, surveys and other informal interaction. Staff said they are clear about their responsibilities when responding to complaints. Residents and representatives said they are comfortable in approaching staff and management with any issues.

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

Management has documented their vision, values and philosophy statement which includes the home's commitment to quality. Management displays these statements prominently in the home and repeats them in a range of internal documents and information handbooks.

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 has processes to ensure they recruit appropriately skilled and qualified staff to deliver quality care and service to residents. There are recruitment, selection and orientation processes with new staff attending an induction program and being provided with a buddy shifts as required. Position descriptions and duty lists are current and define individual responsibilities. Management monitor and adjust staffing allocations. Rosters show adequate staffing levels and skill mix maintained at all times with a registered nurse on duty on all shifts. Permanent and casual staff cover planned and unplanned leave. Management encourage and support opportunities for professional development and learning opportunities. Audits and observations ensure staff practice and knowledge is maintained and enhanced. Staff said management supports them in their role and are satisfied with current staffing levels and human resource management. Residents and representatives said they were very satisfied with staff skills, knowledge and attitudes and with staffing levels within care and support services.

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

Management demonstrate an effective system to ensure appropriate goods and equipment are available for quality service delivery. Key personnel and supplier representatives monitor stock levels. Management have an effective re-ordering process using approved suppliers in areas such as clinical and personal care, hospitality and administration. Staff rotate stock where required and goods are stored in clean, tidy and secure storage areas with access restricted to authorised personnel. Adherence to maintenance and cleaning programs occurs and electrical equipment is tested and tagged for safety. New equipment is trialled prior to purchase with staff receiving appropriate training. Reviewing and updating of goods and equipment reflects identified special needs of the current resident population. Residents, representatives and staff state adequate supplies of appropriate goods and equipment were available at all times.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has systems to ensure effective information management systems in accordance with the legislative requirements and the home's policies. There are various processes to protect data integrity and maintain the privacy and confidentiality of resident and staff

information. Management monitor the system through quality activities and stakeholder feedback and utilise a number of different processes to obtain relevant information and disseminate information to stakeholders. This includes meetings, notice boards, memoranda, newsletters, mail outs and informal interaction. Information handbooks are provided to relevant stakeholders, key staff collect, analyse and report on clinical data. Staff have access to accurate information to provide appropriate clinical care and services to residents.

Confidential documents are stored in restricted access and locked areas with archived information appropriately and securely stored. Staff said they are satisfied they receive appropriate and sufficient information to support their roles and responsibilities. Residents and representatives expressed satisfaction with the level of information provided to them.

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

Management demonstrate they source external services to meet residential care service requirements and service quality goals. Management follow processes such as selection criteria, negotiation, resolution of disputes and the renewal of service agreements. Signed service agreements include information on insurance, regulatory and safety requirements, qualifications, privacy, confidentiality and expected service levels. Scheduled reviews, evaluation and stakeholder feedback provide input and assist with monitoring the performance and compliance of individual contractors. Staff have access to an approved providers list which includes after hours' and emergency contact names and numbers, as required. Staff said contract services are monitored and changes occur when quality goals are not met. Residents and representatives state they are satisfied with the services provided by the current external contractors and suppliers at the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home's continuous improvement system demonstrates improvements in residents' health and personal care is ongoing. For a description of the home's system of continuous improvement refer to expected outcome 1.1 Continuous improvement.

Recent examples of continuous improvements relating Standard 2 include:

- As a result of monthly diabetes audits being conducted it was identified gaps were actioned potentially too late allowing potential risk to residents. A tool was developed and now diabetes audits occur nightly and identified gaps are actioned in a timely manner. As a result there has been improved compliance and outcomes for diabetic residents.

- To improve the presentation of meals for residents the introduction of moulded modified meals now occurs. Modified consistency meals are now moulded into the shape of the particular modified food. Feedback has been positive from residents and representatives.

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

Management has a system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding health and personal care. For a description of how the home identifies and ensures regulatory compliance, please refer to expected outcome 1.2 Regulatory compliance. Management and staff demonstrate a clear understanding of regulatory requirements and guidelines relevant to their roles.

