



Aged Care
Standards and Accreditation Agency Ltd

Clarence Estate Residential Health and Aged Care

RACS ID 7256
55 Hardie Road
ALBANY WA 6330

Approved provider: Danvero 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 09 October 2016.

We made our decision on 19 August 2013.

The audit was conducted on 16 July 2013 to 17 July 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

Clarence Estate Residential Health and Aged Care 7256

Approved provider: Danvero Pty Ltd

Introduction

This is the report of a re-accreditation audit from 16 July 2013 to 17 July 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 July 2013 to 17 July 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:	Katherine Prochyra
Team member:	Philippa Brittain

Approved provider details

Approved provider:	Danvero Pty Ltd
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Details of home

Name of home:	Clarence Estate Residential Health and Aged Care
RACS ID:	7256

Total number of allocated places:	86
Number of residents during audit:	84
Number of high care residents during audit:	84
Special needs catered for:	Residents with dementia

Street	55 Hardie Road	State:	WA
Town:	ALBANY	Postcode:	6330
Phone number:	08 9841 5999	Facsimile:	08 9841 3399

Audit trail

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

Interviews

	Number		Number
Executive manager	1	Residents/representatives	11
Managers clinical care	2	Director of quality	1
Nurse practitioner	1	Occupational therapist	1
Registered nurses	2	Occupational therapy assistant	2
Personal care staff	4	Physical therapy assistant	1
Maintenance staff	1	Chef	1
Enrolled nurses	1	Kitchen staff	2
Care staff	3	Kitchen service staff	2
Administration assistant	1	Cleaning staff	2
Laundry staff	2		

Sampled documents

	Number		Number
Residents' files	8	Medication profiles and signing sheets	18
Summary/quick reference care plans	8	Dietary requirement forms	8
Resident blood glucose monitoring charts	6	Resident agreements	2
Personnel files	6	External contractors' files	4
Volunteer files	3		

Other documents reviewed

The team also reviewed:

- Accident and incident files
- Activity program and activity evaluation records
- Audits, audit schedule, surveys and action plans
- Call bell response time reports
- Care plan review schedule
- Chemical supplier's file and material data sheets
- Cleaning log books and cleaning schedule
- Clinical indicator records
- Comments and complaints file
- Communication books and diaries

- Duty statements and job descriptions
- Employee handbook
- Family conference schedule
- Fire and emergency procedures
- Food safety program, food register and records
- Human resources and staff training matrices
- Maintenance records
- Medication refrigerator temperature and equipment monitoring records
- Meeting minutes
- Memoranda file
- Occupational safety and health (OSH) incidents and hazards
- Palliative care file
- Plan for continuous improvement and action plans
- Policies, procedures and flowcharts
- Refrigeration and food temperatures
- Residents' information handbook
- Residents' weights, nutrition and hydration file
- Restraint records
- Rosters
- Schedule eight signing books
- Specialised nursing care file including clinical monitoring records and treatment charts
- Staff and residents newsletters.
- Therapy information and statistics.

Observations

The team observed the following:

- Activities in progress
- Charter of residents' rights and responsibilities displayed
- Communication diaries
- Equipment and supply storage areas
- Feedback forms on display and locked suggestion box
- Focus week display board
- Information about re-accreditation visit displayed
- Interactions between staff and residents
- Internal and external complaints information
- Living environment
- Meal and refreshment services
- Noticeboards, signage, evacuation maps and displayed information

- Oxygen storage
- Poison's permit
- Residents' general wellbeing and appearance
- Storage of medications and administration of medication to residents
- Utility rooms.

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 and encourages staff and resident participation. The framework for continuous improvement includes a quality management system that relates to all four Accreditation Standards. This encompasses mechanisms for measuring and reviewing performance, identification and implementation of improvements and processes for feedback. The organisation and home's management identify opportunities for improvements, and management informs stakeholders about improvement initiatives via meetings and newsletters. The continuous improvement plan records projects and initiatives, and details the process for implementing, monitoring and evaluating the effectiveness of the improvement. Staff, residents and representatives reported they are encouraged to provide feedback and ideas for improvements at meetings and by utilising feedback forms.

An example of a recent improvement activity related to Standard 1 is described below.

- Management identified the need for a palliative care and alcohol and smoking policy. In response, management reviewed the policies and procedures and created new policies and procedures. Staff reported and documentation confirm the implementation of the new policies and signing sheets have been completed and working effectively at the home.

