Decision to accredit
Anchorage Aged Care

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Anchorage Aged Care in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Anchorage Aged Care is three years until 8 January 2014.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision
The Agency has taken into account the following:
- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Anchorage Aged Care		
RACS ID:	7298		
Number of beds:	102	Number of high care residents:	80
Special needs group catered for:	Residents with dementia and other related diseases		

Street:	340 Anchorage Drive North				
City:	MINDARIE NORTH	State:	WA	Postcode:	6030
Phone:	08 9400 1000		Facsimile:	08 9400 1099	
Email address:	fmanchorage@aegiscare.com.au				

Approved provider

Approved provider:	Aegis Aged Care Group Pty Ltd

Assessment team

Team leader:	Janice Rooney
Team members:	Julia Horton
	Anne Rowe
Dates of audit:	19 October 2010 to 20 October 2010

Executive summary of assessment team's report		**Accreditation decision**
Standard 1: Management systems, staffing and organisational development		
Expected outcome	**Assessment team recommendations**	**Agency findings**
1.1 Continuous improvement	Does comply	Does comply
1.2 Regulatory compliance	Does comply	Does comply
1.3 Education and staff development	Does comply	Does comply
1.4 Comments and complaints	Does comply	Does comply
1.5 Planning and leadership	Does comply	Does comply
1.6 Human resource management	Does comply	Does comply
1.7 Inventory and equipment	Does comply	Does comply
1.8 Information systems	Does comply	Does comply
1.9 External services	Does comply	Does comply
Standard 2: Health and personal care		
Expected outcome	**Assessment team recommendations**	**Agency findings**
2.1 Continuous improvement	Does comply	Does comply
2.2 Regulatory compliance	Does comply	Does comply
2.3 Education and staff development	Does comply	Does comply
2.4 Clinical care	Does comply	Does comply
2.5 Specialised nursing care needs	Does comply	Does comply
2.6 Other health and related services	Does comply	Does comply
2.7 Medication management	Does comply	Does comply
2.8 Pain management	Does comply	Does comply
2.9 Palliative care	Does comply	Does comply
2.10 Nutrition and hydration	Does comply	Does comply
2.11 Skin care	Does comply	Does comply
2.12 Continence management	Does comply	Does comply
2.13 Behavioural management	Does comply	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply	Does comply
2.15 Oral and dental care	Does comply	Does comply
2.16 Sensory loss	Does comply	Does comply
2.17 Sleep	Does comply	Does comply

Executive summary of assessment team's report		Accreditation decision
Standard 3: Resident lifestyle		

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

Standard 4: Physical environment and safe systems

Expected outcome	Assessment team recommendations	Agency findings
4.1 Continuous improvement	Does comply	Does comply
4.2 Regulatory compliance	Does comply	Does comply
4.3 Education and staff development	Does comply	Does comply
4.4 Living environment	Does comply	Does comply
4.5 Occupational health and safety	Does comply	Does comply
4.6 Fire, security and other emergencies	Does comply	Does comply
4.7 Infection control	Does comply	Does comply
4.8 Catering, cleaning and laundry services	Does comply	Does comply

Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.

SITE AUDIT REPORT

Name of home	Anchorage Aged Care
RACS ID	7298

Executive summary

This is the report of a site audit of Anchorage Aged Care 7298 340 Anchorage Drive North MINDARIE NORTH WA from 19 October 2010 to 20 October 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44/44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Anchorage Aged Care.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 19 October 2010 to 20 October 2010.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of three registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Janice Rooney
Team members:	Julia Horton Anne Rowe

Approved provider details

Approved provider:	Aegis Aged Care Group Pty Ltd

Details of home

Name of home:	Anchorage Aged Care
RACS ID:	7298

Total number of allocated places:	102
Number of residents during site audit:	98
Number of high care residents during site audit:	80
Special needs catered for:	Residents with dementia and other related diseases

Street:	340 Anchorage Drive North	State:	WA
City:	MINDARIE NORTH	Postcode:	6030
Phone number:	08 9400 1000	Facsimile:	08 9400 1099

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Anchorage Aged Care.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