Examples regulatory compliance relating to Standard 2 include:

- Monitoring of continuing professional registration of nursing staff.

- A registered nurse plans, supervises and undertakes specialised nursing care and oversees residents with high care needs.

- The home demonstrates knowledge and practise of its legislative obligations in relation to medication management, storage and relevant protocols.

- The home has procedures for the compulsory reporting of unexplained resident absences.

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

The home has an education program responsive to the needs of residents and staff. This enables staff to have appropriate knowledge and skills to perform their role effectively in relation to residents' health and personal care. For a description of the system used for education and staff development, see expected outcome 1.3 Education and staff development. Staff state they are satisfied with the educational opportunities available in relation to health and personal care they provide to residents.

Examples of education and training attended by staff in relation to Standard 2 include:

- continence management

- diabetic management

- holistic approach to behavioural management

- medication management and competency

- nutrition and hydration

- palliative care

- skin care and wounds.

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. On entry, an interim care plan guide's staff practice until completion of residents' assessment periods occur. Completed assessments allow for the development of individual care plans which capture clinical needs, preferences and interventions. Nurses regularly review resident care plans and regular consultation with residents and their representatives occurs. Management monitor clinical care through audits, stakeholder feedback and clinical data and incident analysis. Staff could describe various clinical strategies used to meet residents' needs and said access to information to guide their practice was readily available and accurate. Residents and representatives said the care residents receive is appropriate and consultation occurs regularly.

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

Appropriately skilled staff identify and meet residents' specialised nursing care needs. Nurses assess residents' specialised nursing needs on entry and on an ongoing basis in consultation with appropriate allied health professionals. Specialised nursing care plans document specialised nursing needs, preferences and interventions required. The monitoring of residents' specialised nursing needs takes place through audits, stakeholder feedback and clinical data analysis. Staff have access to specialised equipment as needed in relation to providing specialised nursing care. Residents and representatives said residents receive specialised nursing care in accordance with their needs and preferences.

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

Referrals to appropriate health professionals for residents occur in accordance with their needs and preferences. Assessments identify residents' need for referral to appropriate visiting health professionals which takes place following the home's referral systems.

Residents are able to access external health professionals they wish to access if required. Monitoring of the home's referral system takes place to ensure referrals and follow up occurs. Staff said clear communication relating to allied health professionals' recommendations occurs and staff implement these recommendations as directed.

Residents and their representatives confirmed referrals to appropriate health specialists take place as necessary.

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 management of residents' medication occurs safely and correctly. Residents have their medication administration needs assessed on entry. Medication assessments, charts and care plans identify relevant information including allergies, special considerations and photos for ease of identification. Management monitor medication administration by audits, incident data analysis, staff competency completion and stakeholder feedback. Staff were observed administering and storing medication as per the home's policies and procedures and legislative requirements. Residents and representatives said the administration of residents' medications is supervised and timely.

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 as free as possible from pain. Residents' pain assessments including identifying their risk for potential pain occurs on entry and when there is an identified need. Care plans document triggers for pain and interventions required and consultation takes place with residents, representatives and the health care team. Pain management interventions include physiotherapy, medication, heat packs and massage. Identified residents participate in a pain management program conducted by the home's physiotherapist. The monitoring of residents' pain management occurs by stakeholder feedback and audits. Staff were able to identify verbal and non-verbal cues for pain.

Residents and representatives said they are satisfied with the management of residents' pain.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The home maintains the comfort and dignity of terminally ill residents. Residents and representatives complete terminal wishes on entry if appropriate. Care plans reflect palliative care needs and preferences when required and a review of these needs is ongoing throughout the palliative care stages. Staff seek advice from medical officers and external palliative care specialists if needed. Management conduct audits and collect stakeholder feedback to ensure palliative care is monitored and effectively managed. Staff said there is sufficient goods and equipment to provide appropriate palliative care. Residents and representatives said consultation occurs regarding residents' ongoing changing 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

