



Aged Care
Standards and Accreditation Agency Ltd

Christies Beach Residential Care Services

RACS ID 6945

50 Gulfview Road

CHRISTIES BEACH SA 5165

Approved provider: Pakary Pty Ltd

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 22 July 2016.

We made our decision on 11 June 2013.

The audit was conducted on 20 May 2013 to 22 May 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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Christies Beach Residential Care Services 6945

Approved provider: Pakary Pty Ltd

Introduction

This is the report of a re-accreditation audit from 20 May 2013 to 22 May 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 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 20 May 2013 to 22 May 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:	Barbara Fisher
Team member:	Judy Aiello

Approved provider details

Approved provider:	Pakary Pty Ltd
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Details of home

Name of home:	Christies Beach Residential Care Services
RACS ID:	6945

Total number of allocated places:	98
Number of residents during audit:	88
Number of high care residents during audit:	88
Special needs catered for:	People with dementia or related disorders

Street:	50 Gulfview Road	State:	SA
City:	CHRISTIES BEACH	Postcode:	5165
Phone number:	08 8384 3133	Facsimile:	08 8326 1060
E-mail address:	mandy@bonneyhealthcare.com.au		

Audit trail

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

Interviews

	Number		Number
Management	5	Residents/representatives	11
Clinical/care/lifestyle staff	8	Hospitality and environment/safety staff	9

Sampled documents

	Number		Number
Residents' files, assessments and care plans	9	Medication charts	8
Restraint assessment/authorities	8	Wound care charts	6
Lifestyle plans	6	Personnel files	4

Other documents reviewed

The team also reviewed:

- Activities calendar
- Agency staff orientation folder
- Audit reports
- Clinical assessment tools
- Comments/Praise/Complaints forms
- Compulsory reporting documentation
- Continuous improvement documentation
- Education folder
- Emergency system manual
- Equipment trial records
- External contracts
- Fire system inspection reports
- Food safety audit report
- Hazard reports
- Incident reports
- Infection surveillance data
- Job descriptions
- Lifestyle attendance and evaluation documentation
- Maintenance records
- Minutes of various meetings
- Multi-cultural information folder
- Police certificate information
- Policies and procedures
- Resident newsletters
- Resident surveys
- Residential Care Service agreements
- Residents' information handbook
- RN/EN medication competency folder
- S4 and S8 drug licences
- Staff handbook

- Staff orientation and induction folder
- Staff rosters
- Temperature monitoring charts for food service
- Treatment directive records
- Triennial fire safety certificate
- Volunteers handbook

Observations

The team observed the following:

- Activities in progress
- Advocacy information
- Archive room
- Church service in progress
- Cleaning in progress
- Equipment and supply storage areas
- Fire evacuation plans
- Information stands
- Interactions between staff and residents
- Kitchen facilities
- Living environment
- Meal service
- Medication rounds
- Memory support unit
- Privacy notices for residents' doors
- Restraint in use
- Storage 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 actively pursues continuous improvement using an established framework. Opportunities for improvement are identified from audits, incident reporting, surveys, meetings, and complaints and comments from residents and staff. The home's register of corrective action requests (CAR's) identifies continuous improvements and records the date initiated, action taken and date verified. The home also has a Priority Action Work Plan which records by Standard the CAR no., actions, improvement issues, person or team responsible, date action to be completed and result. The home has weekly Nursing Management team meetings and regular Quality Assurance meetings at which issues and improvements are discussed. There is a resident representative at Quality Assurance meetings. Staff and residents are informed of continuous improvement processes. Residents and staff state the home is responsive to their suggestions.

