Aged Care
Standards and Accreditation Agency Ltd

Alkira Hostel for the Frail & Aged
RACS ID 5150
2 Charles Street
TOOGOOLAWAH QLD 4313
Approved provider: The Uniting Church in Australia Property Trust (Q)

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 4 December 2015.

We made our decision on 19 October 2012.

The audit was conducted on 11 September 2012 to 12 September 2012. 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	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2:   Health and personal care

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

Expected outcome	Accreditation Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3:   Resident lifestyle

Principle:

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

Expected outcome		Accreditation Agency decision
3.1	Continuous improvement	Met
3.2	Regulatory compliance	Met
3.3	Education and staff development	Met
3.4	Emotional support	Met
3.5	Independence	Met
3.6	Privacy and dignity	Met
3.7	Leisure interests and activities	Met
3.8	Cultural and spiritual life	Met
3.9	Choice and decision-making	Met
3.10	Resident security of tenure and responsibilities	Met

Standard 4:   Physical environment and safe systems

Principle:

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

Expected outcome		Accreditation Agency decision
4.1	Continuous improvement	Met
4.2	Regulatory compliance	Met
4.3	Education and staff development	Met
4.4	Living environment	Met
4.5	Occupational health and safety	Met
4.6	Fire, security and other emergencies	Met
4.7	Infection control	Met
4.8	Catering, cleaning and laundry services	Met

Audit Report

Alkira Hostel for the Frail & Aged 5150

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

Introduction

This is the report of a re-accreditation audit from 11 September 2012 to 12 September 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards
The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 11 September 2012 to 12 September 2012.

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

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

Assessment team

Team leader:	William Tomlins
Team member:	Nicole Goodwin

Approved provider details

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

Details of home

Name of home:	Alkira Hostel for the Frail & Aged
RACS ID:	5150

Total number of allocated places:	41
Number of residents during audit:	38
Number of high care residents during audit:	37
Special needs catered for:	Nil

Street/PO Box:	2 Charles Street	State:	QLD
City/Town:	TOOGOOLAWAH	Postcode:	4313
Phone number:	0754231157	Facsimile:	07 5423 1701
E-mail address:	j.isaacson@bluecare.org.au		

Audit trail

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

Interviews

	Number		Number
Service Manager	1	Residents/representatives	10
Registered nurses/endorsed enrolled nurses	4	Volunteers	2
Care staff	5	Laundry staff	1
Administration assistant	1	Cleaning staff	1
Support officers	2	Maintenance staff	1
Human Resource/Learning and Development staff	2	Workplace Safety Officers/Representatives	3
Catering staff	2	Fire Safety Advisor	1
Physiotherapist	1	Fire Safety Advisor	1
Quality Coordinator	1		

Sampled documents

	Number		Number
Residents' files	10	Medication charts	10
Summary/quick reference care plans	10	Personnel files	6

Other documents reviewed

The team also reviewed:

- Activity program folder
- Audit calendar
- Audits/audit action plans
- Cleaning guidelines
- Clinical audit schedule
- Clinical risk assessment forms
- Communication diaries and folders
- Competency tools
- Complaints and compliments statistics
- Complaints form/register
- Dietary profiles
- Disciplinary action improvement plan
- Duty lists
- Emergency evacuation plan/emergency response procedure
- Employee survey results

- Employee training register
- Evacuation instructions (fire walk)
- Feedback/suggestion/improvement form
- Fire evacuation drill summary report
- Fire maintenance records
- First impressions survey
- Focussed assessment tools
- Food log sheets
- Food safety program
- Hazard report form/register
- Incident report/investigation report
- Interview assessment tool
- Maintenance guidelines/maintenance request books
- Mandatory reporting register/mandatory reporting brief
- Mandatory training matrix
- Meeting schedule
- New employee checklist
- Performance development and review form
- Pest sighting register
- Police certificate checks
- Position descriptions
- Probation assessment form/probation notes
- Programmed maintenance schedule
- Quality action plan/quality improvement form
- Reference check guide
- Regulatory compliance and policy change folder
- Resident activity participation folders
- Resident evacuation list
- Resident exercise regime sheets
- Resident handover sheets
- Resident information handbook
- Resident orientation program checklists
- Resident survey results
- Restraint monitoring charts
- Risk assessments
- Staff orientation package
- Staff service handbook

