



Aged Care
Standards and Accreditation Agency Ltd

City of Bayswater Hostel

RACS ID 7303

21 Embleton Avenue

EMBLETON WA 6062

Approved provider: City of Bayswater

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 02 July 2016.

We made our decision on 20 May 2013.

The audit was conducted on 16 April 2013 to 17 April 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

City of Bayswater Hostel 7303

Approved provider: City of Bayswater

Introduction

This is the report of a re-accreditation audit from 16 April 2013 to 17 April 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 16 April 2013 to 17 April 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:	Steven Allison
Team member:	Ann-Marie Phegley

Approved provider details

Approved provider:	City of Bayswater
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Details of home

Name of home:	City of Bayswater Hostel
RACS ID:	7303

Total number of allocated places:	70
Number of residents during audit:	69
Number of high care residents during audit:	39
Special needs catered for:	Residents with a diagnosis of dementia

Street:	21 Embleton Avenue	State:	WA
City:	EMBLETON	Postcode:	6062
Phone number:	08 6465 0111	Facsimile:	08 6465 0126

Audit trail

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

Interviews

	Number		Number
Residential manager	1	Residents/representatives	11
Registered nurse	1	Care coordinator	1
Physiotherapist	1	Enrolled nurses	2
Therapy staff	5	Occupational therapist	1
Multi-skilled care staff	10	Laundry staff	1
Administration assistant	1	Cleaning staff	1
Catering staff	3	Maintenance staff	1

Sampled documents

	Number		Number
Residents' files	6	Medication profiles and charts	15
Repositioning records	5	Restraint authorisations	5
Residents' blood glucose monitoring records	4	Personnel files	5
Care plans and assessments	7		

Other documents reviewed

The team also reviewed:

- Accidents, incidents and hazard reports
- Activities and physiotherapy planners
- Aromatherapy file
- Audit files
- Authorisations for high risk activities
- Cleaning schedules and records
- Communication books, handover files and diaries
- Continuous improvement plan
- Dietary screening files
- Emergency procedure manual and crisis management plan
- Family conference register
- Fire certificates and professional inspection reports
- Fridge temperature records
- Heat pack register
- Hot and cold food service records
- Infection control manual
- Job descriptions and duty statements

- Mandatory reporting file
- Material safety data sheets
- Medication management backup files
- Meeting minutes
- Memoranda files
- Newsletters and bulletins
- Occupational health and safety manual and site specific procedures file
- Pest control inspection reports
- Policies and procedures, and care manual
- Preventative maintenance and requests files
- Professional registrations and police certificates
- Resident equipment inventory
- Residents' information handbook
- Roster file
- Staff handbook
- Therapy statistics
- Toolbox and education lesson plans
- Training matrix and education calendar
- Treatment files.

Observations

The team observed the following:

- Activities in progress
- Brochures and information for residents regarding advocacy service and external complaint mechanisms
- Cleaning in progress
- Emergency exits and fire fighting equipment, fire panel and location maps
- Equipment and supply storage areas
- Interactions between staff and residents
- Living environment and gardens
- Mealtime and refreshment services
- Noticeboards for staff training and occupational health and safety
- Storage and administration of medications
- Suggestion box and access to continuous improvement forms.

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 organisation actively pursues continuous improvement and the home has an established continuous improvement framework that monitors performance, identifies opportunities to improve and demonstrates progress towards clearly defined outcomes. There are multiple methods for identifying areas for improvement, including audits, clinical indicators, hazard and incident reporting. Staff, residents and representatives contribute to the home's continuous improvement plan through meetings and surveys, and individually via the home's comments, complaints and ideas forms. Deficits identified from the monitoring processes are either addressed promptly, or added to the plan for continuous improvement. Management provides feedback to interested parties and responds to all submissions of continuous improvement forms with a formal letter. Staff reported they are actively encouraged to contribute to the home's pursuit of continuous improvement. Residents and representatives reported satisfaction with management's responsiveness to feedback.

Examples of current or recent improvement activities related to Standard 1 are described below.

- The organisation identified an opportunity to improve the monitoring of staff attendance at training sessions. A third party electronic software system is now used to record staff attendance at internal and external education sessions and management stated the reports generated allow for improved monitoring of when staff need to re-attend training.
- The organisation identified an opportunity to improve the monitoring of police certificate renewals for staff. A third party electronic software system is now used to manage staffs' police certificates and management stated the required information is collected as part of the interview process.

