Aged Care
Standards and Accreditation Agency Ltd

Bethany
RACS ID 5760
75 Ward Street
ROCKHAMPTON QLD 4700

Approved provider: Mercy Health and Aged Care Central Queensland Limited

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 20 September 2015.

We made our decision on 6 August 2012.

The audit was conducted on 27 June 2012 to 28 June 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

Bethany 5760

Approved provider: Mercy Health and Aged Care Central Queensland Limited

Introduction

This is the report of a re-accreditation audit from 27 June 2012 to 28 June 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 27 June 2012 to 28 June 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of three 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:	Stewart Brumm
Team members:	Lynette Turner
	Bridgette Lennox

Approved provider details

Approved provider:	Mercy Health and Aged Care Central Queensland Limited

Details of home

Name of home:	Bethany
RACS ID:	5760

Total number of allocated places:	119
Number of residents during audit:	103
Number of high care residents during audit:	88
Special needs catered for:	Dementia and related disorders

Street/PO Box:	75 Ward Street	State:	QLD
City/Town:	ROCKHAMPTON	Postcode:	4700
Phone number:	07 4999 2700	Facsimile:	07 4999 2707
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Director of Nursing	1	Residents/representatives	12
Facility Manager	1	Recreation Activity Officers	2
Registered staff	4	Pastoral Care Coordinator	1
Care staff	5	Project officer	1
Allied Health Professional	1	Administration officers	3
Clinical nurses	2	Clinical care coordinator	1

Sampled documents

	Number		Number
Residents' files	14	Medication charts	12

Other documents reviewed

The team also reviewed:

- Accident and incident files
- Activity program
- Assessment schedule for new admissions
- Audits and surveys
- Case conference records
- Catering and cleaning programs and records
- Cleaning schedules
- Clinical and social assessments
- Clinical notification report
- Communication book
- Complaints, compliments and suggestions records
- Continuous improvement forms, register and improvement plans
- Controlled drug register
- Corrective, preventative and unscheduled maintenance program
- Dietary needs and preferences
- Duties lists
- Duty lists and job descriptions
- Education and training plan, matrix and attendances
- Education calendar and programs
- Evacuation list

- External contractor agreements and preferred suppliers records

- Fire and emergency plan

- Food safety manual

- Food safety temperature records

- Guidelines for clinical events

- Handover documentation

- Hazard forms

- Infection control data

- Mandatory reporting information

- Material safety data sheets

- Meeting minutes

- Memoranda file

- Menu

- Monitoring records of fire and emergency equipment

- Nurse initiated medication lists

- Nursing/allied health initiated treatments

- Nutrition file

- Orientation information and records

- Police check matrix

- Policies and procedures

- Professional registrations

- Quality activity report

- Quality improvement audit schedule

- Residential services care agreement

- Residents' handbook

- Residents' information handbook and admission package

- Restraint authorisation reviews

- Risk assessments

- Risk management folder

- Staff handbook

- Staffing information

- Surveys

Observations

The team observed the following:

- Activities in progress

- Activities schedules on display

- Advocacy information

- Archive area

- Catering processes

- Chemicals storage

- Comments and complaints processes displayed

- Designated smoking area

- Emergency exits and routes of egress

- Equipment and supply storage areas

- Evacuation signage

- File and information storage areas

- Hand washing facilities and practice

- Infectious waste containers

- Information brochures and notices

- Interactions between staff and residents

- Meal and beverage services

- Medication administration

- Noticeboards

- Outbreak kits

- Oxygen signage and storage

- Sign in/out register

- Staff assisting residents to exercise and walk

- Storage of medications

- Vision, mission statement

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

Bethany (the home) has systems and processes to identify, implement and evaluate continuous improvements through mechanisms including forms, audits, incidents and hazards, clinical indicator data, and individual and group meetings. Improvements are logged and raised as agenda items at relevant meetings, and actions are planned and monitored, before being evaluated through to completion. Stakeholders are provided feedback via correspondence, noticeboards, and meetings. Residents/representatives, staff and contracted staff are aware of ways to raise improvement requests and to contribute to the home's continuous improvement.