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

Interviews

	Number		Number
Facility Manager	1	Human resource manager	1
Training and development manager	1	Chef manager	1
Clinical governance manager	1	Agency care staff	1
Clinical resource manager	1	Occupational therapist	1
Clinical nurse manager	1	Occupational therapy assistants	2
Clinical nurse	1	Physiotherapist	1
Hospitality service manager	2	Physiotherapist assistants	2
Enrolled nurse	1	Laundry staff	1
Care staff	10	Cleaning staff	3
Nursing assistant/ Infection control representative	1	Catering staff	2
Administration assistant	1	Residents/representatives	19

Sampled documents

	Number		Number
Residents' files	11	Medication charts	11
Summary/quick reference care plans	11	Personnel files	6
Service contracts	2		

Other documents reviewed

- Acknowledgement of risk forms
- Activity program
- Allied health assessments
- Allocation files
- Annual leave file
- Approved contractors list
- Aromatherapy file
- Audit schedule, results, and action plans
- Behaviour management files
- Care conference records
- Cleaning schedules
- Clinical indicators file
- Complaints suggestion and corrective action reports file
- Compliance bulletins file
- Compliments file
- Continence resource materials
- Continuous improvement plan and quality plan file
- Diet analysis forms
- Duty statements
- Education manual 2010, and training records
- Electoral roll list
- Electrical tagging file
- Events calendar
- Exit and emergency lighting test records
- Fire services records
- Flow charts
- Handover sheets (electronic) communication books, diaries
- Hazard reports
- Infection control file, infection management logs, and monthly analyses
- Internal referrals
- Material safety data sheets
- Medication audits and reviews
- Meeting minutes, quality, staff, residents and representatives, falls committee, infection control, occupational health and safety
- Memoranda
- Menus
- Missing property reports
- Multicultural aged care handbook
- Newsletters
- Occupational therapy statistics
- Pest prevention service file
- Physiotherapy records
- Podiatry records
- Poisons permit
- Police certificate register
- Policies and procedures (hard copy) and on electronic system
- Position descriptions
- Preventative maintenance records
- Professional registrations
- Resident accidents/incidents file
- Resident agreements
- Resident evacuation mobility list

- Resident list of religions
- Resident satisfaction surveys
- Residents' information package and handbooks
- Restraint assessments, authorisations, observation charts, and restraint alternatives form
- 'Roster-on' system and roster (hard copy)
- Sign in/out books
- Staff accidents/incidents
- Staff appraisals
- Staff employment package
- Staff handbook
- Standards files
- Temperature monitoring records - food and equipment
- Therapy activity program
- Treatments sheets
- Volunteers police check file
- Weight charts
- Wound treatment sheets.

Observations
- Activities in progress
- Adaptive crockery and cutlery
- Charter of residents' rights and responsibilities displayed
- Chemical storage
- Designated smoking areas
- Emergency exit signage
- Equipment and supply storage areas
- Hand washing facilities
- Infectious outbreak kits
- Internal and external living environment
- Kitchen
- Laundry
- Meal service
- Noticeboards
- Personal protective equipment
- Rainbow box/palliative box
- Raised garden bed
- Resident access to call bells, mobility aids, and telephones
- Resident handbooks in residents' rooms
- Sensory room
- Sign in/out books
- Spa bath
- Spills kit
- Storage of medications
- Tagged electrical equipment
- Tagged fire equipment.

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 recommendation

Does comply

The home has systems and processes in place to assist in actively pursuing continuous improvement across all four Accreditation Standards. Multiple tools and reporting mechanisms are available for the home to identify and implement improvements, including feedback forms, reports, meetings, statistics, and education sessions. The home's systems are monitored via audits and resident and staff satisfaction surveys, to identify gaps and opportunities to improve. Improvements are logged and added to the improvement plan for action and evaluation. An organisational quality meeting is conducted, and strategic improvements are planned and undertaken within the organisation. Information regarding the improvement feedback system is provided to residents and staff through handbooks, flyers, and at meetings. Staff and residents reported that they understand the feedback process and make suggestions for improvement.

Examples of recent improvements undertaken or in progress in relation to Standard One are described below.

- An electronic rostering and payroll system has been introduced at the home. The system has improved processes and information regarding staff annual leave, visa restrictions, vacant shifts, and professional registration. The manager reported the system has streamlined the payroll and rostering process, and improvements are being added such as the flagging of staff who require a police certificate update.
- Following a resident suggestion to install a pay-phone, a telephone for residents to make calls has been introduced. The telephone is accessible at all times and is located in a private area.
- In order to increase the information provided to registered and enrolled nurses on employment, a clinical orientation day has been introduced at the home. The initial training is planned for late October, and will ensure all registered staff have adequate training in the electronic system and the clinical requirements of their role.

