Aged Care
Standards and Accreditation Agency Ltd

Bethel Hostel

RACS ID 7206
2 Bethel Way
ALBANY WA 6330

Approved provider: Baptistcare Incorporated

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 07 November 2016.

We made our decision on 03 September 2013.

The audit was conducted on 06 August 2013 to 07 August 2013. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development
Principle:
Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

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

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

Standard 3:   Resident lifestyle
Principle:

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

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

Standard 4:   Physical environment and safe systems
Principle:

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

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

Audit Report

Bethel Hostel 7206

Approved provider: Baptistcare Incorporated

Introduction

This is the report of a re-accreditation audit from 06 August 2013 to 07 August 2013 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:

- 44/44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 06 August 2013 to 07 August 2013.

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:	Alison James
Team member:	Ann-Marie Phegley

Approved provider details

Approved provider:	Baptistcare Incorporated

Details of home

Name of home:	Bethel Hostel
RACS ID:	7206

Total number of allocated places:	85
Number of residents during audit:	83
Number of high care residents during audit:	75
Special needs catered for:	Nil identified

Street:	2 Bethel Way	State:	WA
Town:	ALBANY	Postcode:	6330
Phone number:	08 9842 3263	Facsimile:	08 9841 8480

Audit trail

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

Interviews

	Number		Number
Relief manager	1	Lifestyle coordinator	1
Manager accreditation	1	Therapy staff	1
Staff support officer	1	Administration assistant	1
Business manager	1	Catering staff	2
Clinical care coordinator	1	Laundry staff	1
Registered nurses	2	Cleaning staff	2
Enrolled nurse	1	Maintenance staff	1
Care staff	10	Residents/representatives	11
Occupational therapist	1		

Sampled documents

	Number		Number
Residents' files and care plans	8	Residents' medication profiles and charts	20
External contractors agreements	7	Personnel files	8
Resident agreements	4	Restraint authorisations	6

Other documents reviewed

The team also reviewed:

- Accidents and incidents
- Activities program
- Archive register
- Audits and surveys file (including call bell response times)
- Cleaning schedules (including kitchen, laundry, resident rooms, offices and common areas)
- Clinical indicators (medication errors, infections, falls, behaviours and skin tears)
- Corrective and preventative maintenance records
- Dietary summary overviews
- Feedback file
- Fire fighting and emergency equipment testing records
- Hazards file
- Job descriptions/duty statements
- Material data safety sheets

- Memoranda file

- Menus and residents' dietary requirements information

- Minutes of meetings

- Newsletters (resident and employee)

- Nutritional supplements lists

- Observation charts (blood glucose levels and weight charts)

- Plan for continuous improvement and action plans

- Police certificates, professional registrations and visa information file

- Polices and procedures

- Refrigerator, freezer and meal temperature monitoring charts

- Resident information pack, including information booklet

- Resident review schedule

- Staff orientation package, rosters and allocation sheets

- Staff training matrix, attendance records and training evaluations

- Stock ordering processes

- Therapy statistics

- Visitors/contractors attendance books

- Wound management plans and monthly logs.

Observations
The team observed the following:

- Access to external complaints and advocacy information

- Access to personal protective equipment

- Activities in progress

- Cleaning in progress

- Equipment and supply storage areas

- Evacuation maps displayed

- Interactions between staff and residents

- Internal and external living environment

- Meal and refreshment services

- Noticeboards with relevant information, including re-accreditation poster

- Storage and administration of medications.

Assessment information
This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development
Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

Team's findings
The home meets this expected outcome

The home utilises the organisation's framework to assist management to actively pursue continuous improvement. There are multiple methods for identifying opportunities for improvement including resident/representative meetings, staff meetings, feedback forms, audits, incidents and accidents, clinical indicators and surveys. Information from these sources is transferred to the plan for continuous improvement if appropriate, actioned and evaluated. Continuous improvements are discussed at all meetings to ensure effective management systems of the home. Staff interviewed reported they are encouraged to participate in the home's continuous improvement process and gave examples of improvement activities. Residents and representatives interviewed reported they are satisfied the home actively pursues continuous improvement.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Feedback from residents identified they were not receiving enough information and were not always aware of what was happening around the home. In response, a seasonal newsletter was implemented in June 2013 and information about what is happening in and around the home during the day is displayed on a monitor in the foyer. Management reported this will be evaluated at a later date.