Residents receive adequate nourishment and hydration. Residents have a dietary assessment completed on entry, as changes occur staff update this assessment and communicate the change to catering staff. Care plans document specialised dietary requirements, likes and dislikes, allergies and the level of assistance staff are to provide when assisting with meals. Referrals to a dietitan and speech pathologist take place as needed in relation to weight loss and swallowing difficulties. Management monitor nutrition and hydration by resident weight analysis, audits and stakeholder feedback. Staff assist residents with meals in an appropriate manner. Residents and representatives said they were satisfied with the home's approach to meeting residents' nutrition and hydration needs.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

Residents' skin integrity is consistent with their general health. Skin integrity assessments occur on entry and care plans document interventions required including the levels of assistance needed. Incident reports identify breaks in residents' skin, this data is analysed and may result in the implementation of additional resident interventions or staff education where necessary. Wound care charts guide staff practice and access to wound care specialists occur as needed. Incident report analysis and audits monitor and ensure the effective management of resident's skin integrity. Staff said education relating to wound care management is available and attended. Residents and representatives said they were satisfied with the care provided in relation to residents' skin care management.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

The management of residents' continence is effective. Residents' continence assessments occur on entry and following a change in need. Care plans document relevant interventions, equipment and the level of assistance required by staff. Residents' continence needs are monitored through urinary tract infection data analysis, audits and stakeholder feedback.

Staff said there is adequate continence aids and equipment available to meet residents' continence needs. Residents said consultation takes place in regards to the management of their continence requirements.

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 management of residents with challenging behaviours is effective in the home. An assessment of residents' behaviours occurs on entry following a settling in period and reassessment occurs as needed. Care plans identify triggers for identified behaviours if any and interventions required. Referrals to medical officers and external specialist behavioural management teams occur, if staff require guidance or support. Management monitor resident's behaviour needs by incident data analysis, audits and stakeholder feedback. Staff have attended education pertaining to managing residents with challenging behaviours and providing person centred care. Residents said other residents' behaviours do not infringe on their rights.

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

Management of residents' optimum levels of mobility and dexterity is effective. Residents have their mobility and dexterity needs assessed on entry which also includes an assessment by the home's physiotherapist. Care plans identify interventions including aids and equipment needed for mobilisation and also the level of assistance required. Staff complete incident reports following resident falls and this information is analysed for trends and interventions implemented where necessary. The home's physiotherapist reviews all residents following falls. Management monitor mobility by incident data analysis, audits and stakeholder feedback. Staff have attended education in relation to assisting residents with their mobilisation needs. Residents and representatives said they were satisfied with the home's approach to optimising residents' 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

The maintenance of residents' oral and dental health occurs effectively. Oral and dental care assessments take place on entry and care plans document regimes, aids, equipment and the level of assistance needed. Access to residents' preferred oral and dental health specialists take place and assistance is provided to attend appointments where necessary.

Management monitor oral and dental care by audits and stakeholder feedback. Staff said there is an appropriate level of stock and equipment to assist residents with their oral and dental care. Residents and representatives said residents received assistance as required to maintain their oral and dental 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

An assessment of residents' sensory loss needs occurs on entry. Residents have their five senses assessed and care plans document interventions required to meet residents' sensory loss needs and preferences. Referrals to audiologists and optometrists occur as needed and devices to assist in sensory loss are available. The activity program offers activities that enhance residents' senses including through crafts, cooking and music. Management monitor sensory loss by audits and stakeholder feedback. Staff said they assist residents in maintaining and fitting sensory loss aids. Residents and representatives were satisfied with the home's approach to managing residents' sensory loss needs.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Residents are able to achieve natural sleep patterns. Sleep needs and preference assessments occur on entry following a settling in period. Care plans identify interventions required to meet residents' needs including rising and settling times, environmental factors and rituals followed. Referrals to medical officers occur if residents are not achieving appropriate levels of sleep. Audits and stakeholder feedback monitor residents sleep management. Staff described strategies needed to meet residents' sleep requirements.

Residents said they were able to communicate their needs to 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

The home's continuous improvement system demonstrates improvements in residents' lifestyle are resident focused and ongoing. For a description of the home's system of continuous improvement refer to expected outcome 1.1 Continuous improvement.