- Staff signature register

- Standing offer agreement

- Temperature records – food/equipment

- Workplace inspection report

- Workplace safety self-assessment checklist

Observations

The team observed the following:

- Activities in progress

- Catering operation

- Cleaning operation

- Equipment and supply storage areas

- Fire panel/fire exits/assembly area

- Fire records safe

- Hand gel dispensers

- Infection control kits

- Interactions between staff and residents

- Internal and external living environment

- Laundry operation

- Meal and beverage service

- Medication round and medication storage

- Notice boards

- Outbreak box

- Personal protection equipment

- Spills kit

- Suggestions/complaints 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

Alkira Hostel for the Frail and Aged (the home) has a continuous improvement system for identifying improvement opportunities, implementing solutions and monitoring and evaluating outcomes. Residents and staff have input by making suggestions verbally, submitting improvement logs, raising issues of concern at meetings, completing satisfaction surveys, or through the complaints mechanisms. Continuous improvement records are maintained and an auditing schedule is in place that regularly reviews the service areas within the home. Incidents, accidents and hazard reports are further sources of improvement opportunities. Outcomes of audits are analysed for potential trends, to identify further areas for improvement and to monitor the outcomes of improvements made. Results of continuous improvement activities and progress of actions taken are communicated to residents and staff through meetings, notices, newsletters and one-on-one communication.

Improvement initiatives implemented recently by the home in relation to Standard 1, Management systems, staffing and organisational development include:

- An improvement log was received from staff in one of the lodges for a printer to be installed in the lodge so confidential care documentation would not have to be printed to a communal printer. A new printer has been installed and staff stated this not only ensures resident confidentiality but also saves staff time.

- A suggestion was made that a water cooler be installed in the foyer so families and other visitors arriving, particularly during the hot summers, would have a cool drink available immediately on arrival. This has been installed and administration staff stated the water cooler is "well used" by residents, families and staff.

- A review of the Quality Coordinator's role led to the time allocation being doubled to 16 hours per fortnight. Management stated this has enabled this role to put more emphasis on the auditing process, have more quality input to all of the home's meetings and to more positively drive the quality improvement process.

- Until six months ago the home was co-managed with a sister facility some distance away. A review of this arrangement led to a change to a fulltime registered nurse being appointed to the position of Service Manager of the home. Management stated this has allowed for improved clinical management and governance.

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

There is a system to capture changes to relevant legislation, regulatory requirements, professional standards and guidelines and to ensure compliance. This system includes provider membership of organisations providing information on such changes, access to internet websites, attendance at seminars and education sessions and subscriptions to professional journals. Changes are monitored by the organisation's corporate office and included on a monthly legislation register located on the policy page of the intranet. These changes are communicated to the appropriate senior staff throughout the home, who monitor local implementation. Legislative changes and policy changes are a standing agenda item at all staff meetings and, where relevant, these changes are also communicated to residents and relatives. Staff police certificate checks are conducted and residents and relatives are notified of re-accreditation audits and invited to participate. Compliance with legislation is monitored through the audit process, surveys and supervisor observation of work practices; audit tools are changed by corporate office when legislative changes make it appropriate.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has a range of strategies to ensure staff have appropriate knowledge and skills. The performance appraisal process identifies general educational needs, supported by an annual survey of staff needs, as well as a review of incidents and accidents; an education plan is developed from these. The home supplements the formal training plan with educational/skill development sessions as they are identified in response to residents' changing care needs. Competency assessments also form part of the audit of staff skills and are commenced at orientation for new staff and conducted on an ongoing basis. The home offers a range of training opportunities for staff, including specialists from corporate office, on site senior staff, a range of self-directed learning packages and from product and service suppliers. An electronic matrix alerts management to mandatory training deadlines. Staff have access to traineeships and external education and report management is responsive to their learning needs. Examples of education provided include (but are not limited to) customer service training, accreditation preparation, compliments and complaints, team building and preceptorship.