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 recommendation

Does comply

There are systems to identify compliance with legislation, professional standards, codes of practice, and guidelines relevant to residential aged care. The organisation's corporate management are responsible for changing policies and procedures following legislative changes, and provide information to the home's manager who disseminates appropriate information to staff. Staff are informed of regulatory requirements specific to their roles and responsibilities in their position descriptions and during orientation. Processes are in place for all staff to provide a police certificate and statutory declaration prior to commencement of employment and a renewal as required. Staff are provided with information regarding the

confidentiality of residents' information in their employment contract, and residents were notified of the upcoming accreditation audit via the newsletter and at a resident meeting.

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 recommendation
Does comply

The home has a system in place to ensure that management and staff have the appropriate knowledge and skills to perform their roles effectively via updated policies, selection criteria, an orientation and buddy system, education program, job descriptions, and staff appraisals. Mandatory training and formal and informal education sessions are provided in response to identified needs. An annual training register is developed from information gathered on a training need analysis, deficits or requests identified during staff appraisals, and changes in residents' care needs. The effectiveness of training is monitored via evaluation forms, survey results, residents' feedback, and observation of staff practices. Staff interviewed reported that they are supported by the home to attend internal and external education sessions. Residents interviewed stated that staff are skilled in their roles.

Examples of education and staff development undertaken in the past 12 months and relevant to Standard One are described below.
- Mandatory reporting
- Electronic care planning system
- The rights of older people
- The correct use of cleaning equipment.

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 recommendation
Does comply

There are processes in place to ensure that residents and representatives receive information regarding the internal and external complaints mechanisms via resident meetings, information in the residents' handbook, resident agreement, and informal reporting. Brochures advertising advocacy services and the external complaints agency, as well as a suggestion box and feedback forms are centrally located. Comments and suggestions are actioned by the manager and, when appropriate, added to the improvement plan. The effectiveness of the complaints mechanism is monitored via residents' satisfaction surveys, internal audits, and feedback from residents and representatives. Staff reported that they are aware of the system and advocate on behalf of residents, including those with special needs. Residents and representatives interviewed reported they use formal and informal processes with staff and management to resolve comments or complaints.

1.5 Planning and leadership
This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's recommendation
Does comply

The home's mission, philosophy and objectives, including the commitment to quality, are on display for residents and staff. The statements are consistently documented in the staff and resident information handboos.

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 recommendation
Does comply

The home has a system in place to manage human resources that is underpinned by policy and procedures, regulatory requirements, and includes performance management, recruitment, orientation, training and development. The home monitors sufficiency of staffing mix and levels through corporate processes, resident care needs, feedback from staff, residents and representatives, and clinical observation. Staff are employed in a permanent, casual or agency basis, and are available as replacements during times of leave or absenteeism to ensure adequate coverage of rostered hours. Management monitors staff performance via feedback and reporting mechanisms, internal audits, clinical indicators, and performance appraisals. Residents and representatives expressed satisfaction with the responsiveness of care provided by staff.

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

Team's recommendation
Does comply

There are systems and processes in place to ensure adequate stocks of goods and equipment are available for quality service delivery. Procedures to monitor the quality and stock levels of goods and equipment used within the home are established. Designated staff order stocks and supplies, and the goods and equipment are stored safely. A preventative and corrective maintenance program is established for equipment, and internal audits are conducted. Resident, representatives and staff reported satisfaction with the availability and suitability of goods and equipment provided.

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

Team's recommendation
Does comply

Systems are in place for the collection, use and storage of confidential information that observes the privacy, confidentiality, and security needs of residents and staff. All staff have training regarding access to the electronic system that includes policy documents, rosters and resident care. All computers are password protected and information is saved on a central server. Policies and procedures are reviewed and updated, staff are informed of the confidentiality of resident information, and resident information is stored securely. Accidents and incidents are investigated, recorded, and trends identified. A system is in place for the storage and destruction of archived documents. Staff reported that information regarding resident changes is accessible through the handover sheet and communication book, and they can access adequate information through the electronic system, or informally from

clinical staff. Residents and representatives reported they are satisfied with the 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 recommendation
Does comply

Systems are in place to ensure external service providers meet the quality standards of the organisation. Management and staff are responsible for monitoring and reporting the quality of goods and services provided. External contracts are managed by corporate staff or the home's manager, and agreements reflect the requirements of safety, indemnity insurance, certification, and quality standards of the organisation. Residents, representatives and staff interviewed reported satisfaction with the external 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 recommendation
Does comply

See expected outcome 1.1 Continuous improvement for an overview of the home's continuous improvement system.