Examples of improvements related to Standard 1 include:

- A review of education provided at the home, resulted in the implementation of a one day mandatory training session, where all staff are rostered on for the day to attend training. Management stated that this has ensured improved monitoring of staff attendance and have received positive feedback from staff. In addition an education team has been developed to continue to monitor and develop clinical based competencies, assess and evaluate the effectiveness of the education program.

- In response to feedback from new staff, a 'buddy' shift program has been introduced at the home whereby a seven day program, followed by a two day competency based training program has been implemented. This has been developed to provide support and training in all aspects of the home and after the first 30 days an evaluation of the staff member occurs. Management stated that this has resulted in improved staff retention and continuity of staff available to provide resident care.

- Management identified the need for a more effective rostering process which included the purchase of an electronic rostering system and a dedicated rostering officer. In addition the electronic roster is able to monitor the currency of staff qualification, criminal history checks and training accountabilities of all staff. Management and staff provided positive feedback as a result of this initiative.

1.2   Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the accreditation standards. Policies and procedures are updated to reflect change and are accessible electronically and through information from management. Compliance with legislation is monitored through audits, surveys and observation of staff practice. Staff are informed of relevant changes through meetings, education sessions, memoranda, communication books and notice boards. The home ensures relevant individuals have been screened through a current criminal record check and monitor for three yearly updates. Residents/representatives were informed of the accreditation audit through meetings and notice boards.

1.3   Education and staff development

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

Team's findings

The home meets this expected outcome

The home has recruitment processes to ensure that management and staff have the appropriate knowledge and skills to perform their roles. Management identify key roles and support staff to maintain the required personal and professional development and education to sustain these roles and responsibilities. Internal and external education sessions are communicated to staff via education calendars, meetings and notice boards. An education calendar identifies mandatory training which is provided monthly, and education is also provided via self paced mechanisms. Education opportunities are identified via meetings, feedback mechanisms and the changing needs of residents. Management monitor the skills and knowledge of staff through audits, observation of staff practice, attendance of mandatory education and via incident and hazard monitoring. Staff demonstrate skills and knowledge relevant to their roles and are satisfied with the support they receive from the home to identify and develop their skills. Education relevant to Standard 1 includes but is not limited to: accreditation standards, internal management systems processes and human resource information.

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

Systems and processes ensure each resident, their representative, and other interested parties have access to internal and external complaint mechanisms. Feedback forms and short comments forms are available around the home, along with access to suggestion boxes, external complaints mechanisms and advocacy pamphlets are available. Residents and representatives receive information regarding comments and complaints mechanisms via the resident handbook, meetings, and posted information. Feedback forms, surveys, and meetings are used to obtain suggestions, comments and complaints, and these are logged,

followed-up, and monitored by the manager. Staff assist residents to access and complete forms, and that management is approachable and responsive to feedback. Residents/representatives stated the manager and staff are responsive to suggestions, complaints or comments and are available if they wish to raise an issue.

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

Team's findings
The home meets this expected outcome

The home's mission and philosophy are documented and displayed throughout the home. New residents, staff and other stakeholders are informed about the home's philosophy, mission, values and commitment to quality through information handbooks, staff orientation processes and on an ongoing basis.

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

Employment processes at the home include the selection, appointment and orientation of staff. An orientation program includes mandatory training and staff receive 'buddy' shifts and training specific to their role. Staff skills and knowledge are monitored and supported through educational opportunities identified at annual performance appraisals, competency assessments, audits and attendance at education/training. Staff provide documentation to obtain a current criminal history clearance prior to commencement of work and alerts are provided to staff prior to expiry. To ensure that there is appropriate and adequate staffing for all shifts the home maintains a roster which is reviewed regularly in response to the changing care needs of the residents. Planned and unplanned leave replacements are maintained from the home's current staffing number. Residents are satisfied that their needs are met by appropriately skilled 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 findings
The home meets this expected outcome

The home has adequate supplies of stock and equipment to enable the delivery of quality services. Designated staff are responsible for stock control and rotation processes, and there is an ordering process to ensure that there are sufficient goods. A preventative and corrective maintenance program is in place and equipment is regularly checked, repaired, serviced, or replaced. Equipment is stored for accessibility, and staff are provided with training to use the equipment safely and correctly. Staff reported repairs are made in a timely manner and management is responsive to requests for additional goods or equipment. Residents and representatives stated that goods and equipment are provided by the home

and are accessible for the delivery of services to meet residents' needs.