Examples of recent improvements in relation to Standard 3 include:

- Following a staff suggestion pet therapy was established to provide additional stimulation and support particularly for residents who were isolated. Resident profiles were reviewed which allowed for the identification of appropriate residents for pet therapy including residents who had pets in the past. Management applied for and received a government grant for the pet therapy program. The program occurs weekly and residents expressed satisfaction with the visiting animals.

- As a result of increased resident behaviours and an aim to reduce agitation that was displayed by residents living with dementia in the afternoon, a 'sundowners program' was introduced. Management discussed this with staff and residents of concern were identified. A program was developed and sensory tools were prepared and used particularly during the afternoon. The program takes place daily and a reduction in episodes of aggression has occurred.

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

Management has a system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding resident lifestyle. For a description of how the home identifies and ensures regulatory compliance, please refer to expected outcome 1.2 Regulatory compliance. Staff stated management inform them of regulatory changes in relation to resident lifestyle.

Examples of regulatory compliance related to Standard 3 include:

- Management has processes to manage compulsory reporting obligations and maintains a consolidated reporting register.

- The home has policies and procedures and management and staff uphold privacy principles and confidentiality of resident information.

- Residents have access to information in a range of languages, if required.

- The home demonstrates compliance relating to the provision and signing of residential agreements.

- Residents receive specified goods and services as appropriate.

- Management displays the 'Charter of residents' rights and responsibilities' in key areas and within documentation.

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

The home has an education program responsive to the needs of staff and residents. This ensures staff have appropriate knowledge and skills to perform their role effectively in relation to residents' lifestyle. For a description of the system used for education and staff development see expected outcome 1.3 Education and staff development. Staff stated they are satisfied with the educational and training opportunities available in relation to their roles and resident lifestyle.

Examples of education and training attended by staff in relation to Standard 3 include:

- culturally appropriate care

- elder abuse

- personal centred care

- privacy laws

- residents' rights.

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

Prior to entering the home, management meets with prospective residents and/or their representatives to discuss the resident's needs, provides tours and an information pack. Staff welcome and orientate new residents and provide support in relation to residents settling in to their new home. Staff assist residents with integration into the home's community and encourage them to join in the regular social and other activities of interest. Staff allocate time to visit residents individually and provide extra support to residents as needed. Residents and representatives are supported during times of need such as when palliative care is provided. Residents and representatives were satisfied with the initial and ongoing emotional support provided to residents and reported that staff are caring and supportive.

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

Care and lifestyle staff assess residents' level of independence through consultation and document the assistance required in care plans which are regularly reviewed. Staff support residents to maintain their independence through social activities within and outside the home. Regular outings occur which promote independence including going shopping, swimming and visiting local clubs and cafes which also maintains community links. Staff said they encourage residents' independence with specific equipment to maintain their physical function and encourage independence in their activities of daily living. Entertainers attend, school children visit and residents can exercise their voting rights if desired. Residents said they are encouraged and supported to maintain their independence.

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 demonstrates that each resident's right to privacy, dignity and confidentiality is recognised and respected and documented policies support residents' privacy rights.

Management informs and educates staff about residents' right to privacy and confidentiality and residents provide consent relative to privacy matters. Staff described appropriate interventions including ensuring privacy when providing care and using residents' preferred names. Residents can engage privately with friends or visitors in various private and communal areas inside and outside the home. A private room allows for functions and has been set up for residents to enjoy occasions with their family. Residents and representatives were satisfied with the way staff protect and respect their privacy and confidentiality of residents.

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

Management and staff encourage and support residents to participate in a range of leisure and lifestyle activities of interest to them. In consultation with the resident and/or their representative, staff identify each resident's leisure and activity interests and develop care plans outlining individual needs. Staff review care plans on a regular basis and in response to the changed needs to ensure activities remain meaningful to the resident. Care plans incorporate the resident's social and human needs and incorporate cultural, sensory,

emotional and mobility needs. Lifestyle staff plan and advertise weekly activities in both groups and individual settings. Activities include music, pet and multi-sensory therapy, various clubs, bus outings, entertainers and special events with the assistance of several volunteers. Lifestyle staff evaluate and redesign programs as necessary based on resident feedback, participation, meeting forums, informal discussions and satisfaction surveys.