- The organisation identified the continuous improvement process could be improved. In liaison with the facility managers and accreditation manager, an action plan document has been implemented for each continuous improvement. This information is then logged on the plan for continuous improvement. Management reported the action plan allows for ongoing follow up of individual actions and is easier to manage.

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

Residents and representatives reported they are aware their rights and responsibilities and have access to external complaints information. The organisation has subscriptions and memberships to legislative alert systems, industry groups, and peak bodies that advise of updates and legislation changes. Senior management update the policies and procedures and provide staff with information regarding changes through education, meetings and

memoranda. The home's internal and external audit processes monitor compliance. The home has processes for monitoring statutory declarations and police certificates on new and existing staff, and staff receive information regarding the *Fair Work Act*. Management informed residents and representatives of the re-accreditation audit via letters, meetings and displayed notices.

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's education program ensures management and staff have appropriate knowledge and skills to perform their roles effectively. Management use feedback and requests from staff and residents, satisfaction surveys, observation of work practices and accident/incident reports to identify training needs. There is a 'buddy' system to support new staff through the induction and orientation process. Staff reported they have access to flexible training through the use of video media and they receive appropriate education to enable them to perform their duties effectively. Residents and representatives reported staff have sufficient skills and knowledge to attend to residents' needs.

Examples of education and training related to Standard 1 are listed below.

● Accreditation (roles and responsibilities)

● Building our people (team work)

● Dispute resolution (dealing with complaints)

● Electronic documentation system.

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 regarding comments and complaints mechanisms via the resident information pack, and information regarding the external complaints mechanism and advocacy services are readily available. There is access to the home's feedback forms and the secure suggestion box for anonymity. Staff interviewed reported they advocate on behalf of residents. Residents and representatives advised they have access to complaints mechanisms without fear of retribution and are generally satisfied management address concerns effectively.

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 displays its mission, philosophy and objectives statement, and this information is available in the resident's information package and staff's orientation file. These statements incorporate the home's commitment to provide excellence in care and support to enhance the quality of life for residents. Staff reported that management discuss the organisation's mission, philosophy, objectives and vision at induction.

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 utilises the organisation's systems to manage human resources based on the organisation's policies and procedures, regulatory requirements, and includes recruitment, selection, orientation, training and development of staff. Processes are in place to adjust staffing levels or skill mix in response to changing needs of residents. New staff receive site orientation and are supernumerary for several shifts until competent to perform the required duties. Staff performance is monitored via feedback mechanisms such as complaints, clinical indicators, surveys and performance appraisals. Absenteeism is covered by the home's staff where possible or extending shift hours. Staff reported staff skills are adequate and mandatory, optional and competency-based training is provided. Residents and representatives reported satisfaction with staff knowledge and skills. Residents and representatives reported staff are not always responsive to call bells.

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

Staff reported that stocks of goods and equipment are adequate, repairs are made in a timely manner and management are responsive to requests for additional supplies and equipment. The home has processes to facilitate the purchase, use, storage, maintenance and management of appropriate goods and equipment required for quality service delivery. The home has corrective and preventative maintenance programs to ensure equipment is regularly checked, repaired and serviced or disposed of appropriately. Audits and inspections undertaken ensure that goods and equipment are maintained at sufficient levels and correctly stored. The home has processes for the ordering of supplies, including chemicals, paper goods and surgical requirements.

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 effective processes to facilitate the collection and dissemination of information related to residents' care, business and operational requirements. On induction staff sign an employment contract that includes a confidentiality agreement, and access to information is readily available via the policies and procedures, residents' care plans, memoranda, handovers and at meetings. Electronic information is backed-up and protected with secure passwords and levels of access. Archived residents' records are stored securely with a system in place to facilitate retrieval of archived information. Staff interviewed stated they have access to appropriate information to help them perform their roles. Residents and representatives advised they have access to information to assist them to make decisions about their care and lifestyle

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

Systems are in place to ensure that external services selection are based on quality standards and the needs of residents and the home. The home monitors police certificates and indemnity insurance of external contractors. Documented procedures outline the processes implemented to effectively utilise external services providers. External suppliers perform audits, review and service equipment and provide education/information pertaining to chemicals, infection control, pharmacy and fire equipment. A list of preferred suppliers and contractors is in place to assist in the purchasing of goods and services. Staff, residents and representatives reported satisfaction with the standard of externally sourced services.