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 established systems to ensure information related to legislation, regulatory requirements, professional standards and guidelines are made available to all stakeholders. The organisation receives updates on legislative changes from various government agencies and departments and industry groups. The home's management is notified of any changes and these are disseminated to staff and other stakeholders via memoranda, meetings, newsletters and training sessions as appropriate. Results from audits, surveys, incident

reporting and individual feedback assists management to monitor compliance with legislation and the home's policies and procedures. Staff stated they are informed of changes to regulatory compliance via memoranda attached to their pay slips. Residents reported they were notified of the re-accreditation visit and invited to meet with the assessors.

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

Management and staff have appropriate knowledge and skills to effectively perform their roles. An annual training calendar includes mandatory and non-mandatory training and attendance at education sessions is monitored through an electronic management system. Participants are invited to evaluate training sessions and the information is used to improve future training sessions. Management monitor the ongoing skills and knowledge of staff via observation, incident reporting, clinical indicators, comments and complaints and verbal feedback. Staff are encouraged to take responsibility for their own education and staff requests for training are discussed at performance appraisals and staff meetings. Staff are informed of upcoming training events through displayed fliers, memoranda, meetings and individual letters. Staff expressed satisfaction with the opportunities offered in accessing continuing education.

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

- Corporate and site inductions
- Continuous improvement
- Harassment, discrimination and bullying.

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 their representatives have access to internal and external complaints and advocacy services via feedback forms, direct access to management and resident and representative meetings. Information regarding comments and complaints mechanisms is provided via the resident information handbook, brochures, posters and resident and relative meetings. Management addresses complaints in a timely manner and feedback is provided to the complainant. Confidentiality is maintained throughout the complaints process. Staff reported they understand the components of the complaints mechanisms and stated they can and do act as resident advocates. Residents and their representatives reported they are confident to voice their concerns.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has included the mission, vision, philosophy, values, objectives and the charter of residents' rights and responsibilities in a range of documents, including resident and staff information handbooks, and is displayed throughout the home. The organisation has recently undergone a change of name and focus and staff reported they were involved in the update through letters, meetings and training sessions. Residents and representatives reported they were kept informed of the changes through literature and meetings. The home's commitment to the provision of quality throughout the service is established and maintained in all components of the home's continuous improvement framework.

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 has appropriately skilled and qualified staff sufficient to ensure services are delivered in accordance with residents' needs. The home has processes to respond to changing needs in staffing levels or skill mix. New staff attend a corporate induction of three to four days depending on their proposed role within the organisation. New staff are provided with a minimum of two supernumerary 'buddy' shifts. All staff provide police certificates or sufficient information to allow the organisation to obtain a certificate through the use of a third party electronic monitoring system. Professional registrations are obtained and monitored as required. Staff performance is monitored via two yearly appraisals and feedback mechanisms such as complaints, surveys and audits. Staff reported they have sufficient time to complete their duties and have appropriate skills to conduct their roles effectively. Residents and representatives reported satisfaction with the care and services provided by staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has processes to facilitate the purchase, use, storage, maintenance and management of goods and equipment required for quality service delivery. Preventative and corrective maintenance systems ensure equipment is maintained, repaired or replaced as needed. Specific staff have clear responsibilities for maintaining adequate stock and equipment levels. Ordering occurs through the use of monthly templates and as required via preferred suppliers. Regular audits and environmental inspections are undertaken to ensure goods and equipment are maintained at sufficient levels and are correctly maintained, stored and used safely and effectively. Stock items are rotated and chemicals are stored securely.

Staff and representatives reported satisfaction with the amount of supplies and the quality of the 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

Hard copy information and electronic systems are established to manage all aspects of the home. The home's computer systems are password protected and are backed up on a daily basis through the organisation's central office. Current staff and resident information is stored in secure areas and is only accessible to authorised personnel. Staff have access to electronic and/or hard copy policies and procedures. A document control process is in place to ensure changes to documents are controlled and monitored and destruction of archived material is completed within the organisation's designated timeframes, in conjunction with the City of Bayswater. Meetings, handovers, memoranda, newsletters, communication books and the intranet ensure effective communication between staff and other stakeholders. Staff reported they are provided with sufficient information to enable them to deliver appropriate care to residents. Residents and representatives stated they are satisfied with the communication channels and feedback mechanisms available 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

Established systems and processes ensure all externally sourced services are provided in a way that meets the residents' needs and the home's quality of service. A list of preferred suppliers and contractors assists in the purchasing of goods and services. External service providers have signed service agreements that are formally negotiated and monitored at an organisational level. A process is established to monitor the currency of contractors' police certificates. Contractors sign in and out and are monitored on site as required. Staff, residents and representatives stated they are satisfied with the quality of the services provided by external contractors.

