



Aged Care
Standards and Accreditation Agency Ltd

Benetas @ St Paul's Court

RACS ID 3055

13-15 Nolan Street

FRANKSTON VIC 3199

Approved provider: Anglican Aged Care Services Group

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 18 October 2015.

We made our decision on 23 August 2012.

The audit was conducted on 23 July 2012 to 24 July 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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Benetas @ St Paul's Court 3055

Approved provider: Anglican Aged Care Services Group

Introduction

This is the report of a re-accreditation audit from 23 July 2012 to 24 July 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 23 July 2012 to 24 July 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:	Kye Tan
Team member:	Carlene Tyler

Approved provider details

Approved provider:	Anglican Aged Care Services Group
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Details of home

Name of home:	Benetas @ St Paul's Court
RACS ID:	3055

Total number of allocated places:	50
Number of residents during audit:	43
Number of high care residents during audit:	30
Special needs catered for:	Nil

Street:	13-15 Nolan Street	State:	Victoria
City:	Frankston	Postcode:	3199
Phone number:	03 9781 3411	Facsimile:	03 9781 5010
E-mail address:	sheena.wynn@benetas.com.au		

Audit trail

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

Interviews

	Number		Number
Director of Nursing	1	Residents	7
Registered nurses	3	Representatives	2
Care staff	3	Volunteers	1
Lifestyle staff	1	Laundry staff	1
Administration assistant	1	Cleaning staff	1
Catering staff	1	Maintenance staff	2

Sampled documents

	Number		Number
Residents' files	14	Medication charts	5
Summary/quick reference care plans	14	Personnel files	5
Diabetes Management plans	5	Resident agreements	5

Other documents reviewed

The team also reviewed:

- Activity calendar
- Agency staff orientation checklists
- Allied health and medical officer referral registers
- Audits
- Cleaning schedules
- Clinical care documentation
- Collated incident and infection data
- Communication diaries
- Competency training records
- Consolidated register of compulsory reports
- Drugs of addiction register
- Education calendar and documentation
- Electronic care and medication systems
- External contractors' contracts
- Food chart
- Food safety program
- Handover sheets
- Improvement logs

- Incident reports
- Job descriptions
- Maintenance book
- Medication documentation – Controlled drug (S8) registers, medication reviews, incident reports, self-medication assessments, audits and medication refrigerator temperature records
- Meeting minutes
- Memorandum folder
- Menu
- New staff orientation checklist
- Newsletter
- Police check registers
- Policies and procedures
- Position descriptions
- Preventative and reactive maintenance schedules
- Professional registration folder
- Recruitment policies and procedures
- Regulatory compliance register
- Resident of the day schedule
- Residents' information package and surveys
- Roster
- Self assessment report
- Smoking assessments
- Staff handbook
- Wound charts

Observations

The team observed the following:

- Activities in progress
- Archive room
- Cleaning in progress
- Communication boards
- Display of Charter of residents' rights and responsibilities
- Education calendar
- Equipment and supply storage areas
- Essential services and emergency equipment
- External and internal living environment
- First aid kits

- Hairdresser's room
- Hand washing basins and posters
- Infection control– outbreak kits, hand wash basins, hand sanitisers and gel, personal protective equipment, sharps containers, spill kits and contaminated waste
- Interactions between staff and residents
- Keypad entry
- Laundry room
- Living environment
- Meal service
- Mechanisms for safety and security
- Medication rounds
- Menu and activity displays
- Nurses' station
- Staff room
- Storage of medications
- Storage of oxygen

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

Management demonstrated the continuous improvement systems of the organisation assist in identifying and undertaking improvement activities. Management conduct improvement activities following review of improvement logs, audits and incident reports. Documentation showed staff, residents and representatives contribute to improvement activities at meetings, focus groups and by submitting suggestions. Management report, monitor and evaluate quality improvements. Staff interviewed reported management encourages them to contribute to improvement activities. Residents and representatives interviewed stated they are satisfied with management's responsiveness to feedback. Examples of improvement initiatives related to Standard 1 Management systems, staffing and organisational development include:

- In response to audit findings on the lack of documentation of kitchen cleaning roster and temperature logs, management conducted training for staff. The following kitchen audit found improvements in documentation and staff receive reminders to maintain the process.
- Following management observation on archived records being stored in different locations, administrative staff reviewed and reorganised all storage areas. Management's evaluation found files appropriately archived and stored according to policy.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Management receives updates on relevant legislations, regulations and guidelines from its head office on changes to the aged care legislation and updates from local government authority, government departments and peak industry groups. Where applicable, and the head office updates policies and procedures which management disseminate to staff. Staff receive information by memoranda, notices, in-house training sessions and at meetings. Management conduct training to ensure staff competencies in meeting regulations. A register tracks, monitors and informs on renewal dates of professional staff registrations and ongoing police checks for new and existing staff. All staff and volunteers complete statutory declarations.