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 provides opportunities for residents/representatives to submit comments, compliments and complaints. Information regarding internal and external avenues of complaints is provided during the admission process, in resident and staff handbooks, at

meetings, in newsletters and brochures displayed throughout the home. Comments, compliments and complaints are documented; complaints are investigated and actioned and feedback is provided to complainants. Complaint forms and boxes are accessible in all sections of the home for residents/representative and other interested parties. Residents/representatives are aware of opportunities to make verbal or written complaints and are satisfied with the responsiveness of management in resolving 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 the organisation's vision, directions and values and these are displayed in the residents' handbook, the staff and volunteers' handbook and on the walls of the home; discussion of them forms part of the ongoing business of the home. The quality policy forms part of a staff member's conditions of employment and management's strategic vision and these statements form part of discussions at the annual staff appraisal session and annual mandatory training.

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

Team's findings
The home meets this expected outcome

The home ensures appropriately skilled and qualified staff through its human resource procedures, which include key selection criteria at recruitment, reference checks, contracts of employment, position descriptions, performance review and training and education opportunities. Three-monthly roster reviews taking into account resident needs, staff changes and staff needs, ensures the correct skills mix and staff sufficiency is maintained. Roster gaps on a daily basis are filled using a pool of casual staff. New staff have buddy shifts, and a preceptor program to guide them through the three months probationary period. Staff are satisfied there are sufficient staff rostered for them to complete their duties and attend to residents in a reasonable time. Residents are satisfied with staff responses to requests for assistance.

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

Team's findings
The home meets this expected outcome

There is a purchasing process for consumables and capital budget items, ensuring sufficient and appropriate goods and equipment are consistently available to deliver the care and services required. Where possible/necessary, new equipment is trialled before purchase or opinions are sought from other homes. Key personnel are responsible for ordering and maintaining stock levels of specialised health and personal care products, catering items and

other housekeeping and cleaning materials; stock is examined for fitness on receipt and rotated with remaining stock. There is a preferred supplier list to guide staff. Supply contracts are reviewed annually or when there are concerns and stakeholders are asked for their input. A programmed maintenance schedule is in place to ensure ongoing reliability of equipment and infrastructure and a daily corrective maintenance program to attend to minor items needing attention. Residents/representatives and staff indicated they were satisfied with the availability and appropriateness of the goods and equipment provided.

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

Team's findings
The home meets this expected outcome

There are systems to enable staff and management access to sufficient and reliable information for appropriate decision making. This information is stored securely on computer files or in locked cabinets and offices and can be accessed by those staff with the authority and need to do so. Policy and procedure manuals, as well as access to a variety of topics including clinical best practice, are available on the organisation's intranet site, as well as some being made available in hard copy. Staff files and residents' financial files are stored in locked cabinets in the home's administration office; residents' clinical files are securely stored in the care offices. Staff indicated the information necessary to perform their jobs is available and regular staff briefings/handovers/toolbox talks keep them informed on a range of relevant topics. Further communication to staff is via memos, noticeboards and meetings. Records are archived on site for a period, transferred to off-site professional storage and destroyed under contract when appropriate.

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

Team's findings
The home meets this expected outcome

Externally sourced services are contracted in order to meet the home's care service needs and service quality goals. Allied health services sourced external to the home include physiotherapy, podiatry and speech pathology; other services sourced externally include hairdressing, pest control, chemicals, waste management and fire equipment maintenance. External services are covered by the purchasing policies of the provider and standing offer agreements are in place negotiated either at the corporate level or locally. There are standard service agreements covering items such as price, insurance cover and qualifications, with specific additions where appropriate to individual contracts. Most contracts are for one year and performance is monitored by seeking feedback from users. Residents and staff indicated satisfaction with the services provided.

Standard 2 – Health and personal care
Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

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

Team's findings
The home meets this expected outcome

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

Improvement initiatives implemented recently by the home in relation to Standard 2, Health and personal care include:

- A re-arrangement of night and morning shifts has resulted in an extra care shift starting at midnight and running till 8.00am, which better meets residents' increasing acuity; staff stated improved care is being delivered in the early morning hours.

- A palliative care trolley has been set up which includes music, lighting and olfactory equipment. Staff stated this and the case conferencing with specialists in palliative care from a nearby public hospital, has enabled the home to provide improved end of life care.