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

Team's findings
The home meets this expected outcome

The home has an effective information management system in place to ensure all stakeholders are aware of specific information relevant to their needs. Appropriate and current key information is collected, identified, reviewed and analysed to ensure the provision of quality care and services that meets residents' needs and preferences. The information system is monitored or reviewed to ensure sustainable and effective information management. Essential information for resident evacuation is maintained and accurate. Staff demonstrated knowledge of the home's information systems.

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

Processes are in place to ensure externally sourced services are provided in a way that meets the needs and goals of the home. The organisation facilitates the use of external contractors and agreements. All external service providers have agreements and the Project Officer monitors and reviews ongoing contracts. New equipment is trialled prior to purchase wherever possible and training is provided for all staff as required. Staff, residents/ representatives are satisfied 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. In relation to Standard 2 Health and personal care, staff record any adverse events in relation to resident falls, skin tears, medications, behaviours and absconding and this information is analysed for trends. Residents and staff are satisfied that the organisation actively promotes and improves residents' physical and mental health.

Examples of improvements related to Standard 2 include:

- As a result of implementing a new model of care, animals have been introduced into the home as permanent residents. Identified residents, with behaviours of concern have been provided with animals to take care of in their everyday life. The residents advocate for their pets well being, and make decisions relating to their diets and exercise regime. Management and staff stated that there are reduced episodes of behaviours of concern. Relatives and residents provided positive feedback stating they have meaning in their lives.

- In response to increasing resident acuity, the home has modified the staffing structure and skills mix. Clinical staff comprising of clinical care coordinator and two clinical nurses who provide guidance and support to the registered and care staff to ensure that residents' clinical needs are being met. Residents/representatives commented positively on the responsiveness of staff at the home.

- As a result of palliative care training, the home now has available a palliative care room available for residents and their families. Staff have been provided with additional education and support from the Pastoral Care Coordinator. Additional initiatives include an information pack to support families at this time, and resources for staff to use to assist in making the resident comfortable.

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant health and personal care. Management and staff are aware of their responsibilities in relation to the provision of specified care services and the notification of unexplained absences of residents.

2.3 Education and staff development

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's systems and processes to ensure staff have appropriate knowledge and skills. The home provides ongoing education and training for staff in relation to health and personal care services and management and staff demonstrate knowledge and skills relevant to their roles in relation to promoting residents' physical and mental health. Education relevant to Standard 2 includes medication management, pharmaceutical information and specific health related issues for resident care.

2.4 Clinical care

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

Team's findings
The home meets this expected outcome

Residents receive appropriate clinical care. Residents' care needs are assessed on entry with progress notes and handover processes utilised to ensure care staff have current information to provide care until the care plan is developed. A comprehensive assessment, including use of focal assessments is then undertaken by the registered staff; from this information a care plan is developed. Care plans are reviewed third monthly by the registered nurse. Resident/representative consultation occurs during the assessment process and annual case conferences are offered to residents/representatives. Care delivery is monitored by the clinical nurses. Residents are referred to their medical officer or specialist service as required. Staff are aware of the care requirements of residents. Residents/representatives are satisfied with the care being provided.

2.5 Specialised nursing care needs

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

Team's findings
The home meets this expected outcome

Residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff. Residents requiring specialised nursing care are identified on entry through the initial assessment process, specialised nursing care directives are recorded on the care plan. The clinical nurse or registered nurse conducts the assessment and management of specialised nursing procedures. Staff have access to resources and specialist information and equipment requirements are identified and are available to ensure residents' care requirements are met. Implementation of specialised care is monitored by the clinical nurses and the effectiveness of care is reviewed during the third monthly care plan reviews. Residents/representatives are satisfied with the care provided.