Residents and representatives said they are satisfied with the range of activities offered to residents and staff support residents to attend activities as requested.

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

Management and staff demonstrate they foster and value resident's individual interests, customs, beliefs, cultural and ethnic backgrounds. Staff regularly consult with residents and/or their representative with initial assessments and care plans which document cultural and/or spiritual preferences. Staff have access to cultural kits, resource information, interpreters if required and several staff speak multiple languages. Various denominations hold religious group services and cultural community visits occur to individual residents as preferred. Staff assist residents to attend community events, supported by volunteers and resident family members. Special events and significant days are celebrated and staff provide care and services relative to the residents' cultural and spiritual preferences.

Residents and representatives said residents have opportunities to engage in activities associated with their cultural and spiritual beliefs and are satisfied with the support provided.

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

Management and staff said residents are encouraged to participate in making decisions about the care and services they receive. Documentation indicates staff consult with residents about their individual preferences and routines initially and on an ongoing basis. A review of residents' needs and preferences occurs regularly. Staff assess residents in relation to their decision-making capacity and if reduced, their authorised representative is involved with decision making on their behalf. Management and staff regularly consult residents about the care and services they receive including conducting regular residents meetings and an annual resident satisfaction survey. Residents and representatives said residents are encouraged and supported to continue to have control over their choices and decisions.

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

Management has a system to ensure residents have secure tenure within the home and understand their rights and responsibilities. Residents and/or their representative receive an information pack prior to entry at the home and management provide an orientation of the home and ensure residents have a thorough understanding of residential care. Management offer a residential agreement to each resident, which details care and services provided, security of tenure, fees and charges, privacy and complaint concepts, residents' rights and responsibilities and other information specified. Management informs residents and/or representatives of any changes to fees and other arrangements through processes such as letters, consultation, resident meetings and newsletters, as appropriate. Residents and representatives said residents have secure tenure within the home and are aware of resident's rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home's continuous improvement system demonstrates improvements in residents' lifestyle are resident focused and ongoing. For a description of the home's system of continuous improvement refer to expected outcome 1.1 Continuous improvement.

Examples of recent improvements in relation to Standard 4 include:

- Following an increase in corrective maintenance requests management identified the preventative maintenance program needed reviewing. This resulted in the development of a detailed tool which documents specific requirements. Management demonstrated there has been a reduction in the number of reactive maintenance requests raised as preventative tasks are now completed thoroughly which has resulted in better outcomes for stakeholders.

- As a result of cleaning standards not maintained as to the home's service requirements, management sourced another cleaning contractor. Management said, since the new contractor has commenced the cleaning standards have improved and infection control maintained. Cleaning audits now occur more frequently. Feedback from residents in relation to the cleanliness of the home has been positive.

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

Management has a system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding physical environment and sae systems. For a description of how the home identifies and ensures regulatory compliance, please refer to expected outcome 1.2 Regulatory compliance. Staff confirmed knowledge of regulatory requirements and guidelines relevant to their roles within Standard 4.

Examples of regulatory compliance related to Standard 4 include:

- The home stores chemicals safely in secure areas with related and current material safety data sheets accessible to all staff.

- Management actively promotes and monitors occupational health and safety. Staff are guided by policies, processes, resources and safety representatives who regularly discuss safety.

- Annual declaration and compliance with the annual essential services maintenance requirements. Qualified service personnel maintain and regularly check fire-fighting equipment.

- Staff attend fire and safety training and have access to emergency and evacuation procedures.

- Key staff monitor and maintain the home's compliance with the Australian government infection control guidelines with outbreak reporting processes in place.

- The home has current 'food premise' council registration, a food safety program and third party audits which demonstrate current compliance.