- An audit of the medication process showed residents could be up to one month without a photograph on their medication chart as the pharmacy only visited monthly and took photos of new residents at that visit. The home now photographs residents on admission and attaches the photo to the medication chart until such time as the pharmacy embeds it in the chart. Staff stated this reduces the opportunity for medication administration errors.

- A medication audit revealed the doctor was not indicating on the PRN order what the medication was for or what the maximum daily dosage was. The registered staff now ensure this information is provided by the doctor. This is then faxed to the pharmacy and added to the medication chart.

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 regulatory compliance processes.

In relation to Standard 2, Health and personal care the home monitors the registration requirements of registered staff annually

In relation to expected outcome 2.2, management maintain and monitor the systems to manage residents' care planning in accordance with the *Quality of Care Principles 1997*, protocols for medication management, and the reporting of unexplained absences as set out in *The Accountability Principles 1998*. Staff feedback demonstrated knowledge of their legislative responsibilities under Standard 2 outcomes.

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development processes.

In relation to Standard 2 Health and personal care, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to health and personal care. Examples of education provided include (but are not limited to) dementia – night time care, skin integrity, pain management and continence management. Staff feedback demonstrated their clinical and care knowledge and responsibilities under Standard 2 outcomes.

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

Team's findings
The home meets this expected outcome

The home has systems, processes and procedures in place to ensure residents receive appropriate clinical care. Resident clinical care is overseen by the registered nurse. A review of documentation including resident files demonstrated the home has a comprehensive suite of tools used to identify resident care needs. Individual care plans are developed in consultation with resident/representatives and care staff and are reviewed and monitored on a three monthly basis or as care needs change. The effectiveness of care provided is evaluated and referrals to other health professionals are made as required. The home has appropriate supplies of equipment and resources maintained in good working order to meet residents' ongoing needs. Residents/representatives indicated they are satisfied with the clinical care provided.

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

Team's findings
The home meets this expected outcome

There are processes in place to ensure specialised care needs are identified and met by appropriately qualified staff. The home liaises with external health providers as needed and residents are supported to access specialists and hospital care if required. Staff access internal and external education programs. Staff have access to appropriate equipment and supplies to support the delivery of care. Residents/representatives indicated they are satisfied with the specialised nursing care provided.

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/representatives indicated they are satisfied with the assistance residents are given to access other health and related services. Documentation including resident files indicated the home refers residents to external health professionals. Several allied health professionals visit the home on a regular basis and these include physiotherapist, podiatrist and dietician. Interventions residents require are documented in care plans and progress notes to ensure staff have appropriate information to ensure resident needs are met.

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

Management demonstrates resident's medication is managed safely and correctly. A photo identification of each resident is on each medication chart. Protocols have been established in the home to guide safe practices and audits monitoring compliance are conducted. Incidents are reviewed and any trends identified and actioned. A medication advisory committee meets regularly to review medication issues. A clinical pharmacist conducts a medication review on each resident at least annually. A clinical risk assessment is conducted on residents who wish to self-administer their medications. Residents/representatives indicated they are satisfied medications are managed in a safe and correct manner.

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

Individual pain symptoms are assessed on entry to the home and as resident symptoms change. Staff are trained in the use of both verbal and non verbal pain assessment tools to identify, monitor and evaluate the effectiveness of pain management strategies. Documentation demonstrates strategies to prevent and manage pain include attending to emotional needs, pain relief and alternative approaches such as heat packs. Residents/ representatives reported residents are a free as possible from pain.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

There are systems and processes to ensure the comfort and dignity of terminally ill residents are maintained. Documentation and staff discussions demonstrated residents' spiritual, cultural and emotional needs are considered in care planning. Staff are able to consult with the district palliative care service for support and advice where required. Residents are

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supported to document their end of life wishes and this information is forwarded to local hospitals. Residents/representatives reported terminally residents' dignity and comfort is maintained.

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

Nutrition and hydration status is assessed on entry to the home and individual needs, including swallowing difficulties, sensory, special diets and individual preferences, are identified and included in care plans. Referrals to dieticians and dentists are made where required. Nutritional supplements, modified cutlery, equipment and assistance with meals are provided as needed. Staff were observed at lunch time asking residents if they had had enough to eat. Staff are aware of special diets and have access to information on thickened fluids, pureed and soft foods. Residents are weighed monthly, with weight gain/loss monitored and followed up where necessary. Menus are reviewed by a dietician on an annual basis. Residents/representatives interviewed were satisfied with the food and drinks supplied.