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

- At the suggestion of staff, management introduced mandatory education days for care and ancillary staff. Staff now attend one education day rather than six topics on six different days throughout the year. The home organised seven education days in 2012 to ensure all staff attend. As a result, direct care staff receive education on safe food handling, and clinical and non-clinical staff receive training on chemical handling. Attendance is monitored and the topics evaluated. Feedback from staff has been positive and staff said they enjoy the education days.
- Management instigated the placement of document holders in residents' rooms to hold documents such as complaints forms, resident handbook and advocacy flyers. As a result, residents and representatives have ready access to information. Feedback from staff is that there has been an increased discussion by residents regarding complaints and concerns. Residents state it is helpful to have information in close proximity.

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 processes to identify, implement and monitor relevant legislation, regulations and guidelines. The organisation is informed of changes through a number of sources, including peak body membership. Staff are informed of changes through handover, staff

meetings, emails and memoranda. Residents are informed of any changes to aged care legislation at residents' meetings and via newsletters. The home monitors ongoing compliance through regular audit processes.

In relation to Standard 1 Management systems, staffing and organisational development the organisation has processes for monitoring that all staff and volunteers have current police certificates. The home informed residents and families of the upcoming re-accreditation audit at resident meetings and information on noticeboards.

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 processes to ensure that all staff have appropriate knowledge and skills to perform their roles. There are recruitment and selection processes based on the required qualifications and skills for each position as defined in job descriptions. An annual training calendar is developed for training across all four Standards. This combines both mandatory and non-mandatory training. Training attendance and evaluations are documented. In addition, the home has handover training in "Topics of the Month". Staff are provided with training by senior clinical staff and in some instances complete questionnaires to confirm their understanding of the topic.

In relation to Standard 1 Management systems, staffing and organisational development, training in the electronic care management system and accreditation standards has been provided.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has processes, procedures and a flowchart to provide stakeholders with access to comments, praise and complaints mechanisms. Complaints information is contained in resident and staff handbooks and resident agreements. Information on external complaints is displayed and stakeholders have access to the home's comments/praise/complaints forms. All forms are generally logged and action monitored. Residents are reminded to use comments, praise and complaints forms at resident meetings and in resident newsletters. Verbal complaints from residents are recorded by staff. The home monitors the complaints process through audits and resident surveys. Residents and representatives interviewed said they are comfortable in providing feedback to management.

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

Bonney Health Group has mission, vision and value statements and these are displayed throughout the home. The information is also available in resident and staff handbooks. The organisation has a Business Strategic Plan which is distributed to all stakeholders and displayed on noticeboards throughout the home.

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 employs sufficiently skilled and qualified staff to provide care and services for residents. Recruitment and selection processes are based on the required qualifications and skills for each position as defined in job specifications. Staff undertake an induction program and are initially 'buddied' with other staff. Rosters are developed and reviewed to ensure that the required staff mix is available depending on the changing needs of residents. The home has a master roster for permanent staff and remaining shifts are offered to casual staff. If shifts still remain unfilled, agency staff are used. Staff are provided with job descriptions and work schedules outlining their roles and responsibilities. Staff registrations and competencies are monitored annually. Adequacy of staff numbers is monitored through resident surveys and audits. Staff satisfaction is monitored through the home's staff appraisal process, audits and meetings. Residents and representatives interviewed said they are satisfied with the care and services provided by all 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

There are sufficient stocks of appropriate supplies and equipment to meet care and service needs. Key service managers have responsibility for ordering and monitoring supplies according to the home's procedures. Equipment purchase decisions are based on resident need, maintenance history, staff safety requirements and planned replacement programs. New equipment is trialled and risk assessed prior to purchase and staff have access to safe operating procedures. Inventory and equipment is monitored through audits and worksite inspections, preventative and corrective maintenance programs, incident and hazard reporting and resident and staff feedback. Residents and staff are satisfied there is access to sufficient supplies and equipment.