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 provides educational opportunities to ensure staff have appropriate skills and knowledge to provide quality care for residents. Management develop the education calendar from the organisations compulsory education requirements, changes in resident needs, appraisals, competency results, audits, new legislation and representative requests. The home offers education across the four Standards and management offer staff education in a variety of ways to meet differing learning preferences. Staff can view the education calendar in the staff room and state they are encouraged and supported to attend education outside the facility. The home records attendances, evaluates sessions and reviews learning packages. Management review and evaluate the education program each year and the team reviewed documentation to confirm staff are completing education. Staff stated they are encouraged to attend education and have completed their mandatory competencies.

Examples of education sessions conducted by the home relevant to management systems, staffing and organisational development include:

- accreditation: your role and responsibilities
- audits –making them work for you
- clinical leadership
- Riskman training.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Residents and representatives receive information on the complaints mechanism in the resident agreement and at resident and relative meetings. Posters displayed and brochures on the aged care complaints scheme and advocacy information are available at the lobby of the home. Minutes of meetings record feedback and suggestions. Documentation demonstrated staff assist residents to complete and submit suggestions and feedback. Residents, representatives and staff stated management are approachable and respond to complaints and feedback promptly.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has documented its mission, vision and values statements and these are displayed at the lobby of the home, provided to all new staff at employment and residents

when they first move to the home. Strategic plans demonstrate the home's direction towards meeting its goals. Staff reported awareness of the organisation's vision, mission and values.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home's human resource management systems assist to recruit, train and retain skilled and qualified staff. Management review staffing levels and skills mix in line with residents' changing care needs and preferences. Management provides staff job descriptions and duties lists to guide and direct practice. An annual performance appraisal system is in place to provide support and obtain feedback from staff about further skills and training needs. Staff advised there are generally sufficient staff and allocated time to complete tasks and duties. Residents and representatives reported satisfaction with the responsiveness of staff and the level of skill to provide care and services to residents.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home ensures there are sufficient stock supplies to meet residents' needs. The home orders goods through their preferred suppliers with designated staff responsible for ordering and restocking. There is a preventative maintenance program and staff document day to day requests in the maintenance log. Review of the maintenance records indicates there is an appropriate response to staff requests. Management selects new equipment based on staff requests and residents' needs. Staff trial new equipment before purchase and management provide relevant training. Staff, residents and representatives stated there are adequate supplies of goods and equipment to meet their needs and management are responsive to their requests.

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

Staff receive information through policies and procedures, communication books, care plans, and memoranda. Management and staff store confidential information securely and an archival system is in place. Electronic information is backed-up daily and password protected. There are systems for the collection and analysis of information and management conduct audits in accordance with a schedule. Staff stated they have access to appropriate information to help them perform their roles. Residents and representatives receive new information at meetings and periodic newsletters. Residents stated they have access to sufficient information about the home.

1.9 External services

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

Team's findings

The home meets this expected outcome

Management provides externally sourced services in a way that meets the needs and goals of the home. The head office facilitates the use of external contractor personnel through a preferred list of suppliers. Management monitor performance of contractors to ensure service levels meet key performance indicators requirements. Staff monitor and oversee requirements of contracts, and communicate to on-site staff as required. Contracts incorporate the supply of liability insurance and professional registrations. Staff, residents and representatives reported satisfaction with the standard of services of externally sourced providers.

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.

Examples of improvement initiatives related to Standard 2 Health and personal care include:

- Following an audit which identified clinical consumables running low, management reviewed the ordering system and delegated responsibility to staff to check stock quantities and re-order products. Management evaluated the new system and confirmed sufficient stock is in place.
- In response of medication management issues such as missed medications, lack of documentation on the site of application of creams and effect of 'as necessary' medication, management implemented an audit action plan. Management added photographs of residents to the electronic care plan and implemented audits to monitor administration of medication. Management evaluated the process and found improvements in documentation.