Examples of recent or current improvement activities related to Standard Two are described below.
- The organisation is continuing with a project to refine and improve nutritional benefits for residents, which includes identifying residents with a gradual weight loss over several months. The flow chart has been reviewed and updated, and includes a process for referral to the dietician. Policies and procedures have been reviewed and changed to clearly define the registered nurses' and clinical nurse manager's responsibilities.
- The home has reviewed and improved the palliative care provided to residents at the home. Improvements have included the introduction of a palliative care committee, establishment of clinical and therapy rainbow boxes for use during palliation, and education for staff. The home has upgraded the analgesic pump used when required during palliative care, and training has been conducted for registered staff in management of the equipment.

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 recommendation
Does comply

There are systems to identify compliance with legislation, professional standards, codes of practice, and guidelines relevant to residential aged care. The organisation's corporate management are responsible for changing policies and procedures following legislative changes, and provide information to the home's manager who disseminates it and provides training to staff. The organisation has provided information to managers and registered staff regarding changes in the national registration process, and monitoring of the professional registration of staff is in place.

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 recommendation
Does comply

See Education and staff development in Standard One: Management Systems, Staffing and Organisational Development for an overview of the education and staff development system.

Examples of education and staff development undertaken in the past 12 months and relevant to Standard Two are listed below:
- Certificate III in aged care
- Constipation
- Textured modified food and fluids
- Palliative care
- Restraint management
- Gastrostomy care.

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

Team's recommendation
Does comply

The home has systems and processes in place to ensure residents receive appropriate clinical care. Standardised assessment and care planning is conducted when residents move into the home and on an ongoing basis. Review of the care given and its effectiveness in meeting residents' needs and preferences is carried out every six months and as required. Health professionals, medical practitioners, and residents' representatives are notified of significant changes to residents' care needs. Training and education are provided to ensure staff are competent in the delivery of clinical care. Residents and representatives confirmed the appropriateness of the care residents receive, and that it accords with their needs and preferences.

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 recommendation
Does comply

There are processes in place to ensure that residents with specialised nursing care needs are assessed and reviewed by registered staff at the time of entry to the home and on an ongoing basis. Specialised nursing care plans are developed in consultation with the resident, representative, the medical practitioner, and/or other specialised services. Registered nursing staff provide care and supervision, liaise with the medical practitioner, and monitor staff practice. Clinical staff and carers undertake education and complete

competencies to enhance their knowledge and skills, and have access to external services if required. Residents and representatives confirmed the appropriateness of the specialised care residents receive according to 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 recommendation
Does comply

Residents receive appropriate medical care by relevant health specialists of their choice in consultation with their medical practitioner, clinical staff and care staff as required. There are established referral processes in place for residents to be visited in the home by other health specialists such as podiatrist, dietician, physiotherapist, speech pathologist, optometrist, audiologist, and dentist. Instructions resulting from specialists' appointments are communicated to relevant staff through handover, communication diary and progress notes. Care plans are updated to reflect changes of instructions from specialist health providers. Residents and representatives reported that issues that require specialist input are identified, and that residents are referred in accordance with their needs and preferences.

2.7   Medication management

This expected outcome requires that "residents' medication is managed safely and correctly".

Team's recommendation
Does comply

The home has a system in place to ensure that all medications are ordered, stored, administered, documented and disposed of safely and consistently within the scope of the home's policies and procedures. Processes are established to ensure that the accredited pharmacist and medical practitioner review residents' medications annually, and medication meetings are scheduled quarterly. Registered nurses, enrolled nurses and medication competent carers administer medications via a sachet pack medication administration system. Medication profiles are in place for all residents that allow for effective administration and include a current photograph, any allergies, methods of administration, and reference to any swallowing deficits. Medication incidents and variances are recorded and analysed, and internal audits are used to monitor the medication system. Staff practices and knowledge are monitored through clinical observation, incident monitoring and medication competency testing. Residents and representatives advised that they are satisfied that their medications are managed safely and correctly.