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 systems to effectively provide information to staff and residents. Distribution of information to staff is via verbal communication, handover processes, care planning processes, meetings, policies and procedures, education sessions and noticeboards. Distribution of information to residents is via newsletters, resident meetings and verbal communication. Care and lifestyle information is accessed either electronically or hard copy with access restricted to appropriate staff and other health professionals. Computerised care and management systems are password protected and information backed up regularly. Current information is stored securely within the home. Archived information is stored on-site and confidential information is disposed of in an appropriate manner. The home monitors information through review of complaints, meetings, surveys, audits and care and lifestyle plans. Staff interviewed stated they have access to accurate and appropriate information to perform their roles. Residents and representatives are satisfied with the information provided to them.

1.9 External services

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

Team's findings

The home meets this expected outcome

Externally sourced services are provided to meet the home's required service needs and standards. External service contracts and agreements are negotiated and monitored at both corporate and site level. Services are generally sourced from the home's preferred supplier list and a register of current contracts and their expiry date is maintained. Records of required registrations and police certificates are held. External services are a regular agenda item at the quality assurance committee. While feedback is requested from key staff, there are no processes to gain resident feedback in relation to external services. Staff and residents interviewed said externally sourced services meet their needs.

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 process.

In relation to Standard 2 Health and personal care, staff record resident falls, skin tears, medications, behaviours and absconding resident incidents. This information is collected and 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 health and personal care implemented by the home over the last 12 months include:

- Management identified that the sensory assessment kit and documentation was inconsistent with required electronic documented information. Protocols were developed and staff undertake hard copy reviews and assessments. This information is transferred into the home's on-line care management system. The “equipment box” has been updated and care staff trained in the assessment protocol. The registered nurse attends assessments. Feedback from staff is that resident's sensory deficits are correctly identified and managed. Residents said the staff discuss their sensory needs with them.
- It was identified by physiotherapy staff the need for residents to improve their mobility. In addition to the regular exercise sessions, a regular fortnightly Tai Chi program has been introduced for residents in chairs or wheelchairs and promotes a gentle exercise program. Feedback from residents has been positive and residents enjoy the sessions.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

In relation to Standard 2 Health and personal care, the home has processes to monitor compliance with the requirements of the Quality of Care Principles 1997 and with relevant medication management regulations.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, staff received training in continence management, diabetes management, nutrition and weight loss, pressure care, oral care, medication management and palliative care.

2.4 Clinical care

This expected outcome requires that “residents receive appropriate clinical care”.

Team’s findings

The home meets this expected outcome

There are processes to provide appropriate clinical care for residents. An interim care plan is documented on entry followed by scheduled assessments as the resident settles into the home. Care plans are developed using the home’s on-line care management system in consultation with the resident, allied health services and the general practitioner. Care information is accessible to staff through hard copy plans and care prompts in residents’ rooms. Handovers, diaries, progress notes and whiteboard reminders assist communication of residents’ care needs. There are regular care review and evaluation procedures conducted in consultation with the resident and their representatives. Additional monitoring includes documented observations, regular senior clinical staff meetings, incident reports and audits. Post entry interviews are conducted to gain resident feedback and resolve any concerns. Residents interviewed were complimentary about the care provided.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

Specialised care needs are met by qualified staff. Care assessments and reviews are conducted by qualified staff, who are on-site twenty four hours a day to monitor and manage resident specialised care needs. Complex health care plans and specific guidelines for aspects of specialised care are documented in residents’ care plans. Staff are provided with relevant training and have access to best practice guidelines and reference material. Regular care, allied health and general practitioner reviews are conducted. Specialised care is monitored through clinical observations, incident reports and audits. Residents are satisfied with the specialised 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

There are referral processes to meet residents’ needs and preferences. Assessment and care review processes identify referral needs and residents are advised of the range of services available. Visiting and contracted allied health services regularly attend the home supported by services such as an optician, audiologist, and dental care. Specific referrals are arranged for specialist services such as mental health, wound management and extended paramedical services. Progress note entries and changes to care plans include information related to treatment requirements resulting from referrals. Residents are satisfied they are referred to relevant health and related services and 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