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

Residents receive specified care and services appropriate to individual care assessments and requirements of quality care. For the overall processes, refer to expected outcome 1.2 Regulatory compliance. The home demonstrates compliance with regulatory requirements regarding medication management and storage and documentation show staff follow relevant protocols. Management maintains a register of nurses' registrations and relevant qualifications. Management provide staff relevant training across a range of positions and responsibilities and reported knowledge of mandatory reporting requirements around unexplained resident absences.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information regarding the home's education and staff development systems and processes. The home provides education and training through a structured education plan developed according to identified

needs and covering topics relevant to this Standard. Staff giving medication complete competencies and receive education following errors in medication administration. Staff have access to the Aged Care Channel and are encouraged and supported to attend external education programs. Staff reported management encourage and support them to attend education.

Examples of recent education and training relating to Standard 2 include:

- continence
- skin integrity-preventing pressure ulcers
- managing respiratory conditions
- Parkinson's disease
- eating and drinking
- palliative care.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

Registered nurses assess residents' clinical needs on entry and review them every second month using a 'resident of the day' schedule. Staff communicate changes in residents' care verbally at handover, on the 24 hour handover record and in progress notes. Registered nurses update care plans which guide care for residents. Progress notes document changes in residents' condition, interventions used and consultation with doctors, allied health professionals and representatives. Review of documentation confirmed this occurs. Doctors visit residents regularly and staff alert them to changes in residents' condition by phone, fax or in the communication book. Residents and representatives were complimentary about the care given by staff.

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

Registered nurses manage and review residents' specialised nursing care. Specialised nursing care plans document care required and is a component of the electronic care system. The complex care folder contains more detailed instructions and the registered nurses update these as required. Information includes frequency of treatment, review dates and doctors' orders. Staff contact doctors for referrals to specialists and allied health professionals. Specialised care needs include management of diabetes, catheter care, oxygen therapy, wound management, weight and blood pressure monitoring. Staff have access to policies and procedures and contact details for medical assistance in case of emergencies. Residents confirmed staff attend to their specialised care needs.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has access to a range of health specialists and refers residents according to their needs. Residents have regular access to doctors, physiotherapist and a podiatrist. Progress note documentation confirmed the home has an efficient and effective system for referral of residents to appropriate health specialists with follow up documentation found in residents’ files. The home has a form residents take to appointments for specialists to detail changes in care. Review of care plans confirmed staff document changes following appointments to specialists. Residents and representatives confirmed staff remind them of appointments and can assist with staff and transportation if representatives are not available.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Registered nurses manage residents’ medication safely and correctly and in line with current ‘Drugs, Poisons and Controlled Substances Regulations’. The home uses an electronic medication system with hard copies available in case of emergency. The system includes a photograph for identification, any known allergies and identifies how medication is given to residents when there is difficulty swallowing. Doctors’ orders include dates for ceasing medication and the consultant pharmacist completes annual reviews of residents’ medication charts. Residents who self-medicate have an assessment completed by their doctor and the registered nurse. Review of files confirms this occurs. Staff giving out medication complete competencies, could identify medication incidents and the home audits the medication system. Residents stated they are satisfied with the management of their medication.

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

Registered nurses assess residents’ pain management on entry and review this regularly. Care staff could identify signs of pain in residents with a cognitive impairment and notify registered nurses when they identify pain in residents. Staff complete pain assessments when there is a change in analgesia or when residents use ‘as necessary’ analgesia over three days. Interventions used include review by the physiotherapist, hot packs, massage, repositioning and the use of ‘as necessary’ analgesia. Review of documentation confirms episodes of pain, the use of different pain management strategies, evaluation of their effectiveness and referral and review by doctors. Residents and representatives confirmed staff manage residents’ pain appropriately.

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

Registered nurses consult residents and representatives for their palliative care wishes and document these on an ‘advanced care plan’. This directs care in the event of an emergency. Care provided during the palliative stage includes emotional support from the pastoral care staff, clinical care such as skin care, mouth hygiene, nutrition and hydration and management of pain. Staff have access to a palliative care kit which contains end of life assessment and care plans, music and aromatherapy equipment. When a resident passes away other staff notify residents individually, display a photo on the piano and the lifestyle staff have a specially made quilt to cover the casket as the resident leaves with the funeral services staff. Staff receive education in palliative care and have access to specialist services for advice and consultation.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has an effective process for documenting residents’ food allergies, likes/dislikes and cultural preferences on entry. Care staff weigh residents monthly and registered nurses review those with weight gain or loss, implement supplements following the home’s guidelines and notify the doctor, dietician and speech pathologist. Kitchen staff notify the registered nurses if residents’ food intake changes and staff implement food and fluid charting for residents at risk of weight loss or decreased fluid intake. There is a process to alert the kitchen to changes in residents’ diets or the need for assistive devices. Residents complete food surveys and indicate their evening meal preferences on a weekly basis. We observed staff assisting residents at meal times and residents and representatives were complimentary about the meal service.