2.6   Other health and related services
This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".

Team's findings
The home meets this expected outcome

Residents are referred to appropriate health specialists in accordance with the resident's needs and preferences. Registered staff liaises with the resident's medical officer, to co-ordinate health specialist appointments for residents in a timely manner. Staff and resident representatives support and assist residents to attend external appointments with health professionals of their preference. Care plans are amended as required following referrals. Monitoring of the processes is done by the clinical nurses. Residents/representatives are satisfied they receive referrals to appropriate health specialists of their choice when required.

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

Residents' medication is managed safely and correctly. Medical officers prescribe medication orders and these are dispensed by the external pharmacy service. The home utilises a blister pack system. Resident medication is stored safely and securely. Medication incidents are recorded and reviewed by the clinical care coordinator. Effectiveness of the medication management system is monitored through the completion of medical and pharmaceutical reviews and audits. Staff administering resident medications demonstrated awareness of their responsibilities in relation to medication administration and of the guidelines in place to ensure residents medications are administered safely and correctly. Residents are satisfied with the management of their medications, as well as with the assistance and support provided.

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

Team's findings
The home meets this expected outcome

Residents are as free as possible from pain. Residents' pain is identified during initial assessment, and reassessment is undertaken as needed. Care plans are developed from the assessed information and care plans are reviewed by the registered nurse to ensure interventions remain effective. The medical officer and allied health professionals are involved in the management of residents' pain; strategies to manage pain include non-pharmacological and pharmacological interventions. Non-verbal pain assessment tools are available for residents unable to articulate their pain. Pain is monitored by the clinical nurses. Residents are satisfied with current pain management strategies and the provision of additional assistance if and when pain persists.

2.9 Palliative care

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

Team's findings
The home meets this expected outcome

The comfort and dignity of terminally ill residents is maintained. The initial assessment process is used to obtain residents' end of life care wishes in consultation with residents/representatives, the information obtained is recorded in the resident's clinical record and provided to staff as residents' care needs change. Residents at the end of life are supported and cared for at the home whenever possible and according to the resident's/representative's wishes. Residents' pain, comfort and spiritual needs are managed in consultation with the resident/representatives, to provide physical, psychological, emotional, cultural and spiritual support to residents and family members according to their needs and preferences. Palliative care is monitored by the clinical nurses.

2.10 Nutrition and hydration

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

Team's findings
The home meets this expected outcome

Residents receive adequate nourishment and hydration. Residents' dietary requirements, preferences, allergies and special needs are identified and recorded on entry to the home and this information is forwarded to the catering staff. Residents are weighed on entry and then monthly and any variations are assessed, monitored and actioned with strategies implemented to manage unplanned weight loss or gain if required. The clinical nurses monitor the weight management at the home with referrals to the dietician actioned as required. Residents are assisted with meals and fluids, and special eating utensils supplied as necessary. Care and catering staff are aware of the dietary requirements of residents. Residents are satisfied that their nutrition and hydration requirements are met.

2.11 Skin care

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

Team's findings
The home meets this expected outcome

Residents' skin integrity is consistent with their general health. On entry to the home residents are assessed for their skin care needs through the initial assessment process and in consultation with residents to determine their needs and preferences. Care plans reflect strategies to improve and/or maintain residents' skin consistent with their general health. Care strategies include the daily application of moisturisers, correct manual handling procedures, pressure area care, and pressure relieving aids. Podiatry services are provided. The registered nurses oversee wound management and registered staff are responsible for wound treatments, completion of treatment records, and documenting interventions. Residents are satisfied with the assistance provided to maintain skin integrity.

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

Team's findings
The home meets this expected outcome

Residents' continence is managed effectively. Residents' urinary and faecal continence needs are assessed during the initial assessment and supported with the use of focal assessments, and reassessments occur as required. Continence needs are reviewed third monthly during the care plan review process. Care staff outlined continence management strategies for individual residents and understand reporting requirements should there be a change to residents normal patterns. Residents are satisfied with the care provided by staff in relation to continence management.