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 assessed on entry to the home. Staff monitor residents' skin care as part of daily care and report any changes for assessment, review and referral where required. Accidents and incidents where skin integrity is compromised are reported and trends monitored. Residents have access to a physiotherapist and podiatrist on a regular basis. The home has equipment, such as leg protectors, pressure relieving mattresses and cushions, to reduce the risk of skin breakdown; residents were observed utilising these devices. Documentation provided evidence of skin and wound management and monitoring of healing where relevant.

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

Team's findings
The home meets this expected outcome

The home ensures each resident's continence is managed effectively. Clinical documentation and discussions with staff showed continence management strategies are developed and implemented for each resident. Staff are trained in scheduled toileting, continence aids, the identification of urinary tract infections and bowel management, including daily monitoring. Staff ensure residents have access to regular fluids and appropriate diet. Medications are ordered to assist with continence management where required and if administered the medication effectiveness is evaluated and documented. There is an appropriate level of supply of continence aids to meet individual needs of residents. Residents/representatives reported satisfaction with the continence care provided.

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

Documentation and discussions with staff showed residents' behavioural management needs are identified by initial and ongoing assessment and behaviour care plans are developed. The home has a secure dementia unit on site. Behaviour management strategies include non-pharmaceutical methods such as pet and doll therapy. Staff document strategies that are effective in managing individual challenging behaviours. The home has access to other health professionals including the older persons' mental health service. The home uses restraint as a last resort to ensure resident safety and there is a restraint procedure in place. Residents/representatives reported they were satisfied with how challenging behaviours are managed in the home.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings
The home meets this expected outcome

The home ensures optimum levels of mobility and dexterity are achieved for each resident. The home has a physiotherapist who visits every four to six weeks. Individual programs are designed by the physiotherapist and implemented by care staff. Fall incidents are discussed at the falls committee meeting. Assistive mobility devices such as walking frames, lifting belts and wheelchairs are available. Staff are trained in falls prevention and safe handling practices. Residents/representatives reported they are satisfied with the way the home promotes 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

Oral and dental health is assessed on entry to the home and documented on residents' care plans. If required residents are referred to oral health services and if not able to visit the dentist due to mobility issues are supported to attend the hospital for day surgery. Documentation demonstrated evidence of both dental and oral examinations and supporting residents with oral hygiene. Swallowing difficulties are referred to appropriate health professionals for assessment and review. Residents stated they are satisfied with how their oral and dental health is maintained.

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

Information about each resident's care needs in relation to sensory care is collected through the initial and ongoing assessment processes. Residents can access optometry, audiology and speech pathology services and are assisted to attend appointments outside the home if required. The activities program includes cooking to assist residents' sensory stimulation. Residents/representatives reported staff are supportive of residents with sensory loss and promote independence and choice as part of the daily care provided.

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 information about a residents sleep pattern, settling routines and personal preferences is collected as a result of initial and ongoing assessments. Care plans reflect individual sleep needs and preferences. Staff reported strategies implemented to help residents sleep include assistance with toileting, repositioning, pain management and refreshments. Resident/representatives indicated they are satisfied with the home's approach to achieving natural sleep patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Improvement initiatives implemented recently by the home in relation to Standard 3, Resident lifestyle include:

- An improvement form was received from residents stating their privacy was compromised when using the public phone located in the main foyer. Following discussions with the maintenance staff and a request to Telstra the phone was relocated to the hairdressing salon which, is only used one day each week. Residents have responded positively to the improvement in their privacy.

- An internal audit of residents new to the home stated not all residents were being satisfactorily orientated to their new home. An orientation program for entering residents was drawn up and is being administered by the Diversional Therapist. A recent audit of this activity indicates new residents are now being satisfactorily orientated.

- Collaboration with the local high school led to wall murals of a farm scene and a garden scene being painted in the secure unit. This is interactive, with the farm animals and insects being able to be shifted on the wall. Staff stated residents are often seen shifting things around.

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 regulatory compliance processes.