Residents’ medications are managed safely and correctly. Registered and enrolled nurses administer medications from pre-packed dose aids according to the home’s procedures. Competency assessments are conducted annually. Medication charts provide current administration guidelines and resident identification. Medications are regularly reviewed by general practitioners and the clinical pharmacist and are stored safely and correctly. There are processes for assessing and authorising self-administration and for managing nurse-initiated medications. Medication management is monitored through signature omission audits, incident reporting, process, supply and storage audits. A medication advisory committee meets regularly to review medication management. Residents are satisfied their medications are managed safely and correctly.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

There are processes to ensure residents are as free as possible from pain. Pain assessments are conducted on entry by both nursing and physiotherapy staff and pain management plans and treatment directives documented. Residents are re-assessed when changes to management needs are observed or management strategies revised. Pain management is supported by regular physiotherapy and treatment nurse attendance to massages, hot and cold packs, exercises and TENS (transcutaneous electrical nerve stimulation) treatments. The use of ‘as required’ pain management medications is monitored and reviewed by the general practitioner. Regular pain management reviews, multidisciplinary review meetings, observations and resident feedback assist the home to monitor pain management. Residents are satisfied with how their pain is managed.

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 processes to preserve the comfort and dignity of terminally ill residents. Entry processes include discussion about end-of-life wishes and a good palliative care plan documented when relevant. A specific palliative care plan is developed in consultation with the resident and their representatives. Information on palliative care is provided to assist families to understand the processes and care options. A private palliative care room is available and the home has required resources and qualified staff to guide and manage care. External palliative care services are accessed if required and spiritual support arranged to meet residents’ needs. The home has received positive feedback from representatives about the home’s palliative care processes and audits are conducted to review the home’s palliative care processes. The home conducts an annual memorial service.

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

There are processes to provide adequate nutrition and hydration for residents. Residents’ dietary and drink preferences are identified on entry and relevant information forwarded to catering services. A nutrition and hydration assessment identifies at-risk residents and referral and monitoring requirements. Nutrition and hydration plans include utensil and staff support needs and specific instructions for those residents with swallowing deficits. Residents’ weights and hydration needs are regularly monitored according to the home’s guidelines and relevant supplements and fortified or texture modified meals provided. The menu has been assessed by a dietitian. Staff receive training in swallowing deficits and precautions when assisting residents. Residents’ nutrition and hydration is monitored through observation, regular weight analysis, fluid balance charts, allied health reviews and audits. Residents are satisfied with the support provided to meet their nutrition and hydration needs.

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

There are processes to maintain residents’ skin integrity. Assessment processes include identifying at-risk residents. Skin integrity, hygiene and podiatry management plans are documented and include preventive strategies such as sheepskins, pressure relieving mattresses, regular moisturisers and position changes. Regular hairdressing services are provided. Wounds are assessed and treatment planned and evaluated by registered nurses. Skin integrity is monitored through review and analysis of skin tear incidence, wound incidence and healing rates, observations and audits. Staff receive wound management training. Residents are satisfied with the care provided to maintain their 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 needs are effectively managed. Residents’ continence patterns are observed and documented and in consultation with the resident, management plans and toileting schedules developed. Required aids are identified and stored in residents’ rooms. A continence advisor is available to assist resident assessment and staff practices. Guidelines for catheter care are documented in care plans. Bowel patterns are monitored daily and natural patterns supported by diet or ordered aperients. Continence management is monitored through regular urinalysis, behaviour incidents, continence aid usage, resident feedback and audits. Residents are satisfied their continence needs are met.

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 effectively managed. Residents’ diagnosis, observed behaviours and representative and resident consultation are used to identify behaviours and required management. A secure unit is available should management strategies require it and there are processes to support families when residents are accommodated in this area. There is a specific diversional therapy and staff support program for residents in the secure area. The home has restraint management processes, although these are not consistently documented. There are referral processes for specialist advice and staff are provided with behaviour management training. Behaviour management plans are regularly reviewed and additional observations implemented when behaviour incidents occur. Representatives and residents interviewed said they are satisfied with the home’s approach to managing behaviours.