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

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

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

- Following an organisational review of how residents' skin tears are managed the clinical governance group has developed a unified approach to wound care for the home to follow. This includes the use of the 'STAR classification system' and standardised wound care products. Management stated key staff had attended additional training and staff reported an increased confidence in managing residents' skin tears. Management stated the initiative will be evaluated through the home's internal audits.
- Following a review of residents' care needs management has increased the number of hours the registered nurse is on site. An additional enrolled nurse has also been employed to assist with the care of residents with a diagnosis of dementia. Management stated this has improved the relevance and currency of residents' assessments and care planning.

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 home has an overarching system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to Standard Two. Residents are provided with care and services according to the assessed level of care they require. Initial and ongoing assessment and care planning of residents requiring a high level of care is carried out by a registered nurse. Medication is administered and stored safely and correctly. Professional registrations are monitored and maintained for currency. There are policies and procedures for managing unexplained absences of residents.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to 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 recent education and training related to Standard 2 are listed below.

- Dysphagia
- Oxygen competency
- Skin tear training
- Medication competency
- Senior first aid
- Use of B.Pap machine.

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. The multidisciplinary team assesses residents’ clinical needs when they move into the home using their medical histories 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 doctors, six-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.

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 six-monthly or as required. The home has a registered nurse rostered on duty two days per week and enrolled nurses rostered over seven days to provide care and direction for staff. General practitioners and other health professionals are consulted as required. Examples of specialised nursing care include wound care, behaviour management, management of diabetes and oxygen therapy. 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. A physiotherapist and an occupational therapist assess all residents when they move into the home and develop therapy care plans that are reviewed six-monthly or as required thereafter. A podiatrist visits the home regularly and attends to the needs of high care residents and, on request, low care residents. Referrals are made to other health specialists as the need is identified, including a speech therapist, dietician, dentist, optometrist 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. 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 profiles. 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 relevant doctors and the home. Residents and representatives reported being satisfied 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. Pain assessments are conducted on admission and annually for all residents and residents with identified pain are assessed more frequently if required. Care plans detail residents’ individual pain management strategies. The physiotherapist coordinates pain management processes and a variety of equipment and complementary therapies are used to manage residents’ pain, including heat packs, wax baths, aromatherapy, massage and pressure-relieving equipment. Ongoing pain is reported 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 is maintained. 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. Support during residents’ palliation is provided by their doctors, the home’s clinical and allied health personnel and relevant clergy. Staff reported they are aware of the residents currently requiring palliative care. 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 registered nurse monitors residents’ recorded monthly weights and, where weight loss is identified, residents are placed on supplementary nutritional drinks. Swallowing assessments are conducted and residents identified as being at risk are referred to a speech pathologist for further assessment. The registered nurse and enrolled nurses direct and supervise residents’ nutritional management. Residents and representatives 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

The registered nurse, enrolled nurses and the occupational therapist conduct regular assessments of residents’ skin integrity and formulate care plans that state preventative skin care interventions. Residents’ wound care is attended and regularly recorded and evaluated by enrolled nurses and the registered nurse conducts weekly evaluations of wound progress. The occupational therapist coordinates a number of preventative strategies including pressure-relieving mattresses, re-positioning and moisturising lotions. Care staff monitor residents’ skin care daily and report abnormalities to the registered or enrolled nurse. The home records, analyses and trends 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 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 is 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

When residents move into the home, a physiotherapist, an occupational therapist and registered and enrolled nurses assess their mobility, dexterity and associated falls risks. Residents are encouraged to maintain their mobility and dexterity by participating in the home’s physiotherapy and activity programs that include a range of group exercises and physical activities to improve independent movement. Residents are also offered individual therapy sessions and their daily attendance at therapy 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 analysed for trends. 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. Residents identified with swallowing deficits are referred to a speech pathologist for further assessment. An annual dental examination is offered to residents and follow up treatment is arranged with family consultation. If the resident is unable to visit an external dentist, management organises a visiting dentist to provide on-site service. 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