2.8   Pain management

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

Team's recommendation
Does comply

All residents are individually assessed for actual and potential pain on entry to the home, and as required, identifying the cause and severity of the pain, and strategies to manage the pain are implemented. Consultation with medical practitioners and other health specialists occurs to identify effectiveness and alternative strategies, and residents are assisted to access pain management consultants as required. Staff interviewed described the processes in place for responding to residents who have pain, including prescribed analgesia, repositioning, massage, physiotherapy, and divisional therapy. Clinical staff record the pain relief intervention and its effectiveness, and documentation reviewed confirmed that pain

management is carried out when required. Residents and representatives interviewed reported they are satisfied with how residents' pain is managed.

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

Team's recommendation
Does comply

There are systems in place to identify and manage residents' end of life wishes and palliative care needs. Residents' end of life wishes are discussed on entry if they wish to, or are discussed at family conferences at a later date, and recorded to guide staff when required. Support is available through allied health and medical practitioners, external palliative care and religious services if needed. A room is available for families wishing to stay with terminally ill residents. Memorials are held in the home in acknowledgement of deceased residents. Staff are educated on palliative care principles, and a palliative care box is available with special items exclusively used for palliative residents. Residents and representatives interviewed are satisfied with the competence of staff to manage the comfort and dignity of residents.

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

Team's recommendation
Does comply

The home has systems and processes in place to ensure residents receive adequate nourishment and hydration. Residents' nutrition and hydration needs are identified and assessed on entry to the home, and documented on an individual care plan that is reviewed six monthly or as required. Monthly weighing of residents occurs, and any variances in weight loss or gain, or swallowing difficulties, are identified and reported to the registered staff. Referrals to relevant health professionals such as the speech pathologist, dietician and medical practitioner are organised as required. Residents who require special modified diets are provided with appropriate meal and drink alternatives and supplements. Residents and representatives interviewed are satisfied with the home's approach to meeting residents' nutrition, hydration and associated support needs.

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

Team's recommendation
Does comply

The home has assessments, interventions and reporting mechanisms in place to ensure that residents' skin integrity is consistent with their general health. Residents' skin integrity is identified by initial assessment, documented in detail on individual care plans, and reviewed six monthly and as required. Mechanisms for reporting residents' accidents and incidents in relation to skin breakdowns are in place, and information is entered in the home's incident data base to enable analysis. Residents identified at risk of impaired skin integrity have strategies put in place, including use of emollients, special nutrient products, hydration and pressure relieving devices, and referral to health specialists. Staff demonstrated an understanding of the strategies, resources and equipment available to prevent pressure

areas and other skin conditions for residents at risk. Residents and representatives advised that they are satisfied with the care provided in relation to residents' skin integrity.

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

Team's recommendation
Does comply

Processes are in place to gather and collate information relating to residents' continence patterns and needs on entry to the home. Residents are supported to maintain/improve their continence function through individualised care plans that include daily monitoring of bowel habits, scheduled toileting times, the use of continence aids and the provision of adequate diets, aperients, hydration, and medication. Designated staff and an external continence advisor meet regularly to review continence promotion and interventions. Staff reported they receive appropriate training and that they are provided with sufficient supplies of continence aids and equipment to effectively assist residents to manage their continence care needs. Residents and representatives interviewed expressed satisfaction with the effectiveness of continence management.

2.13 Behavioural management
This expected outcome requires that "the needs of residents with challenging behaviours are managed effectively".

Team's recommendation
Does comply

The home has systems and processes in place to assess, monitor and evaluate the needs of residents with challenging behaviour to ensure behaviours are managed effectively. Residents' individualised care plans are reviewed six monthly and as required, and describe interventions to assist in the management of behaviours identified. Residents are referred to medical practitioners and mental health services when appropriate. There is a restraint policy in place, restraints are used minimally, and authorisations of physical restraint are tracked and updated regularly in accordance with the home's policy. Alternatives to medication therapy in the management of behaviours are fostered, and ongoing education is provided to staff on dementia and challenging behaviours. Residents and representatives stated they are satisfied with the home's approach to managing the causes that prompt challenging behaviour.