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

Registered nurses assess residents’ skin care requirements on entry and care staff review residents’ skin daily. Care staff notify registered nurses of changes to skin integrity and complete incident forms for skin tears. Registered nurses develop wound management plans to guide care staff. Staff receive education in manual handling and have guidelines to follow for wound care. Strategies used to maintain skin integrity include nutritional supplements, specialist mattresses, hip protectors and specialist soaps and moisturisers. Wound audits are a component of the auditing system with doctors and representatives notified if a resident develops a skin tear or wound. Documentation reviewed confirmed this occurs. Residents and representatives confirmed satisfaction with skin care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Registered nurses assess continence needs on entry and review residents as changes occur. Care plans identify toileting times, continence aids, nutrition and hydration requirements. There are guidelines for caring for residents with catheters including equipment required and future care needs. The home audits infection rates and staff could identify residents at risk of infections and preventative strategies used. Designated staff manage supply of continence aids and arrange review of residents needs when changes in continence occur. Staff document bowel habits and encourage dietary strategies and fluid intake for residents at risk of constipation. Residents and representatives confirmed staff assist residents with their continence requirements.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has strategies and processes in place to assess, manage and review residents with challenging behaviours. Care plans document triggers, interventions and evaluation. Staff document challenging behaviours in progress notes including strategies used and their effectiveness. Staff notify resident’s doctors when behavioural changes occur and the home has access to specialist services for review. The registered nurse reviews progress notes and incident reports and updates care plans to reflect changes in care. Staff receive education in behavioural management, were aware of their mandatory reporting obligations and could state strategies used for individual residents. The lifestyle program offers activities designed for residents with challenging behaviours. Residents and representatives stated staff manage behavioural issues effectively.

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

Registered nurses assess residents’ mobility and dexterity on entry and as part of the ‘resident of the day’ process. The physiotherapist completes assessments of all residents, provides a falls risk assessment, reviews the use of bed poles, reviews residents after falls and develops exercise programs for individual residents. Care staff follow these programs when providing care. Care plans include mobility aids and transfer needs. Staff receive education in manual handling and residents have access to a range of aids to maintain their independence. Staff complete incident forms following falls, notify representatives and documentation reviewed demonstrates residents receive appropriate follow up by a doctor and physiotherapist. Staff monitor the environment for clutter and assist residents to walk around the home and in the neighbourhood. Residents and representatives confirmed staff assist residents with their mobility and dexterity needs.

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

Registered nurses assess residents’ oral and dental needs on entry, review regularly and document their needs on their care plans. Care plans identify assistance required, teeth and denture care and individual preferences. Staff have received training in oral health and there is a process for changing residents’ toothbrushes at their monthly review. The home has access to dentists and dental technicians or residents can access their own dental services. Staff encourage residents to participate in their daily dental hygiene and could identify oral health assistance for residents including those resistive to care. Residents stated staff assist them with their oral and dental care.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Registered nurses assess residents’ sensory requirements on entry and as part of the review process. The assessment includes all five senses. Individualised care plans identify the use and cleaning of glasses and hearing aids, denture care and residents’ personal preferences. Residents who self-medicate have assessment of their ability to manage small medication and to open medication bottles and administer medication. Residents have access to auditory, optometry and speech pathology and the home has large screen televisions, large print books and personal compact disc players for residents who are chair bound. The lifestyle program includes massage and provides sensory activities both indoors and outdoors. The kitchen has a list of residents’ dietary preferences and a range of condiments are available at meal times. Residents and representatives confirmed staff support residents in their sensory needs.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Staff assess residents’ sleep patterns, routines and rituals on entry and document their preferences on the care plans. Staff review residents’ sleep patterns and contact their doctor if they identify sleep difficulties. Staff have access to snacks and hot drinks for residents overnight and strategies to promote sleep include warm drinks, toileting, assessment of pain, repositioning and emotional support. Review of progress notes demonstrates staff use strategies and evaluate their effectiveness. Residents confirmed the home is quiet at night and staff respect their settling and rising times.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of improvement initiatives related to Standard 3 Resident lifestyle include:

- In response to staff feedback that residents could provide insights to the lifestyle program, management set up a lifestyle and activities focus group. Management held the first meeting which 14 residents attended and provided suggestions on current and potential activities. Management evaluated the forum and found it successful in collating ideas and more meetings will follow.
- Following the community coordinator’s introduction of the “Resiteer” programme, volunteer residents have taken on specific tasks within the home. The roles include folding of serviettes, raising of the flag and manageable gardening. These resident volunteers receive badges and certificates for their contribution, and the home displays photos of the presentation ceremonies. Residents stated they enjoy participating in the program, feel valued, appreciated and demonstrated a sense of pride for their contribution. Other residents have voiced similar interest to participate.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines in relation to resident lifestyle. For the overall processes, refer to expected outcome 1.2 Regulatory compliance. The home displays the Charter of residents’ rights and responsibilities at the lobby and the admission pack provides similar information. The residency agreement outlines fee and tenure arrangements and systems are in place to provide information on changes to services, fees and charges. Residents receive supplies appropriate to their care needs. Staff interviewed demonstrated knowledge of strategies to maintain residents’ privacy and dignity. Management maintains a register regarding the reporting of assaults to the police according to regulatory requirements.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Education and staff development for information regarding the home's education and staff development systems and processes.

Education conducted relating to Standard 3 includes:

- dignity in care- not an optional extra
- elder abuse
- person centred care.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Prior to moving to the home, staff provide residents and representatives information about the home and services offered. On moving into the home, staff document residents' needs, preferences and introduce them to other residents to assist them to develop friendships. Staff orientate, monitor and support new residents during their first few weeks of living at the home. The lifestyle staff assesses each resident's emotional and social needs and individual care plans incorporate information relating to the holistic requirements of the resident, including emotional and social well-being. Pastoral care staff meet with new residents to provide support and ongoing pastoral care is available. Residents are encouraged to personalise their rooms and to join in activities at the home and in the community. Residents and representatives reported they are satisfied residents' emotional needs are supported by staff 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

Lifestyle staff assess residents' abilities and wishes in relation to independence and lifestyle needs when residents move into the home. Staff develop care plans to support each resident to achieve maximum independence, maintain friendships and participate in the life of the community. Indoor and outdoor exercise programs maintain the fitness and outlook of residents. Staff assist residents to maintain friendships within the home and community. Staff conduct regular outings and scenic drives to cater to residents of varying mobility levels. Staff organise taxi transfers or provide bus rides for residents to undertake activities outside the home. Relatives, friends, volunteers and local community groups visit the home. Residents and representatives reported they are satisfied with the assistance provided by staff to maintain residents' independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management store residents' confidential documentation securely and confidential information is accessible to authorised personnel. The home has single rooms with ensuite bathrooms. Staff interact with residents in a respectful manner and staff carry out treatments in the privacy of residents' rooms. Staff reported how they maintain residents' privacy and dignity; are aware of the confidentiality of resident information and sign a confidentiality statement on employment. Residents and representatives reported they are satisfied the home respects residents' 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

Lifestyle staff encourage residents to maintain their interests and activities when they move into the home. Staff assess and document resident's history in 'My life, my choice'. Staff then develop an individual care plans and review them regularly. The home's activity program includes a range of cognitive, sensory and social group activities. Staff provide a monthly calendar of special events and outings printed on a different colour sheet every month, to ensure residents refer to the current copy. Staff collate resident's individualised photo albums on their life and activities in the home which are used for reminiscence sessions and shared with family abroad. Staff involve residents in manageable daily tasks of the home aimed at increasing their self-worth and self-esteem. The lifestyle staff evaluates the effectiveness and appropriateness of various activities and alters programs as required to suit varying needs and abilities. Residents and representatives reported they are satisfied with the wide range of activities and leisure interests.

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

Staff identify residents' individual interests, customs, beliefs and preferences when they move into the home, review as required and communicate it via care plans. Residents have access to the pastoral care program and staff hold special services for events of significance such as Anzac Day and Remembrance Day. Staff have access to cultural care kits, cue cards and interpreters are available if needed. Pastoral care staff conduct individualised sessions with residents, providing spiritual support and visit residents in hospital. Staff reported they use residents' care plans to gain an understanding of the resident in regard to specific cultural and spiritual practices. Residents and representatives reported staff respect residents' customs, beliefs and culture.