The occupational therapist, physiotherapist and registered and enrolled nurses assess residents’ sensory abilities and needs when they move to the home. Interventions for managing sensory losses are documented in residents’ care plans and are regularly reviewed by the occupational therapist. An optometrist visits the home annually and residents are encouraged to access this service. Residents are assisted to access external specialist appointments and information following the appointment is communicated to the home’s staff. 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 all 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

Examples of current or recent improvement activities related to Standard 3 are described below.

- Following a review of incidents involving residents with a diagnosis of dementia, the management team have implemented a number of strategies to improve the environment at night. The home has reduced noise levels by limiting which doors staff can use at night and by lowering the volume of the call bell system. Management stated snacks and drinks are provided for residents who wake at night and educational information and training in managing challenging behaviours effectively has been provided to staff. Management stated the initiative will be evaluated through further monitoring of incidents.
- Following a ‘trash and treasure’ event at the home, residents were consulted as to how they would like to spend the proceeds. Residents requested a digital piano for the use of all residents and a new sound system be installed to allow music to be played in the dining rooms during mealtimes. Residents and staff interviewed responded positively to the new acquisitions.

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 has an overarching system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to Standard 3. The charter of residents’ rights and responsibilities is provided to residents and representatives via a resident agreement and is displayed in the home. Each resident is provided with a resident agreement that outlines fee and tenure arrangements and residents are informed via letter if any changes arise. Staff sign confidentiality agreements and were observed by the team to be mindful of residents’ privacy and dignity. Staff demonstrated an understanding of the regulatory guidelines for the reporting and management of elder abuse.

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.

- Elder protection, reportable assault
- Behaviours of concern
- Communication skills.

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 welcome handbook is supplied to all 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 can visit the home at any time and are welcomed by 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

The cognitive, physical, and emotional status of each resident is assessed when they move into the home and care plans are developed that identify interventions to encourage and assist residents to maintain their independence. Suitable aids and therapy programs support residents to maintain their mobility, cognitive status and dignity. Residents are encouraged to maintain friendships and participate in life within the home and the external community via the activities program, volunteer visitors and regular bus outings. Special events are celebrated. For example, Christmas, Easter, Melbourne cup and Mothers' day. Staff reported, and the team observed, they assist residents to attend activities within the home. Residents and representatives reported satisfaction with the assistance provided by the home in relation to residents' independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Systems are established to ensure residents' privacy is maintained, including the secure storage of confidential records. Residents' right to privacy is reflected in the agreement, the home's privacy policy and the residents' handbook. Residents are allocated single rooms with en-suites and lounges are available to residents and their family and friends to encourage privacy and dignity. Staff sign a confidentiality statement on commencement of employment. Staff demonstrated 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

All residents' current and past interests and activity preferences are identified when they move into the home. The occupational therapist develops 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, social and cognitive therapies. The program includes art and crafts, bingo, concerts, daily news reading 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. Various clergy conduct religious services within the home and are available to residents and families in times of need. Culturally significant events and anniversaries are celebrated including Australia day, ANZAC day and Easter. Residents' birthdays are celebrated each month. Multicultural 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 they receive and to exercise choice and control over residents' lifestyle. Residents and representatives have the opportunity to provide feedback through feedback forms, residents' meetings, informal and formal meetings and surveys. Each resident is supported and encouraged to maintain control over their lifestyle within their assessed abilities. Staff described some of the ways in which they encourage residents to make decisions about their care and lifestyle. Residents and representatives stated they feel comfortable providing feedback and 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, the resident agreement and associated documentation outline residents' rights and responsibilities, accommodation bond 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 current or recent improvement activities related to Standard 4 are described below.

- Staff provided feedback to the management team that the external environment of the home could be improved for residents. Management arranged for a mural to be painted in the courtyard with resident involvement through discussion and observation. We observed the completed paintings during the visit and residents and staff interviewed responded positively to the refurbishment.
- In order to improve staff awareness of occupation health and safety the management team developed a magazine to be given to all new staff. The magazine provides site specific information and introduces staff to the OSH representatives within the home. Management stated staff knowledge of occupational health and safety is monitored through the use of quizzes which are checked and retained in their personnel files.