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 uses the organisation's systems and processes to ensure the identification of, and compliance with, relevant legislation. The organisation receives updates on legislative and regulatory changes from peak bodies, the Department of Health and Ageing, and other government and non-government agencies, and policies are updated accordingly. The manager is notified of any changes and advises staff as required via meetings, memos and education. The home has processes to ensure the currency of police certificates is maintained for new and existing staff, volunteers and external contractors. Residents, representatives and staff have access to the internal and external complaints and advocacy information. Management monitors compliance with legislation and the home's policies and procedures via an auditing program, external inspections, human resource and operational processes. Residents and representatives were informed of the re-accreditation audit.

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 a system to ensure that management and staff have the knowledge and skills to perform their roles effectively via a recruitment process, orientation and training programs. Management use human resource processes, feedback mechanisms, clinical indicators, residents' care needs, performance appraisals and regulatory requirements to identify areas of professional development and required training for staff. The home's training planner comprises mandatory and role specific training needs, and management use staff education matrices to monitor staff attendance at training sessions. Management use monitoring and evaluation mechanisms to measure the effectiveness of the home's education program. Staff reported satisfaction with the education program available and stated that management provides information to support the education of staff. Residents and representatives reported that management and staff are knowledgeable and perform their roles effectively.

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

- Accreditation processes
- Mandatory training
- OSH for safety delegate
- Practical skills and competency training
- Registered nurses development days.

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

There are processes to ensure residents and representatives receive information regarding the internal and external comments and complaints systems through handbooks, agreements, brochures, meetings and family conferences. Confidential and anonymous feedback mechanisms and a suggestion box are available around the home. Resident meetings, family conferences and resident surveys include opportunities for complaint or suggestion. Management measures the effectiveness of the comments and complaints process via satisfaction surveys and identified trends flow into the home's continuous improvement system as appropriate. Staff receive information about the comments and complaints procedure during orientation, and assist the residents to complete feedback forms as required. Residents and representatives reported using formal and informal processes with staff and management as ways of resolving issues, and are satisfied with their access to complaints processes.

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 displays its vision, mission and values statement within the home and in the strategic plan. Staff and residents' information handbooks, the feedback form and management systems' documentation include the statement.

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 systems to manage human resources. Policies and procedures and regulatory requirements guide recruitment, orientation and training and development processes. Management review the staff mix, supervision and the complexity of resident care needs, and adjust rosters and team allocations as required. Management coordinate arrangements for relief shifts using existing staff. Management monitor staff performance via feedback and reporting mechanisms, performance appraisals and clinical indicators. Staff reported they have opportunities for professional development and enough time to complete their tasks. Residents and representatives expressed satisfaction with the responsiveness and adequacy of care and services provided to residents.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

There are systems and processes to ensure adequate stocks of goods and equipment are available for quality service delivery. The home has established ordering programs, and designated staff monitor and manage the stocks and supplies. Maintenance programs ensure that equipment, buildings and grounds remain operational, and the home and the organisation monitors the maintenance programs undertaken. The occupational therapist and physiotherapist review the use of suitable aids and equipment for residents. Staff receive training for appropriate use of electronic and mechanical equipment. Staff reported they have enough equipment and supplies to undertake their tasks. Residents and representatives reported satisfaction with the availability and suitability of the goods and equipment provided to residents.

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 established processes to facilitate the collection, analysis and dissemination of information related to resident care, business and operational matters. Management routinely collate, analyse and table information from various sources, clinical records and audit, surveying are reported at relevant meetings. The home schedules meetings specific to roles and groups and committees, and minutes are available for review. The organisation's management reviews standardised documents and policies and procedures, and key staff receive updates via memoranda and at staff meetings. The home has procedures for the storage and management of records via archiving and maintenance of security of information. Staff reported they have access to information relevant to their roles, attend regular meetings and handovers and they have access to feedback and reporting mechanisms. Residents and representatives reported satisfaction with the access to information relevant to them via family conferences, meetings and newsletters.

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

The organisation has processes to ensure the provision of externally sourced services meets the home's quality needs and service requirements. The organisation identifies externally sourced services in response to regulatory requirements, licensing and specified care services, and the home accesses preferred and local externally sourced services. The home has specific agreements with the local external services that set out criteria and regulatory requirements. Management and relevant staff monitor the level of performance with external services, and stakeholders use feedback mechanisms to raise issues about the quality of external services provided as appropriate. The organisation's management review the services required from, and the quality goals for, external service providers in response to changes. Residents, representatives and staff reported satisfaction with externally sourced services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

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

- Management identified an increase in high care needs of the residents at the home. In response, a new position for two managers of clinical care has been introduced. Feedback from staff and management reported they feel more supported with the implementation of the extra managers for clinical care, and residents confirmed they receive care from well trained staff.
- Management reported to ensure residents requiring palliative care are identified and assessment, care planning and review are carried out in a timely manner, the organisation has developed partnerships with government agencies to standardise palliative care services at the home. Staff reported they had received palliative care training and a palliative care team has been established. Management and staff stated a review of all residents has commenced and good progress has been made. Management reported an evaluation of this initiative will be undertaken in due course.