In relation to expected outcome 3.2, management maintain and monitor the mandatory reporting register, residents' privacy and ensure residents' security of tenure in line with legislative requirements. Staff feedback demonstrated knowledge of their legislative responsibilities under Standard 3 outcomes.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development processes.

In relation to Standard 3 Resident lifestyle, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to supporting residents' lifestyle requirements. Examples of education provided include (but are not limited to) dignity in care, advocacy, reportable assaults and privacy and confidentiality. Staff feedback demonstrated their knowledge and responsibilities under Standard 3 outcomes.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has processes in place to ensure residents receive support in adjusting to life in the home on entry and on an ongoing basis. The Diversional Therapist meets with all new residents, orientating them to their room and the home. Staff demonstrated an understanding of strategies implemented or that could be considered to support residents. Residents/ representatives are satisfied with the emotional support provided at the home.

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 has processes to ensure information about each resident's social, cultural, spiritual needs and preferences is collected and used to develop individualised care plans to support and promote independence. The activities program includes outings. There is also evidence to demonstrate members of the community, such as school groups and service groups, visit the home to enhance resident social interaction. Staff were observed encouraging residents to mobilise independently and self care. Residents/representatives are satisfied the home assists residents to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residence.

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

Each resident's right to privacy, dignity and confidentiality is recognised and promoted. The home monitors how privacy, dignity and confidentiality is recognised and respected through resident feedback. Residents' information is stored in a way that promotes security and confidentiality. Staff and resident interactions demonstrated staff are aware of the resident's right to privacy. Residents/representatives are satisfied with the home's approach to maintaining privacy, dignity and confidentiality.

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

Information about each resident's interests and activity preferences is collected on entry to the home. Interests are reflected in individualised care plans to ensure all staff have access to information supporting residents' needs being met. The home has an activities program including a variety of activities. Activities include both indoor and outdoor activities, outings and one on one activities. A monthly program is developed and is displayed on notice boards and in each resident's room. The Diversional Therapist maintains a folder containing information about a range of activities to be conducted throughout the year. Activities have a documented plan enabling any staff member to be able to conduct the activity. Activities are evaluated using attendance numbers and resident responses as the evaluation criteria. Residents are surveyed regularly to ensure the activities program is meeting their needs. Residents/representatives are generally satisfied with the range of activities on offer.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has processes to ensure individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Information about each resident's interests, customs, beliefs and cultural and ethnic background is collected on entry to the home. The activities program includes theme days depicting different cultures and church services at least twice a week. A chaplain also visits the home regularly. Residents/representatives are satisfied with the support residents receive to meet their cultural and spiritual needs.

3.9   Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents are able to exercise choice and decision making decisions about the care and services provided by the home through consultative processes such as inclusion in care planning, case conferencing and resident meetings. If a resident is not able to be involved the resident representative or delegate is consulted. Staff were able to provide an example of where an advocate had been used recently. Risk assessments are conducted where residents exercise choice by wishing to self medicate, smoke, use a motorised wheel chair or consume a diet which is contraindicated. Residents are satisfied with the participation they have in the decisions made about care and services received.

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

All residents have a resident agreement in place. The resident handbook outlines resident rights and responsibilities. Rights and responsibilities are also displayed around the home. Information is available in different languages. The home supports ageing in place. If there is a need to relocate a resident to another room or service the home has policies and procedures and consultation with the resident and/or their representative occurs. Residents/representatives are aware of residents' rights and responsibilities and are satisfied 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.

Improvement initiatives implemented recently by the home in relation to Standard 4, Physical environment and safe systems include:

- An improvement form from hospitality staff indicated accessing the kitchen with trolleys through the existing doors was difficult and a safety hazard for staff. An investigation into the best alternative solution has led to swinging clear plastic doors being installed; these are easy to open and staff say they are safer for them to negotiate.

- An internal audit found a high step outside the laundry was a safety hazard. This area has been painted with a bright yellow paint and attention is drawn to the hazard. Staff stated the situation has been made safer.

- Residents complained of mosquito bites when sitting outside. An investigation of various repellent methods was undertaken and a rub-on repellent purchased. Staff report residents are no longer affected by insect bites.

- Electric doors have been installed at the entry to each lodge, as well as the front door of the home. This has improved the ease of movement for residents around the home and garden, as well as safety for staff moving trolleys or carrying items to the lodges.