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

Team's recommendation
Does comply

The home has systems and processes in place to ensure optimum levels of mobility and dexterity are achieved for all residents. Residents are screened and assessed by the physiotherapist on entry to the home and when changes are identified. Specific and current strategies and interventions are documented in residents' care plans. Referral to specialist services is actioned according to residents' needs and preferences. Specialised equipment assists residents to maximise their functional ability and independence. Physiotherapy assistants encourage residents to complete their individualised and group exercise programs, as directed by the physiotherapist. Residents interviewed reported satisfaction 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 recommendation
Does comply

The home has systems and processes in place to ensure that residents' oral and dental health is maintained. Assessment, monitoring and evaluation of residents' oral and dental health is completed at the time of entry and as required. Strategies to assist residents maintain optimum oral health are recorded in their care plans and reviewed six monthly, or as required according to residents' needs and preferences. Residents are able to access domiciliary dental services, and other dental consultations are arranged with dentist of choice as requested. Staff demonstrated an awareness of oral health strategies, and confirmed that they routinely undertake preventative oral care for residents who are unable to attend to their own oral hygiene. Residents and representatives interviewed reported satisfaction with the assistance residents receive to maintain their oral and dental health.

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

Team's recommendation
Does comply

The home has systems and processes in place to ensure residents' sensory losses are assessed, monitored and managed effectively, on entry to the home and on an ongoing basis. Residents' assessed needs are recorded in the relevant section of the care plan that outlines strategies and techniques to effectively manage identified deficits. Residents are referred to health specialists, including audiologists, optometrists and speech pathologists as required. The team noted that activity programs are designed to provide opportunities for residents' sensory enrichment, and the living environment promotes sensory enhancement. Staff reported that they provide assistance to care for residents' spectacles and hearing aids. Residents and representatives interviewed were satisfied with the support and assistance provided by staff in relation to all five senses.

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

Team's recommendation
Does comply

The home has systems and processes in place to ensure that residents are able to achieve natural sleep patterns. Residents' sleep patterns and preferences are identified and assessed on entry to the home and when sleep disturbances and difficulties are identified. Individual sleep management strategies are developed and are documented on the residents' care plan that is reviewed six monthly or as required. The home provides a secure and quiet environment, and staff monitor the activity of residents at night. Staff interviewed, were able to describe settling routines they undertake, for example warm drinks, aromatherapy, and preferred bed times to assist residents to sleep at night. Residents and representatives interviewed stated they are able to achieve 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 recommendation

Does comply

See expected outcome 1.1 Continuous improvement for an overview of the home's continuous improvement system.

Examples of recent or current improvement activities related to Standard Three are described below.

- The home has reviewed and improved the process for residents to order the meal of their choice. The home has introduced the ordering of meals the day before to ensure the catering department has adequate information regarding the menu choices residents have made. Staff reported this has streamlined the catering system and ensures the residents have adequate time to choose their preferred meal. Residents reported they are satisfied with the new system, and receive the meal they have chosen.
- A raised garden bed has been added to the courtyard area in one of the home's three wings. This has ensured residents with limited mobility and dexterity skills have increased access to the garden, and can assist in the gardening activity. Representatives reported that residents participate in the activity program, including gardening.

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 recommendation

Does comply

There are systems to identify compliance with legislation, professional standards, codes of practice, and guidelines relevant to residential aged care. The organisation's corporate management are responsible for changing policies and procedures following legislative changes, and provide information to the home's manager who disseminates appropriate information and training to staff. The home has provided information to clinical managers regarding the changes in enduring powers of guardianship and advance health directives, and an information booklet is accessible for residents and representatives. Staff are provided with information regarding compulsory reporting, and at interview, were aware of the requirements for reporting of incidents.

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 recommendation

Does comply

See Education and staff development in Standard One: Management Systems, Staffing and Organisational Development for an overview of the education and staff development system.

Examples of education and staff development undertaken in the past 12 months and relevant to Standard Three are listed below.

- Managing behaviours of concern
- Senior first aid
- Therapy training day.

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 recommendation
Does comply

Prior to entry to the home, residents and representatives are provided with information about the admission process and services on offer. On entry, residents are oriented to the home, introduced to staff and other residents, provided with information about activities, and encouraged to personalise their rooms. After a settling in period, assessments are conducted that identify residents' emotional needs, and individualised care plans are developed and reviewed on an ongoing basis. Staff provide extra support for new residents to help them through the transition process, and care staff interviewed reported that any changes in residents' emotional status are referred to registered nurses. Families and friends are encouraged to visit and are invited to join in special events. Residents and representatives advised that the support provided by the home is appropriate and effective in meeting residents' needs and preferences.