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 Continuous improvement in Standard 1 - Management systems, staffing and organisational development for an overview of the home's continuous improvement system.

In relation to Standard 2 Health and personal care, staff record resident falls, skin tears, medications, behaviours and absconding residents and this information is then collated and analysed. Residents and staff are satisfied the organisation actively promotes and improves residents' physical and mental health.

Examples of recent or current improvement activities related to Standard 2 are described below.

● The palliative care team identified residents' families did not have enough information regarding palliative care. In response, an afternoon tea was held with a guest speaker from a funeral service and a speaker who talked about advanced health directives. Documentation reviewed shows six families attended and reported positive feedback. Management reported, and documentation reviewed, shows several residents now have advanced health directives in place.

● An audit of slings identified residents were sustaining skin tears during manual handling. New slings were purchased that staff are able to leave safely under the residents without the risk of developing pressure areas. Management reported, and documentation shows, a slight decrease in skin tears.

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

The organisation monitors changes in legislation and alert the management team and staff using a range of communication mechanisms. A monitoring system is used to ensure professional staff are registered as required. Medication is stored safely and is administered by staff deemed competent by a registered nurse. Residents receive specified care and services appropriate to individual care needs and preferences. Registered nurses carry out initial and ongoing assessments of high care 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

See Education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and training related to Standard 2 are listed below.

- Dementia – understanding the condition
- Medication administration
- Pain in the elderly
- Positive dementia care
- Promoting sleep.

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

Team's findings
The home meets this expected outcome

The home has systems to ensure residents receive appropriate clinical care. Registered and enrolled nurses and an occupational therapist assess residents' clinical needs when they move into the home using information from their medical history and a range of clinical tools. Care plans are developed and reviewed according to the home's policy and in consultation with residents and representatives via care conferences. Processes are in place to monitor and communicate residents' changing needs and preferences, including regular review of residents by their general practitioners, three-monthly care plan reviews and shift handovers. Clinical audits are undertaken to ensure the provision of clinical and personal care is reviewed and evaluated. Residents and representatives reported satisfaction with the clinical care provided to residents.

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

The home has processes to ensure registered nurses and enrolled nurses identify and review residents' specialised nursing care needs. Residents' specialised nursing care needs are assessed when they move into the home and these are documented in a specific nursing care plan and reviewed three-monthly or as required. The home has a registered nurse rostered on duty at all times to provide care and direction for staff. General practitioners and other health professionals are consulted as required. Residents and representatives reported residents' specialised nursing care needs are met.

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 a variety of health specialists in accordance with their initial and ongoing assessed needs and preferences. The home employs an occupational therapist who assesses residents when they move into the home and develops therapy care plans that are reviewed annually and as required. A podiatrist visits the home regularly and attends to the needs of residents identified as requiring high care and on request, residents requiring low care. Referrals are made to other health specialists as the need is identified, including a speech therapist and the mental health team. Residents and representatives reported satisfaction with residents' ongoing access to a variety of health specialists.

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

Processes are established for ordering, storing, administering, documenting and disposing of medications safely and correctly. Registered nurses, enrolled nurses and competent care staff administer medications via a pre-packed system as per general practitioners' instructions. Specific instructions concerning the administration of residents' medications and topical treatments are documented in their medication care plans. Medication audits and recorded medication incidents are used to monitor the system. A registered pharmacist conducts reviews of residents' medications and communicates findings to the general practitioners and the home. Residents and representatives reported residents' medications are managed safely and correctly.

2.8   Pain management

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

Team's findings

The home meets this expected outcome

There are systems to identify, implement and evaluate each resident's pain management strategies to ensure they remain as free as possible from pain. The occupational therapist coordinates a pain clinic and together with registered nurses, provide residents' pain management treatments including passive stretches, massage and relaxation therapy. Registered nurses, enrolled nurses or medication competent care staff review residents' pain each day. Quarterly pain assessments are conducted and residents with identified pain are assessed more frequently if required. Care plans are implemented that detail pain management interventions including alternative therapies and the use of pain and pressure-relieving equipment. Ongoing pain is reported, the effectiveness of 'as required' pain relief medication is evaluated and where required, residents are referred to their general practitioners for review. Staff described their role in pain management, including identification and reporting of pain. Residents and representatives reported staff are responsive to complaints of pain and residents' pain is managed 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

There are systems to ensure the comfort and dignity of terminally ill residents. Residents or their representatives have the opportunity to complete an advanced care directive when residents move into the home or at any time throughout their residency. Residents' general practitioners and the home's clinical and allied health personnel support residents during their palliation phase. Residents and representatives expressed confidence that, when required, staff would manage residents' palliative care competently, including the maintenance of their comfort and dignity.