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 regulatory compliance processes.

In relation to expected outcome 4.2, management maintain and monitor the systems to manage fire safety and other emergencies, occupational health and safety, infection control best practice and food safety. Staff feedback demonstrated knowledge of their legislative responsibilities under Standard 4 outcomes

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development processes.

In relation to Standard 4 Physical environment and safe systems, education is provided to staff to ensure that residents' have a safe and comfortable living environment that supports the quality of life and welfare of residents, staff and visitors. Examples of education provided include (but are not limited to) fire and emergency training, manual handling, infection control, food safety and occupational health and safety. Staff feedback demonstrated their knowledge and responsibilities under Standard 4 outcomes.

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

Residents/representatives are satisfied with the cleanliness of the home and say it provides a safe and comfortable environment. The home consists of single en suite rooms in four lodges joined by covered walkways, with one 12-bed lodge maintained as a secure unit. Dining and lounge areas are appropriately furnished to the needs of the residents and residents were observed to be able to move about the home in comfort and safety. The environmental audit process ensures any hazards are identified and eliminated and the scheduled and corrective maintenance programs maintain the equipment and infrastructure in a safe and working condition. Fire and emergency programs are in place and security procedures, including a nightly lockdown, optimise residents' and staff safety after daylight hours.

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

The home's management is actively working to provide a safe environment for staff that meets regulatory requirements through its monitoring systems and its education programs. Workplace safety is a standing agenda item at all staff meetings; audits of the internal and external environment and of the use of chemicals are carried out on a regular basis. Staff are introduced to safe working practices through the initial orientation program, during their buddy shifts, during normal working times, by observation of supervisory staff and by annual mandatory training programs. There are daily corrective as well as preventative maintenance programs to ensure equipment and infrastructures are kept in a safe working condition. New equipment is risk assessed and trialed prior to purchase and staff are trained in its safe use. Personal protective equipment is provided for use in appropriate situations and staff were observed to be using it in those situations.

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 is working to provide a safe working and living environment for the home's staff and residents. Procedures have been established and staff are trained in the processes to follow in the event of fire or other emergencies. Training sessions are conducted as required; records indicate all staff have completed their annual statutory fire training requirement; fire drills are carried out quarterly in some part of the home and over all shifts and are officially observed, with debriefs held and improvements made as indicated. Fire detection and fighting equipment are maintained on a regular basis; evacuation plans are displayed throughout the buildings and the assembly areas are signed and easily accessible. Security procedures including a nightly lockdown optimise the safety of residents and staff after daylight hours. Residents/representatives are notified of the safety procedures to follow when they enter the home, through resident meetings and posters. they are satisfied they are safe and confident staff are competent to handle any emergency that might arise.

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 infection control program. A staff member has the role of infection control representative. Responsibilities of the infection control representative include outbreak management, maintenance of outbreak kits and spill kits, monitoring of compliance and reporting of non-compliance and staff training. Infection incidences are monitored for trends. Hand washing facilities and alcohol hand rubs are located throughout the home and staff have access to personal protective equipment such as gloves, aprons, masks, hats and over shoes. There is an accredited food safety plan in place and it is reviewed annually. Safe food processes and practices implemented include pest control, storage rotation and temperature monitoring. Personal care staff are trained in safe food handling.

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

Catering services are provided to meet residents' dietary needs and preferences identified on entry and on an ongoing basis. Meals are prepared fresh on site, plated in the main kitchen and served either in the main dining room (midday meal) or transported to lodge kitchenettes for serving to residents in the lodge dining rooms or the resident's room. Residents have input into the menu via surveys, specific feedback forms and the residents' meetings. The home's kitchen/kitchenettes have monitoring systems to ensure food is stored at the correct temperature; stock is dated and rotated and food is served within safe temperature ranges. Cleaning schedules are used to ensure resident rooms, common areas and service areas are cleaned on a daily basis. Laundry is done four days a week on site and returned to residents on the same day. Hospitality staff are aware of the importance of infection control principles to their roles. The home monitors the effectiveness of hospitality services through

resident/representative feedback and regular environmental and infection control audits and identified deficiencies are corrected in a timely manner. Surveys and other feedback indicate residents are satisfied with the catering, cleaning and laundry services provided by the home.