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

The home demonstrates its commitment to promoting residents' right to participate in choices and decisions regarding their lifestyle and clinical care. Management document authorised power of attorney and regularly review care plans to capture changes in choices. The resident handbook contains information on residents' rights and responsibilities, the complaints process, external advocacy services and policies relating to clinical care and lifestyle choices. Staff respect residents' rising and settling times and residents are able to exercise choice over their lifestyle programs. Audits, surveys and feedback from meetings monitor residents' satisfaction on choice and decision making. Residents state satisfaction with their ability to make independent choices and decisions.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Organisational systems and processes ensure residents have secure tenure within the home and understand their rights and responsibilities. Management tailor resident agreements to high care and low care residents and include information regarding security of tenure, rights and responsibilities, complaint mechanisms, fees and charges and services provided. The resident agreement outlines security of tenure and residents' rights and responsibilities. Staff receive education and training regarding residents' rights. Residents and representatives reported they are satisfied residents have security of tenure at the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of improvement initiatives related to Standard 4 Physical environment and safe systems include:

- Following the identification of the lack of clear pathways leading to the emergency assembly points, management paved and cleared the access route. We observed the pathway to be level and accessible.
- In response to staff feedback on the difficulty of transferring a resident in the room, management replaced the carpeted flooring with vinyl flooring. Staff stated the new flooring eases the transferring process.

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

The management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines in relation to physical environment and safe systems. For the overall processes, refer to expected outcome 1.2 Regulatory compliance. All staff attend training in fire, safety and emergency, food safety, infection control and chemical use. The home has regular work place safety checks, a food safety program and accessible outbreak kits. Visitors, contracted personnel and residents record their arrival and departure at the home and staff report accidents, incidents and hazards. Management routinely supplies personal protective equipment and material safety data sheets are readily available.

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 1.2 Education and staff development for information regarding the home’s education and staff development systems and processes.

Education conducted relating to Standard 4 includes:

- fire and evacuation

- food safety
- infection control and hand washing
- manual handling
- safe chemical handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home has effective processes in place to provide a safe and comfortable environment consistent with resident care needs. There is a comprehensive preventative and reactive maintenance program. Maintenance staff review contractors' work requirements and report outcomes to the organisation's head office. Residents and representatives have access to well-maintained small and large lounge areas and outdoor courtyards. Environmental audits, incident and hazard reporting monitor the safety and comfort of the living environment. The home has keypad entry for resident security and staff have access to 24 hour assistance for emergency maintenance needs. Staff stated maintenance respond to their requests in a timely manner. Residents and representatives stated they were happy with the comfort of their rooms and the communal areas of the home.

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 has an occupational health and safety program that provides a safe working environment for staff. Staff receive annual refreshers' training for manual handling, fire and emergency, safe chemical management and infection control and can access manuals and policies and procedures to guide work practices. Three staff members attended the five days occupational health and safety representative course. Management record and report incidents and infections and maintenance staff respond to requests in a timely manner. Staff stated they have access to appropriate lifting equipment and personal protection equipment to reduce the risk of injury to residents and themselves. We observed that chemicals are stored securely and have accompanying material safety data sheets.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has established procedures for detecting and acting on fire, security or other emergency risks. Appropriate fire detection and alarm systems are in place and service records confirm external contractors undertake regular inspections and maintain equipment. An evacuation pack and emergency plan folder is available on every level of the home with a

current list of residents. Designated fire wardens receive training to provide immediate response during emergencies. Staff demonstrated an understanding of the procedures in the event of an emergency evacuation.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program overseen by the registered nurse. Infection control is a component of the education program and management discusses results of infection audits at staff meetings. Kitchen, cleaning and laundry practices follow current infection control guidelines, the home has a food safety program and there are regular pest control inspections. Staff have access to personal protective equipment and there are kits available for outbreaks of gastroenteritis, blood and chemical spills. Staff and residents receive annual influenza vaccinations. We observed staff using the antibacterial gel and hand washing facilities located throughout the home.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home provides in-house catering service and a dietitian reviews the meals. Staff serve meals in the dining room or individual rooms and care staff assist those residents with identified needs or requests. Contract cleaning staff perform their duties guided by documented checklists and follow daily and weekly schedules. In-house laundry services manage personal clothing and linen services are outsourced. Laundry staff observe clean and dirty areas and use personal protective equipment. Laundry staff provides a labelling service to minimise loss of items. Residents stated they were very satisfied with the hospitality services at the home.