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 organisation has systems and processes to identify and ensure ongoing regulatory compliance in relation to the home’s physical environment and safe systems. Staff receive mandatory training in fire safety and the home has regular fire safety checks. There is a food safety program in place and staff receive training at orientation and ongoing thereafter. External contractors are provided with service agreements that outline obligations and responsibilities and they are required to document their arrival and departure from the home. There are reporting mechanisms for accidents, incidents and hazards, and staff are provided with personal protective equipment. Material safety data sheets are maintained for all chemicals used within the home.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. See expected outcome 1.3 Education and staff development for further information.

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

- Chemical training
- Fire and evacuation training
- Infection control
- Manual handling and no lift competency
- OSH overview
- Foodsafe.

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 provides a safe and comfortable environment, consistent with residents' care needs. Residents' accommodation is equipped to assist residents with independence, comfort, privacy and security. Residents personalise their rooms with furniture, pictures and personal mementos and they have access to communal and private areas for social interactions and activities. The home has provisions for residents with a diagnosis of dementia requiring a secure environment, and management has taken steps to minimise the impact of this by providing a stimulating external environment accessible by automatic doors. Environmental audits and inspections are performed and actioned by relevant staff. Operational maintenance, cleaning and hazard management programs are used effectively. Residents and representatives reported the home ensures a safe and comfortable living environment according to their needs and preferences.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings

The home meets this expected outcome

There are systems and processes to provide a safe working environment, in consideration of occupational safety and health (OSH) responsibilities. Management, maintenance representatives and staff monitor the safety of the environment using feedback and reporting mechanisms and workplace safety inspections. An OSH committee meets regularly to review incidents and hazards as well as staff practices and environmental issues. The organisation

monitors the reviews of all incidents and safety matters, and communication with staff occurs via alerts, meeting minutes and memoranda. Management commences improvement projects or action plans as required in response to safety and infection control issues. Secure storage for chemicals is in place with material safety data sheets available at the point of use and at places of storage. Staff reported they are aware of safety management processes through training and meetings, and that management is active in providing a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems and processes to maintain a safe environment that reduces the risk of emergencies, fire and security breaches. Approved professionals carry out regular testing of fire detection systems, fire fighting equipment and exit lighting. The home, in conjunction with the City of Bayswater, has a plan to guide staff in situations that prevent the continuity of business and emergency procedures that contain an updated resident mobility evacuation list. Evacuation maps showing orientation and information regarding exit routes and location of fire fighting equipment are located throughout the home. Staff receive fire and evacuation training at orientation and at least annually thereafter. Staff described the home's security systems, including the monitoring and control of swipe card access to the home. Maintenance staff reported there are processes to check and tag new and existing electrical appliances to identify and resolve electrical hazards. Residents, visitors and contractors sign in and out to ensure awareness of who is in the building. Residents and representatives are informed of what to do if they hear a fire alarm via the residents' handbook, newsletters, posters and meetings.

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

There is an effective infection control program with infection control policies and procedures accessible to all staff. Staff are informed of current practices appropriate to their area of work at orientation and at the mandatory education sessions. The home has current information to guide all staff in managing infectious outbreaks. Staff reported strategies to minimise and prevent infections, including the use of personal protective equipment, hand washing and vaccination. The organisation provides staff with the opportunity to obtain vaccination against hepatitis B and the influenza virus. Information on individual resident infections is collected and analysed monthly. Residents and representatives reported satisfaction with the home's infection control program.

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

Prior to their entry to the home, residents and representatives receive information regarding catering, cleaning and laundry services offered and the services are explained in the resident handbook. Meals are prepared on-site and the menu is approved by a dietician and provides residents with choice whilst meeting special dietary requirements. Residents receive a minimum of two choices at each mealtime and we observed special dietary requirements being catered for during the course of our visit. There is a process for catering staff to receive information identifying residents' specific nutrition and hydration requirements, food allergies, food preferences and choices. The home has cleaning schedules that meet individual resident and service needs. Residents' personal clothing is laundered on-site and there are processes in place to minimise loss of clothing. Management monitor the quality of services via feedback mechanisms such as comments and complaints, audits and surveys. Residents and representatives expressed satisfaction with the hospitality services provided.