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 needs of residents with challenging behaviours are managed effectively. On entry to the home residents with challenging behaviours are assessed, including the identification of known or potential triggers, then a behaviour care plan developed. Residents are reassessed as care needs change or current interventions are ineffective. Behaviour management is monitored by the clinical nurses with referrals to external support services actioned as required. We observed staff interacting calmly with residents when attending to cares or when re-directing residents. Residents/representatives are satisfied with the management of challenging behaviours at the home.

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

Team's findings
The home meets this expected outcome

The home has processes in place to ensure that residents achieve optimum levels of mobility and dexterity. Residents are assessed by a physiotherapist on entry to the home. Assessed needs and strategies for care are communicated to staff through the care plan, and care plans are reviewed to ensure interventions remain effective. Falls are reported and are monitored by the clinical care coordinator. Aids to maintain and improve mobility and dexterity such as walking aids and specific dietary utensils are available. Physiotherapy assistants are available to assist residents with exercise and mobility programs. Residents/representatives are satisfied with the assistance they receive in achieving optimum levels of mobility and dexterity.

2.15 Oral and dental care
This expected outcome requires that "residents' oral and dental health is maintained".

Team's findings
The home meets this expected outcome

Residents' oral and dental health is maintained. Residents' needs and preferences relating to teeth and denture management and other oral/dental care requirements are identified through the initial assessment. Care strategies are documented on the care plan. Care staff assist residents with their oral care and the registered staff arranges dental referrals as necessary. Equipment to meet residents' oral hygiene needs is available. Residents are satisfied with the assistance given by staff to maintain their dentures and overall oral hygiene.

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

Team's findings
The home meets this expected outcome

Residents' sensory losses are identified and managed effectively. Care needs in relation to sensory loss which includes vision, hearing, smell, touch and taste, is collected through the initial assessment. Care plans identify needs and individual preferences and are reviewed third monthly. Residents are referred to specialists such as audiologists and optometrists according to assessed need or resident request and are assisted to attend appointments as required. Staff receive instruction in the correct use and care of sensory aids and are aware of the interventions required to meet individual residents' needs. Residents are satisfied with the assistance provided by staff to optimise sensory function.

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

Team's findings
The home meets this expected outcome

Residents are able to achieve natural sleep patterns. Residents' usual sleep patterns, settling routines and personal preferences are identified during the initial assessment. Care plans are developed and reviewed to ensure interventions remain effective. Residents experiencing difficulty sleeping are offered warm drinks and snacks and assisted with hygiene requirements should this be required. The registered staff monitor ongoing needs. Residents are satisfied with the care and comfort measures implemented by staff in relation to promoting sleep.

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. In relation to Standard 3 Resident lifestyle, resident meetings and resident surveys are used to gather suggestions. Feedback is regularly evaluated from all lifestyle and care activities. Staff also contribute to improvements to resident lifestyle within regular meetings and encourage and support residents to provide feedback and suggestions.

Examples of improvements related to Standard 3 include:

- To enhance resident lifestyle, management is implementing a model of person centred care. This implementation includes education for all stakeholders across all care and services provided at the home. In addition, residents are invited to be part of the decision making process not only in regards to their care and services but also are part of the recruitment process when selecting personnel to work at the home. Management stated that a flow on of initiatives have resulted in positive outcomes for residents.

- A review of office space in the home has resulted in the provision of a quiet room for the use of residents and their families in the secure area of the home. The room has been refurbished with appropriate sensory lighting to provide enhanced outcomes for residents. Staff stated that identified residents use the room to reduce behaviours of concern and the residents are less stressed when in that environment. Management stated that families are able to use this space to visit their relative in privacy.

3.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to Resident lifestyle. Staff training and monitoring processes are effective in ensuring staff are generally aware of their responsibilities in relation to compulsory reporting.

3.3 Education and staff development

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's systems to ensure staff have appropriate knowledge and skills. The home provides ongoing training in relation resident lifestyle and management and staff generally demonstrate knowledge and skills relevant to their roles in the maintenance of residents' rights. Education relevant to Standard 3 includes: elder abuse/compulsory reporting and introduction of a person centred care model.