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 recommendation
Does comply

The home has processes in place to ensure regular assessment of residents' needs to assist in achieving maximum independence and participation in the life of the community within and outside the home. Residents are encouraged to participate in activities, assisted to access taxis, and to participate in the life of the community outside the home such as going on maxi cab and bus outings. Families, friends, volunteers, local children and entertainers are encouraged to visit and participate in the home's social activities. Assistive devices for mobility, meals, communication and toileting are provided, and residents can opt to have a phone installed in their rooms, and vote via a mobile polling booth. Staff described strategies to maintain residents' independence in all aspects of their lives within each resident's limitations. Residents and representatives stated that they are satisfied with the home's approach to maximising residents' independence according to their needs and preferences.

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 recommendation
Does comply

Staff receive training at orientation about maintaining privacy, and they sign contracts that contain a confidentiality clause. Resident information to assist with the delivery of care is securely stored. Quiet indoor and outdoor areas are available for residents to meet with family and visitors. Staff appropriately described ways to promote residents' privacy and

dignity, such as knocking and waiting for an answer before entering rooms, addressing residents by their preferred names, and ensuring doors are closed when delivering personal care. Staff stated that they have sufficient time to complete daily activities, and avoid rushing residents. Residents reported that they have adequate personal space, staff avoid rushing them, and their privacy, dignity and confidentiality are respected.

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 recommendation
Does comply

There are systems in place to encourage and support residents to participate in a wide range of activities of interest to them. The therapy team conducts assessments at the time a resident moves into the home to identify their past and current interests, and residents' preferences are used to develop the occupational therapy program. Activities include concerts, church services, quizzes, floor games, bingo, craft, men's club, bus trips, and celebration of special days. Resident attendance is monitored to evaluate the appropriateness of activities and to identify residents who are at risk of isolation, and surveys monitor satisfaction with the program. Residents and representatives advised that residents are supported to participate in activities and interests appropriate to their needs and preferences.

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 recommendation
Does comply

Residents' individual interests, customs, beliefs, cultural and ethnic backgrounds are identified on entry to the home and communicated to staff via care plans. Non-denominational and Catholic church services are conducted, and cultural and holy days are observed and celebrated such as Christmas, Easter, Melbourne cup, Anzac day, and St Patrick's day, with corresponding food provided. Phrase cards are available for residents whose first language is not English, and support from cultural community associations can be accessed. Residents and representatives stated that they are satisfied the home values and fosters individual residents' interests, customs, beliefs and ethnic backgrounds.

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 recommendation
Does comply

There are systems in place to ensure residents and representatives can participate in decisions about the services they receive, and exercise choice and control over their lifestyle without infringing on the rights of others. Resident and representative input is sought during care planning and on an ongoing basis, and residents have a choice of medical practitioner, can decide the times they wish to attend to their activities of daily living, have choice of dishes at meal times, and can identify the activities they wish to participate in. Internal and external complaints mechanisms, resident and representative meetings, family conferences, and surveys give residents and representatives the opportunity to voice their opinions. Staff

interviewed reported that residents' choices and rights to refuse are respected. Residents and representatives stated that they are able to exercise choice and control over the care residents receive, and that other residents' choices do not infringe upon them.

3.10 Resident security of tenure and responsibilities
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 recommendation
Does comply

Information is provided to residents and representatives prior to, and at the time of, entry to the home regarding security of tenure, services provided, fees and charges, and rights and responsibilities. The charter of residents' rights and responsibilities is displayed at multiple points around the home. Resident and representative meetings provide a forum to ask questions about the services provided. All residents are asked to sign a resident agreement, that is updated as required to ensure t it complies with current legislation. Processes are in place to ensure advocacy and interpreting services are provided for those residents who require them. Residents and representatives indicated that they are satisfied that residents have security of tenure at the home, and they are aware of their 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 recommendation
Does comply

See expected outcome 1.1 Continuous improvement for an overview of the home's continuous improvement system.

Examples of recent or current improvement activities related to Standard Four are described below.
- The home's cleaning equipment has been reviewed and upgraded. The new cleaning equipment includes a carpet cleaner and steamer, floor scrubber, buffer, and upright vacuum cleaners. The new equipment will ensure the home's environment, including cleaning, is maintained to a very high standard, and staff are provided with up to date and safe equipment. Cleaning staff have been provided with education on the use of the equipment, and reported that the new equipment, such as the upright vacuum cleaner, will assist to provide a safe working environment.
- The home identified that the nurses' office was too small and there were insufficient computers for staff from two wings to work in the area. A further office has been developed in the second wing and includes four new computers. Staff reported that the improvement has provided an area for the staff from the wing to spend time reporting in residents' progress notes, discussing issues, and reviewing handover and resident care.