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

There are processes to optimise residents’ mobility and dexterity. Mobility, dexterity and falls risk assessments are conducted on entry by clinical staff and the physiotherapist. Mobility and transfer plans and daily exercise plans are documented. Care staff and the physiotherapy aid assist with exercises, supported by regular physiotherapy attendance and lifestyle exercise programs. Residents are provided with mobility and dexterity aids as required. Mobility and dexterity is regularly reviewed through care and physiotherapy reviews, multidisciplinary meetings, falls incidence and analysis and audits. Residents are satisfied with the home’s approach to supporting their mobility and dexterity needs.

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

There are processes to maintain residents’ oral and dental health. Oral and dental health is assessed and daily care and resident support needs documented in care plans. Referrals are arranged as required. Staff receive instruction on assessment and management of oral care needs and the home uses a range of strategies to facilitate oral and dental health such as mouth washes, oral gels and swabs in addition to regular teeth and denture cleaning. There is a tooth brush replacement program. Oral and dental health is evaluated regularly during care reviews, resident observation, pain monitoring and behaviour monitoring processes and nutrition reviews. Residents are satisfied with support provided 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

Residents’ sensory losses are identified and managed. Sensory assessment processes include testing residents’ responses to a range of sensory stimuli which includes all five senses. Identified deficits are documented in care plans. Relevant aids such as hearing or large print books, magnifying glasses, hearing aids are provided and lifestyle programs include sensory experiences. Staff assist with the maintenance and cleaning of aids. Screening services for sight and hearing are available. Sensory management is reviewed during regular care and podiatry reviews, lifestyle reviews and resident feedback. Residents are satisfied with the support provided to manage their sensory loss.

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 supported to achieve natural sleep patterns. Resident consultation and observed sleep patterns contribute to assessment of residents’ sleep management needs and preferences for settling and rising. Sleep plans include details of settling strategies which may include preferred bedding and lighting, warm drinks, music and attention to pain relief and continence management needs. Sedation may be used according to resident choice and the level of sedation use is monitored by the clinical pharmacist. Disturbed sleep is investigated. The home monitors sleep management through audits, regular care reviews, incident reporting and resident observation. Residents are satisfied they are able to achieve natural sleep and rest patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, the home gathers suggestions and improvements from resident meetings and surveys, which are logged and evaluated. Staff contribute to improvements through meetings, complaints and suggestions. Residents are encouraged and supported to provide feedback and suggestions.

Examples of improvements related to resident lifestyle implemented by the home over the last 12 months include:

- Management identified that lifestyle care plans were difficult to access as the documentation contained in the folders had increased. Staff suggested that care plans and lifestyle care plans be located in bags in residents’ wardrobes. All staff, including volunteers, can now easily access lifestyle plans. Staff and volunteers state that they now have easy access to information on the social history of a resident and this has stimulated conversations with residents.
- In response to feedback from a family member from another of the organisation’s homes, lifestyle staff organise a yearly memorial day for residents, families, volunteers and staff to remember residents who have passed away in the previous 12 months. Prior to its introduction, the suggestion was discussed at resident meetings. Invitations are sent to family members and a memorial service held. A memorial book is available in which residents and families express their feelings. Feedback from residents, staff and volunteers is that the memorial day is very successful.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

In relation to Standard 3 Resident lifestyle, the home has procedures to report and manage alleged reportable assaults and missing residents. Resident agreements are regularly updated when changes occur to the Aged Care Act 1997.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, staff received training in elder abuse, dementia, wills and Power of Attorney.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has a process to support residents to adjust to life in the home and on an ongoing basis. On entry, residents undertake an orientation tour and are introduced to staff and other residents. Lifestyle staff visit residents daily as well as providing ongoing support. Staff were observed interacting with residents in a supporting manner. Residents' emotional needs are monitored through resident feedback, care and lifestyle reviews, and resident surveys. Residents/representatives stated that residents receive ongoing support from staff.