3.4 Emotional support

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

Team's findings
The home meets this expected outcome

Residents are satisfied they are supported adjusting to life in the home and on an ongoing basis. Information identifying the individual needs of each resident are collated from entry and gathered from residents, representatives and family members. Emotional support needs are assessed via an assessment, which includes the resident's personality traits, likes and dislikes and current abilities. The home is available to support residents' emotional needs and residents are given the choice of continued visitation with pastoral visits from other denominations. The emotional needs and support required by each resident is incorporated into an individualised care plan which is reviewed regularly. Residents/representatives provide feedback via surveys, case conferences, and resident meetings.

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

Residents are satisfied they are assisted to achieve maximum independent lifestyle choices. Residents are assisted to maximise their independence through clinical and lifestyle assessments which are collated into an individualised care plan which is regularly reviewed. The support required to maintain resident independent lifestyle choices includes identified specialised equipment and/or aids, and access to the community within and outside the home. Staff practices encourage and support residents' independence within their capacity in relation to personal care and activities of daily living. Residents/representatives provide feedback via surveys and/or group or individual meetings.

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

Residents' preferences in relation to their preferred name, care, lifestyle, cultural and spiritual beliefs are identified on entry to the home and this information is recorded in assessments and care plans to guide staff practice. Information about the right to privacy and dignity is contained in the handbooks for residents and staff. Privacy and dignity is discussed at meetings and discussed on entry to the home. Residents' records are secured in areas that are restricted to authorised personnel, and staff discuss individual residents' issues in private. Staff are provided with education and their practice is monitored to ensure that residents' rights to privacy and confidentiality are maintained. Staff showed an awareness of individual preferences and address residents in a respectful manner. Residents are satisfied that staff maintain residents' privacy and dignity.

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

Residents are satisfied they are supported and encouraged to participate in a wide range of interests and activities. Information identifying the individual needs of each resident are collated from entry and gathered from residents/representatives and family members and this is documented in assessments and participation forms. A lifestyle care plan is developed which includes the physical, cognitive, social, spiritual and cultural needs of the resident. Guidelines for appropriate equipment and/or assistance to ensure resident lifestyle choices are known by relevant staff. A program of activities is developed and evaluated with input from residents/representatives, staff, management and volunteers through feedback mechanisms including surveys and meetings. A monthly calendar of events is displayed throughout the home, and special events are discussed and advertised at meetings and in newsletters. Staff are aware residents' preferred activity and leisure pursuits and provide support to residents to access the activity.

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

Team's findings
The home meets this expected outcome

Residents are satisfied their individual interests, customs, beliefs and cultural needs are supported and maintained. Information identifying the individual needs of each resident is captured in assessments and reflected in relevant care plans. Church services are provided; residents unable to attend can be visited in their rooms and a Pastoral Care Coordinator and pastoral care volunteers are available to provide additional support as required. Staff are aware of resources to support the cultural and spiritual needs of residents' including pastoral care support, access to denominational services and ministers, food preferences, special events and information for culturally diverse residents. Staff support and assist residents to attend special celebrations and events.

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

Team's findings
The home meets this expected outcome

Residents are satisfied they are able to exercise choice and decisions in relation to the care and services provided. Information provided to the resident/representative includes an information kit and handbook which outlines both care and ancillary services provided at the home. Resident's specific lifestyle choices and preferences including care needs, routines, current pursuits and interests are documented in assessments which are incorporated into an individualised care plan. Alternative decision makers, such as an enduring power of attorney, adult guardian or public trustee to make decisions on behalf of residents are documented and updated as required. Residents are aware of their rights and responsibilities and have access to information regarding advocacy services if required. Residents are generally supported to maintain lifestyle choices and decision making by representatives/relatives, friends, health professionals, staff and volunteers. Residents/representatives are consulted via feedback mechanisms including case conferences, comments and complaints, group or individual meetings.