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' nutritional status is assessed when they move into the home and their individual dietary requirements and preferences are conveyed to relevant personnel. Residents' care plans outline their dietary requirements, including the level of assistance required. The clinical care coordinator monitors residents' recorded monthly weights, and where weight loss is identified, residents are commenced on supplementary nutritional drinks. Swallowing assessments are conducted and residents identified as being at risk are referred to a speech pathologist for further assessment. Registered nurses direct residents' nutritional management. Residents and representatives generally reported they are satisfied with the menu and associated support provided to residents.

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 integrity when they move into the home and formulate care plans that state preventative skin care interventions. Further skin assessments are conducted as the need is identified. Registered and enrolled nurses attend to residents' wound care and wound evaluations are regularly recorded. The home employs a number of preventative strategies, including pressure-relieving mattresses, repositioning and moisturising lotions. Care staff monitor residents' skin care daily and report abnormalities to the registered or enrolled nurse. The home records and collates information regarding skin related incidents. Residents and representatives reported satisfaction with the home's management of 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

There is a system to identify, assess, monitor and evaluate residents' continence care needs when they move into the home and on an ongoing basis. Residents' urinary and bowel continence needs are assessed and an individualised care plan is developed reflective of their assessed needs. Staff utilise bowel charts to track bowel patterns and enable the development of appropriate bowel management programs, and registered and enrolled nurses monitor the use and effect of aperients. Staff reported having sufficient continence aids and appropriate skills to enable them to manage residents' continence needs. Residents and representatives reported generally being satisfied with the management of residents' continence needs.

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

Residents' behavioural management needs are assessed when they move into the home and when clinically indicated. During assessments, the triggers for a resident's behaviours are identified and appropriate interventions are developed and documented in a care plan. Effectiveness of behaviour management strategies are monitored via clinical indicators and observations. Residents are referred to therapy and mental health services when the need for further assessment of challenging behaviours is identified. Residents and representatives reported residents' challenging behaviours are well managed and the impact of the behaviours on other residents is minimised.

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

An occupational therapist and registered nurse assess residents' mobility, dexterity and associated falls risks when they move into the home. Residents are encouraged to maintain their mobility and dexterity by participating in the home's activity program that includes a range of group exercises and physical activities to improve independent movement. Residents who are unwilling or unable to participate are offered individual therapy sessions. Residents' attendance at exercise sessions is monitored. A range of seating and mobility aids are available to assist residents to maintain mobility and independence. Incidents related to mobility and dexterity are recorded and collated data is discussed at care coordinating team meetings. Residents and representatives reported satisfaction with the home's management of residents' 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

When a resident moves into the home, an oral and dental assessment is conducted to identify their oral function, hygiene and dental care needs and any potential impacts on swallowing and eating. Oral and dental care interventions are recorded in the resident's care plan. If the need for specialist dental intervention is identified, follow up treatment is arranged with resident and family consultation. Staff were aware of residents' individual oral hygiene requirements. Residents and representatives reported satisfaction with the support provided to residents to maintain their oral and dental health.

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

Team's findings
The home meets this expected outcome

An occupational therapist assesses residents' sensory abilities and needs when they move into the home. Interventions for managing sensory losses are documented in residents' care plans and are regularly reviewed by the occupational therapist. When the need for specialist sensory intervention is identified, such as an optometrist or audiologist, residents and their families are consulted regarding follow-up specialist appointments. Residents and representatives reported satisfaction with the home's management of sensory losses and 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

The home has established processes to assist residents to achieve natural sleep patterns. Sleep assessments are conducted for residents to identify sleep patterns and disturbances. Interventions to assist residents to establish appropriate sleep routines are documented in their care plans. Strategies used to promote restful sleep include settling routines, quiet environment, emotional support, pain management, warm drinks and night sedation. Staff described factors that can impact on residents' sleep including noise, confusion, pain and continence issues. Residents and representatives reported residents are satisfied with the support provided to achieve restful sleep at night.

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

See Continuous improvement in Standard 1 - Management systems, staffing and organisational development for an overview of the home's continuous improvement system.