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 encouraged to maintain their independence. Care and lifestyle assessments identify residents' capacity and interests. Residents are encouraged to continue with community activities, such as outings to local bowling and community clubs. Arrangements are made for residents to vote in elections, should they wish to do so. The City of Noarlunga library service visits the home and provides residents with large-print books. The lifestyle program supports residents to participate in exercises to improve mobility and residents are provided with appropriate mobility aids. Family and friends are encouraged to attend functions and to visit regularly. The home monitors residents' satisfaction to maintain their independence through feedback and resident surveys. Residents and representatives interviewed stated the home supports residents to continue to maintain their 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

The home recognises and respects residents' right to privacy, dignity and confidentiality. Residents' specific needs and preferences are identified on entry and during assessment processes and documented in care and lifestyle plans. Entry processes include consent for release of personal information and taking photographs. Staff receive training in privacy and dignity during induction and were observed knocking on doors prior to entering rooms. Staff were also observed respecting residents' privacy and dignity during activities of daily living. Private lounge areas are available for use by families. Staff practices are monitored through audits and direct observation. Residents and representatives interviewed are satisfied that individual rights for residents are recognised and respected.

3.7 Leisure interests and activities

This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's findings

The home meets this expected outcome

The home has processes to support and encourage resident participation in a range of activities and interests. Residents' social profiles capture a range of information on entry, including residents' past interests and hobbies, and significant events. Lifestyle plans are documented in residents' care plans. A monthly activities calendar is prepared with resident input. Attendance is monitored and activities are regularly evaluated. The activities calendar is displayed in residents' rooms and throughout the home. Activities include exercises, board and card games, jigsaws, craft, concerts, bus trips, bingo and movies. Volunteers and lifestyle staff provide one-on-one activities, which include hand massages and pet therapy. The home has a further activities program for residents in the Memory Support Unit which includes table games, exercises, music therapy, painting and craft. The lifestyle program is discussed at resident meetings and satisfaction with the lifestyle program is monitored through resident surveys and feedback. Residents and representatives report that residents have access to a wide range of activities.

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' cultural and spiritual needs and preferences are identified on entry to the home. Cultural and spiritual days are recognised, including Australia Day, Easter and Christmas, and the home provides food and music appropriate to each cultural and spiritual occasion. Weekly church services are held on-site and visiting clergy provide communion to individual residents. The home has multi-cultural and multi-lingual staff who provide support to residents and relatives. Residents' satisfaction is monitored through feedback and resident surveys. Residents interviewed are satisfied their cultural and spiritual needs are met.

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' choice and decision making about care and services is respected. Residents are provided with information on their rights and responsibilities and this information is displayed in the home. Information is available to inform residents on internal and external complaint processes. Residents' choice is also promoted through input from the home's feedback mechanisms, resident meetings and individual discussions. Residents' choices are discussed with care staff and information contained in residents' care and lifestyle plans. Choice and decision making is monitored through feedback, surveys and resident meetings. Residents interviewed are satisfied they have choices with issues that affect their daily life.

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

The home has processes to assist residents to understand their rights and responsibilities and security of tenure. Prior to entry, residents and their representatives are provided with a resident information pack and the residential services agreement, and information on the home's services is discussed. Brochures regarding independent sources of advice and advocacy are available within the home. Agreements include information on security of tenure, complaints mechanisms and the Charter of residents' rights and responsibilities. The Charter of residents' rights and responsibilities is displayed in the home. Relocation of residents from one room to another or to another aged care home only takes place after consultation and agreement with the resident and their representative. Residents are satisfied their tenure is secure and the home supports their individual needs and preferences where possible.

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 process.