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

The home has an education program responsive to the needs of staff to ensure they have appropriate knowledge and skills to perform their role effectively in relation to physical environment and safe systems. For a description of the system used for education and staff development see expected outcome 1.3 Education and staff development. Staff said they are satisfied with the educational opportunities available in relation to the provision of a safe and comfortable environment.

Examples of education and training attended by staff in relation to Standard 4 include:

- chemical handling

- emergency evacuation

- food safety and refresher training

- five day occupational health and safety course

- manual handling/no lift

- infection control.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide a safe and comfortable environment consistent with residents' care needs. The two-storey home accommodates residents in single and double rooms with ensuites. Staff encourage residents to personalise their rooms with small items of furniture and personal mementos. Staff monitor the temperatures in communal areas and residents can independently control heating and cooling systems in their room. Residents have access to communal/dining areas, smaller private areas or outdoor living areas sufficiently and appropriately furnished. All areas presented clean, uncluttered and well maintained with systems in place for the safety, security, maintenance and cleaning of the home. Management monitors the safety and comfort of residents and the living environment through regular quality activities, routine inspections, the maintenance program, stakeholder feedback and observations. Staff described their role in ensuring the safety and comfort of residents and other stakeholders. Residents and representatives expressed satisfaction with the safety and comfort of the home's 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 are actively working to provide a safe working environment to meet regulatory requirements. The occupational health and safety committee meets regularly and safety representatives attend appropriate training externally and are available to guide staff. Staff have input into the home's occupational health and safety system through meetings and reporting of any incidents, hazards or near misses. Management ensures the completion of regular audits, workplace inspections, maintenance programs and risk assessments occur as required. Management and relevant staff ensure equipment in the home receives routine and preventative maintenance. There are areas to provide secure storage for all chemicals and dangerous goods and material safety data sheets are accessible to staff. Staff said they are aware of how to report hazards and attend annual manual handling training and other related education.

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 safe systems of work to minimise fire, security and emergency risks. Qualified contractors and maintenance services regularly service, test and maintain emergency systems and firefighting equipment. The home has electronic security systems, emergency signage, designated smoking areas with fire blankets and a current emergency manual. Key staff routinely check the current resident list within the evacuation pack as changes occur. Staff complete mandatory annual fire and emergency training. The home has documented procedures in response to other emergencies including internal and external threats. Emergency exit areas provide clear and safe egress. Management use internal and external audits and inspection processes to identify risks and ensure a safe and secure environment. Staff detailed their actions in the event of an emergency evacuation. Residents and representatives expressed confidence in staff directing them to safety and said they are satisfied with security measures 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

Management and staff demonstrate there is an effective infection control program at the home. Programs include vaccination and immunisation, outbreak management, food safety, cleaning, laundry, pest and waste management. Regular inspections and auditing occurs, staff practices are monitored and appropriate personal protective equipment and outbreak kits are available to minimise the spread of infection. Policies, procedures, resource information and signage are

accessible which prompts staff in their practice when attending to residents using infection control principles. Management and key staff monitor infection rates with summaries and data generated and discussed for trends. Staff attend mandatory infection control education and training relevant to their role. Staff described infection control principles used in daily practice and demonstrate understanding and better practise concepts of infection control. Residents, representatives said they are satisfied with the home's approach to infection control.

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 provides hospitality services in a manner that enhances residents' quality of life and the working environment for staff. The contract caterer freshly prepares all meals daily in line with the food safety program, menu rotation, dietitian review and residents' dietary needs and preferences. Alternative meal and cultural food choices are available with a variety of drinks, snacks and fresh fruit provided daily. The cleaning program includes scheduled cleaning of residents' rooms, living environment and staff work areas with additional cleaning requests attended to promptly. Contract cleaning staff use safety signs, colour coded cleaning and personal protective equipment to ensure a safe and quality service. Onsite laundry services occur for residents clothing and flat linen. Laundry staff ensure clothing items are labeled, washed, folded and put away according to residents' preferences and follow up on missing items. Management monitors hospitality service performance through observation, feedback mechanisms, satisfaction surveys, internal and external audits and inspections. Residents, representatives and staff expressed satisfaction with the hospitality services provided at the home.