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

Systems and processes are established to ensure that residents have secure tenure within the home and understand their rights and responsibilities. Residents are provided with a resident agreement that outlines residents' rights and responsibilities, accommodation bond and charges, and security of tenure. External advocacy and guardianship/administration are used as required. Management reported they discuss and notify residents and representatives when a resident's classification moves from low to high care. Residents and representatives reported that residents feel secure at the home and understand 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 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. In relation to Standard 4 Physical environment and safe systems, information collected from staff about any hazards, incidents, infections, and the environment is analysed for trends. Staff and residents are satisfied that the organisation actively monitors and improves the physical environment and safe systems.

Examples of improvements related to Standard 4 include:

• In order to track and monitor maintenance requests, the home has purchased an electronic maintenance program. The program tracks and monitors preventative and reactive maintenance that is required at the home. As a result, management stated that that they have received positive feedback from residents and staff.

• To increase staff awareness of safety, the home has introduced 'safety share' on agendas at all meetings. As a result stakeholders are provided with opportunities to discuss concerns and share ideas to find a 'safe' solution to work practices. Management stated that staff are now observed to be using safe work practices and staff awareness has improved.

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to the physical environment and safe systems. The home's food safety program has been accredited by council and external audits conducted; a Food Safety Supervisor and a Fire Safety Adviser are available to guide staff practice.

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's systems and processes to ensure staff have appropriate knowledge and skills. The home provides ongoing education related to the physical environment and safe systems and management and staff demonstrate knowledge and skills relevant to their roles in

maintaining the welfare of residents, staff and visitors in safety and comfort. Education relevant to Standard 4 includes but is not limited to, mandatory education for fire and emergency response and infection control.

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

Team's findings
The home meets this expected outcome

Management and staff are working to provide a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in rooms with one to four beds with shared toilet and bathroom facilities and have access to communal and private living areas. Residents have personalised their rooms with items of memorabilia. There are regular environmental audits, to monitor, review and improve the safety and quality of the environment. Visitors and contractors to the home are required to sign in on the register. The home is clean, tidy, and temperature and noise levels are managed to the satisfaction of the residents/representatives. Residents/representatives are satisfied with the safety and comfort of the living environment.

4.5   Occupational health and safety
This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings
The home meets this expected outcome

There are systems and process to provide a safe working environment that meets regulatory requirements. Procedures and work instructions guide and direct staff. Regular monitoring of health and safety matters is undertaken including environmental audits, regular assessment and reporting of risks, feedback on faulty goods and equipment, tracking of resident and staff infections, meetings, and the identification of improvement opportunities regarding health and safety. Staff are satisfied with the provision of a safe working environment.

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 and incidents. Fire and emergency training is provided annually for each staff member as part of mandatory training. Evacuation plans and emergency colour coded charts are located throughout the home. An accredited external contractor monitors and maintains the safety and functioning of the fire and emergency equipment. An emergency procedure manual provides instructions relating to fire safety and other emergencies. Staff are knowledgeable about their responsibilities in the event of an emergency. Residents reported that they know what to do when the fire alarm rings and are confident that staff will assist them with evacuation if needed.

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, which includes the routine collection of data on infections. This data is analysed by the infection control coordinator who also conducts various infection control audits and hand washing education with staff. Staff members confirm that this education is provided and their attendance is mandatory. Personal protective equipment, a resident and staff vaccination program, sharps disposal, and access to hand-washing facilities enable staff to minimise the risk of infection transmission. Staff reported that the infection control education and information equips them to manage and minimise the risk of infection at the home. The home has a food safety program that is generally followed.

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 has processes to enable the provision of hospitality services that enhance the residents' quality of life. All cooking and laundry is outsourced. Cleaning schedules, temperature monitoring, stock rotation, audits, surveys and observation of staff practices are used to ensure the quality of the services provided. A four week seasonal menu is in place which is reviewed by a dietician. Residents provide feedback on the hospitality services via discussion with staff, attendance at resident meetings, and completion of surveys. Cleaning is provided and undertaken according to a schedule and the home was observed to be clean. An external contractor provides a service for all linen and personal clothing for the organisation. Residents/representatives are satisfied with the catering, cleaning and laundry services.