In relation to Standard 4 Physical environment and safe systems, improvements are monitored and evaluated through the home’s Quality Assurance committee meeting.

Examples of improvements related to Standard 4 Physical environment and safe systems implemented by the home over the last 12 months include:

- Following feedback from an external organisation, the home has installed electronic key coded locks to all sluice rooms and the staff room. The previous slide locks on the doors were not always securely bolted and sluice rooms were able to be accessed by residents. Management stated the electronic key coded locks are more efficient, key coded and automatically close. Feedback from staff has been positive and sluice and staff rooms are now securely locked.
- Following a restructure of the memory support unit in 2009, further refurbishment of the unit has continued. The upgrade of the unit was completed in 2012 and included new floor coverings, repainting, new soft furnishings, and refurbishment of bathroom facilities. In 2013 new indoor and outdoor furniture has been purchased. Staff state the refurbishment of unit has had a calming effect as residents can freely wander within the unit or sit outside in the garden area. Feedback from representatives has been positive.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

In relation to Standard 4 Physical environment and safe systems, the home complies with fire certification requirements. The home has an audited food safety system in place. Work health and safety is managed according to current regulations.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 4 Physical environment and safe systems, staff received training in manual handling, food safety, infection control, chemical safety, awareness of work health and safety, and fire 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

There are processes to provide for a safe and comfortable living environment. Residents are accommodated in temperature controlled, single and share rooms with shared bathroom facilities. There is access to communal and private lounge areas, dining rooms and secure outside courtyards. A secure area is used for residents who tend to wander and there are processes for assessing and authorising restraint use and monitoring potential absconding residents. Call bells are accessible in residents' rooms and bathrooms and hand bells available in communal areas. The living environment is monitored through maintenance programs, audits, incident and hazard reports, and resident and staff feedback. Residents are satisfied with the comfort and safety of their 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 management processes to provide a safe working environment according to regulatory requirements. A work health and safety committee, representative of the home's work groups, meets regularly to review monitoring outcomes. These include incident, hazard and accident reports, work site inspections and related audits. Corrective action requests are raised to address required improvements. Staff have access to work health and safety procedures and receive relevant training during induction and regular mandatory updates. Staff interviewed understand their responsibilities for safe work practices and said management supports 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

There are systems supported by management to provide an environment to minimise the risk of fire, security and other emergencies. External contracted services and the home's maintenance team monitor and maintain fire systems and equipment. There are fire and emergency procedures, evacuation plans and staff training supported by regular drills to maintain staff knowledge and skill. Residents are advised of actions in the event of a fire alarm and current resident transfer information is accessible. The home is a non smoking environment. There are lock up procedures and secure key pad operated exits. Staff have access to duress alarms and emergency phones. There are corporate processes to develop a disaster management plan. Residents said they feel safe and secure in the home.

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 coordinated by an allocated clinical nurse. Current infection control guidelines and procedures are accessible to staff, in addition to outbreak management resources. Personal protective equipment, hand washing facilities and hand gel dispensers are provided and staff receive assessed infection control training. There are vaccination programs for both residents and staff. There are processes for identifying infections and monitoring incidence and trends, which are reviewed at the quality assurance committee. Additional monitoring processes include audits, environmental inspections and environmental swabbing.

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

Hospitality services are provided to enhance residents' quality of life and the home's working environment. Assessment processes on entry identify residents' preferences, which are communicated to catering, cleaning and laundry services by referral forms. Residents choose meals from the home's menu according to their nutrition requirements and meals are served in the dining room or in residents' rooms according to resident preference. Between meal snacks and supper are also served and Birthdays and special occasions catered for. Cleaning services are provided according to schedules and respect residents' privacy needs. Linen and residents' personal clothing is laundered on site. A naming system for personal items is provided. Hospitality services are provided according to infection control guidelines and are monitored by resident feedback, and audit processes. Residents and staff said the hospitality services support a comfortable and homely environment.