In relation to Standard 3 Resident lifestyle, resident meetings and care conferences are used to gather suggestions. Feedback is regularly recorded and evaluated from lifestyle and care activities. Staff also contribute to improvements to resident lifestyle, training and networking. Staff encourage and support residents and others to provide feedback and suggestions.

An example of a recent improvement activity related to Standard 3 is described below.

- An audit identified the gardens in the secure wing (Harbour) was hazardous and not resident friendly. In response, the home has refurbished the gardens and includes a birdcage for residents to enjoy. Residents and representatives interviewed reported the gardens are safer and residents particularly enjoy watching the birds.

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 home utilises the organisation's systems to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Management inform staff of changes relevant to resident lifestyle through training, memoranda and meetings. There are procedures for mandatory reporting of elder abuse. Staff reported they have access to the home's policies and procedures, sign an employment contract that contains a confidentiality clause and attend mandatory training. Residents and representatives reported they are informed of any changes to fees and are aware of their' rights and responsibilities.

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

See Education and staff development in Standard 1 Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and training related to Standard 3 are listed below.

- Culturally appropriate care
- Elder abuse
- Privacy and dignity
- Sexuality and ageing.

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

Processes are established to support residents when they move into the home and on an ongoing basis. A handbook is supplied to residents giving comprehensive information about services provided. A social history is undertaken that includes residents' background, significant life events and previous and current social and activity interests. A care plan is developed from information gathered and assessments are conducted by the occupational therapist. Residents and representatives are encouraged to personalise their rooms with photos and personal effects. Residents and representatives stated they are satisfied with the support provided by the home.

3.5   Independence
This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's findings
The home meets this expected outcome

The cognitive, physical and emotional status of each resident is assessed when residents move into the home and care plans are developed that identify interventions to encourage and assist residents to maintain their independence. Care plans direct staff regarding the level of assistance residents require to maintain their independence. Suitable aids and therapy programs support residents to maintain their mobility, cognitive status and dignity. Staff assist residents to attend activities within the home. Residents and representatives reported staff provide assistance with personal care, although residents reported they are not assisted to maintain 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

Systems are established to ensure residents' privacy is maintained, including the secure storage of confidential records. Residents' right to privacy is reflected in the home's privacy policy and the residents' handbook. Residents are allocated single rooms with an ensuite and comfortable living and outdoor areas are available to residents and their families and

friends to provide privacy and dignity during visits. Staff sign a confidentiality agreement on commencement of employment. Staff reported a clear understanding of their responsibilities with regards to the confidentiality of resident information. Residents and representatives stated staff are respectful and they are confident residents' private information is managed effectively.

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' current and past interests and activity preferences are identified when they move into the home. Therapy staff develop a therapy and social care plan guided by the assessment information. The activity program is based on residents' needs and interests, and is reviewed and changed according to resident participation, therapy assistants' feedback and resident satisfaction surveys. Residents have access to a range of activities with sensory and cognitive therapies and social activities. The program includes art and crafts, bingo, concerts and bus outings. Staff reported they provide individual therapy for residents who prefer not to attend the group program. Residents and representatives reported staff encourage residents to attend the range of activities conducted at the home.

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' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered at the home. The home's chaplain conducts weekly interdenominational church services at the home and Anglican church services are conducted monthly. Culturally significant events and anniversaries are celebrated, including Australia day, ANZAC day and Easter. Multi-cultural resources are available for staff to access as required. Residents and representatives reported they are satisfied with the way staff support residents' cultural and spiritual needs.

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

Team's findings
The home meets this expected outcome

The home has systems to enable residents and their representatives to participate in decisions about the services residents receive and to exercise choice and control over residents' lifestyle. Residents and representatives have the opportunity to provide feedback through feedback forms, resident/representative meetings, informal and formal meetings and surveys. Residents are supported and encouraged to maintain control over their lifestyle within their assessed abilities. Staff described ways in which they encourage residents to make decisions about their care and lifestyle. Residents and representatives stated the

choices and decisions of other residents and representatives do not infringe on the rights of other people.

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 are established to ensure residents have secure tenure within the home and understand their rights and responsibilities. Prior to moving into the home, residents and representatives have access to a tour and are provided with information about the services and care provided. The resident handbook provides an overview of available care and services and the resident agreement and associated documentation outline residents' rights and responsibilities, fees and charges and security of tenure. Residents and representatives reported they have sufficient information regarding the residents' rights and responsibilities and feel the tenure is secure.