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 recommendation
Does comply

There are systems to identify compliance with legislation, professional standards, codes of practice, and guidelines relevant to residential aged care. The organisation's corporate management are responsible for the changing of policies and procedures following legislative changes, and provide information to the home's manager who disseminates appropriate information and training to staff. All staff are provided with a copy of the *Fair Work Information Statement* at commencement of employment, and attend mandatory education including fire and emergency procedures. A food safety plan is in place and representatives are provided with information regarding safety tips when preparing and bringing cooked food into the home.

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 recommendation
Does comply

See Education and staff development in Standard One: Management Systems, Staffing and Organisational Development for an overview of the education and staff development system.

Examples of education and staff development undertaken in the past 12 months and relevant to Standard Four are listed below.
- Safe manual handling
- Infection control
- Food safety
- Certificate III in health support services.

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 recommendation
Does comply

The home's management are actively working to provide a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in single rooms with ensuite bathrooms, and are able to personalise their rooms. The home was observed to be well-maintained, clean, clutter and odour free, and communal areas of the building have air-conditioning and residents have reverse cycle air-conditioning in their rooms. Regular inspections and maintenance of the home are conducted to ensure it remains comfortable and hazard free. Staff were able to describe appropriate procedures to follow to ensure the safety and comfort of residents. Residents and representatives reported that the home ensures a safe and comfortable environment according to residents' needs and preferences.

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 recommendation
Does comply

Processes to educate staff on safe work practices and reporting responsibilities are conducted during induction and at corporate orientation. A regular environmental audit is undertaken by an occupational health and safety representative, and actions are identified and addressed. The organisation's occupational health and safety committee is attended by one of the home's representatives and issues are discussed. Hazards are identified, reported and addressed by the manager, and a monthly report identifies any ongoing maintenance issues or trends. An annual 'safety week' is held to promote staff awareness of safe work practices. Staff incidents are documented and monitored by the manager, and staff reported they have adequate equipment and education to maintain safe work practice.

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 recommendation
Does comply

There are processes in place to provide an environment and safe systems of work that minimise fire, security and emergency risks. Staff have mandatory training in fire and emergencies, and documentation relating to procedures for fire safety and other emergencies such as bomb threats and armed hold-ups is readily accessible, along with evacuation maps and a resident list including transfer requirements. Fire fighting equipment, with appropriate signage is routinely inspected and maintained by independent professionals. There are designated smoking areas and emergency exits are clearly marked, well-lit and free from obstruction. The home is accessed via key code and swipe card, and staff can access duress alarms that are linked to a security company. Staff interviewed reported appropriate actions in the event of an emergency. Resident handbooks contain fire evacuation procedures, and residents interviewed reported that the procedures have been explained to them.

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

Team's recommendation
Does comply

Management demonstrated its infection control program is effective in identifying, containing and preventing infectious outbreaks. The organisation contracts an external consultant who supports the organisation in infection control, and communicates updates and reports on community outbreaks. The home's manager is the central point of responsibility for the infection control program, and the home has two infection control representatives who attend organisational infection control committee meetings and conduct regular audits and observations of staff practices. Information on resident infections is collected and analysed, and trends are identified. Personal protective equipment, hand washing facilities, a food safety program, effective waste management, disposal of sharps, and pest control measures ensure the system is effective. Staff are provided with training on infection control at orientation, and bi-annually, and those interviewed demonstrated knowledge of the principles of 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 recommendation
Does comply

Catering services are provided by the on-site kitchen in accordance with a four-weekly rotating menu that allows for choice of meals and drinks. These menus are reviewed twice yearly in consultation with a dietician, and there are systems in place to ensure residents' individual dietary needs are met on an ongoing basis. Flat linen is laundered off-site, personal items are laundered by dedicated staff, and there is an internal system to prevent loss of clothing. Domestic staff conduct cleaning duties in accordance with duty lists and schedules, and daily work sheets are completed. Management monitors the quality of hospitality services via feedback received from residents and representatives, audits and surveys. Staff interviewed stated their satisfaction with the home's hospitality services. Residents interviewed stated they are satisfied that the home's hospitality services meet residents' needs and preferences.