Standard 4 – Physical environment and safe systems
Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

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

Team's findings
The home meets this expected outcome

See Continuous improvement in Standard 1 - Management systems, staffing and organisational development for an overview of the home's continuous improvement system. Examples of recent or current improvement activities related to Standard 4 are described below.

●   It was identified via an occupational safety and health (OSH) meeting the home could be better prepared if an evacuation was required. Following discussions with staff, a team of 'volunteer' staff was established to be on call and assist should the need for evacuation arise. Noticeboards around the home contain the list of evacuation team members. The management team reported this will be evaluated at a later date.

●   Following feedback from residents, it was identified that residents felt rushed during meal times and felt newer staff were not supported during this time. In response, resident place cards and a table list has been implemented to identify where residents like to sit as well as specific dietary information. Residents interviewed reported this has improved the meal services and they feel less rushed. The management team reported this will be evaluated at a later date.

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 home utilises the organisation's systems and processes to identify and ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Staff reported they receive mandatory training in fire and emergency procedures, manual handling, OSH and infection control. The home has regular fire safety checks and a food safety program is in place. The home has restraint minimisation policy and there are reporting mechanisms for missing residents, accidents, incidents and hazards. Material safety data sheets are generally kept where chemicals are stored. Staff reported they are provided with personal protective equipment and have access to infection control guidelines in the event of an outbreak.

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

See Education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and training related to Standard 4 are listed below.

- Chemical safety

- Fire, emergency and evacuation

- Food safety

- Infection control

- Manual handling

- Occupational health and safety.

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 systems and processes to assist in providing residents with a safe and comfortable environment consistent with their care needs. Residents are accommodated in single rooms with ensuites. Corridors are well lit and have handrails for additional resident safety. The internal living environment was observed as pleasant and calm, with appropriate temperatures and noise levels, and the gardens provide a secure and relaxing space for residents and their visitors There are artworks displayed, small lounges for privacy and access to external courtyards. The home has a corrective and preventative maintenance program in place. Residents and representatives advised they are generally satisfied with the residents' 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

Management are actively working to provide a safe working environment that meets regulatory requirements. New staff receive an orientation that includes occupational safety and health (OSH). Manual handling and OSH training are completed annually by all staff. Hazards and staff incident reports are investigated and issues identified via inspection audits are followed up. The home has three OSH representatives and monthly meetings to discuss hazard reports, audit results, incidents and infection control. Staff interviewed reported how they would identify and report hazards and incidents, and stated they feel their working environment is safe.

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's emergency procedures manuals and emergency flip charts guide staff and residents in the event of fire, security breach, bomb threat or other emergency. There are appropriate fire detection and fire fighting equipment that includes compartmentalised residential wings, sprinklers (Harbour wing), smoke detectors, extinguishers and fire blankets. Evacuation plans and emergency procedure manuals are accessible and the resident evacuation list defines resident mobility levels. The home has specialised contractors to conduct scheduled monitoring and servicing of all components of the fire and emergency system. All staff have received education and training in all aspects of managing fire and emergencies. Staff and representatives confirmed they know what to do in the event of a fire or other emergency.

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

Staff demonstrated the home's effective infection control program used to identify, contain and prevent infection. The clinical care coordinator oversees infection control and monthly data is monitored. Information on individual resident infections is collected, analysed and discussed at clinical meetings. Staff training, personal protective equipment, cleaning and laundering procedures, a food safety program, resident and staff vaccination programs, and a pest control program are some of the measures in place to minimise the risk of infection. Staff interviewed reported a working knowledge of the principles of infection control.

4.8 Catering, cleaning and laundry services

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

Team's findings
The home meets this expected outcome

The home has systems and processes to ensure hospitality services are provided in a way that enhances the residents' quality of life. Meals are prepared on-site and the menu provides residents with choices and meet special dietary requirements. Catering staff receive accurate information identifying each resident's specific nutrition and hydration requirements, food allergies, food preferences and choices. The home has cleaning schedules that meet individual resident and service needs. On-site laundries manage the residents' personal laundry and flat linen is laundered externally. Staff reported they have access to information, and are provided with, relevant training to enable them to perform their roles effectively. Residents and representatives expressed satisfaction with the hospitality services provided.