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 a system to ensure ongoing regulatory compliance in relation to Standard 2. Management monitors renewal dates of professional registrations for nursing and contracted allied health professionals. Registered nurses conduct initial and ongoing assessments of residents requiring high care. Medication competent staff provide medication administration and manage storage in accordance with relevant legislation, and there is a poisons' permit for stored medications. The home has a policy and procedure for compulsory reporting of residents absconding. Residents and representatives reported residents receive care services in accordance with specified care services requirements.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

See Education and staff development in Standard 1 – Management Systems, Staffing and Organisational Development for an overview of the education and staff development system.

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

- Continence training
- Medication management
- Mental health training
- Palliative care
- Parkinson training
- Wound care.

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 and processes to ensure residents receive appropriate clinical care through regular assessments, care planning and evaluation. Clinical and allied health staff review residents’ assessments and create care plans. The resident’s family provide further information and general practitioners review the resident throughout their stay. The home monitors residents’ clinical care outcomes through scheduled six monthly and as required reviews, clinical audits, and resident/representative feedback. Staff report significant changes to individual care needs to the attending general practitioners. Each clinical shift conducts a handover, and staff report, record and monitor clinical and behavioural incidents. Residents and representatives stated their satisfaction with the health and personal care provided to residents.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Registered nurses, in collaboration with other qualified staff, assess, plan, manage and review specialised nursing care. Staff access the organisation’s nurse practitioner and other specialists for additional advice and support. Specialised nursing care plans and the integrated progress notes record strategies recommended by specialist nurses. Monitoring of specialised nursing care is through care plan reviews, audits, and feedback from residents and representatives. Residents and representatives stated satisfaction with the provision of specialised nursing care residents receive.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The physiotherapist and occupational therapist review all residents when they enter the home. Staff refer residents to external allied health professionals such as speech pathologist, dietician and podiatrist as required. Residents have access to audiologists, optometrists and are assisted to access their own dentist in the community. An adult mental health specialist visits the home when required. Documentation of assessments and prescribed treatments occurs, and staff enter specific information in care plans. Residents and representatives stated they are aware of the availability of allied health professionals.

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

Clinical staff and medication competent personal carers administer medications from original and multi-dose packaging. A scheduled monitoring system addresses identified deficits, and there are documented processes to guide staff if medication administration errors occur. An independent pharmacist reviews medication charts on a regular basis, providing the attending general practitioners and the home with a report. Residents who wish to manage their own medication are assessed as safe to do so. All medications are administered safely, stored securely and there is a safe disposal system. Residents and representatives stated the administration of residents’ medication is 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

The identification of each resident’s past history and presence of pain occurs during the initial assessment phase using validated and generic assessment tools. Pain management protocols are reviewed if there is a change in residents’ cognition levels, behaviour, clinical status, when there is a new episode of reported pain, and when ‘as required’ pain relief is administered over a period of time. Alternatives to medication such as limb massage, scheduled repositioning, hot/cold therapies, and individualised diversional strategies are utilised. Pressure relieving equipment is available, and the home has access to specialised pain management nurses for additional support and advice. Residents and representatives stated they are satisfied with the home’s management of residents’ pain.

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

Staff consult residents and representatives to plan care reflecting individual wishes and cultural beliefs to ensure the maintenance of comfort and dignity for terminally ill residents. Registered nurses reassess the resident’s needs when they entered into the palliative phase of care, in collaboration with the family, attending general practitioner and, if requested, palliative care specialists. A palliative care plan is implemented during the palliative phase and includes resident preferences such as meals and drinks, nursing care required and reference to the resident’s final wishes. The home has access to specialised equipment for consistent administration of pain relief, and other specific medications to minimise anxiety and nausea. The home accesses support from the resident’s spiritual minister if they request this.

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

During the initial generic assessment, residents’ nutrition and hydration needs, food preferences, food allergies, intolerances/special diets, swallowing difficulties and weight management requirements are noted. Staff use this information to develop individual care plans. Residents are weighed frequently according to a validated protocol, and the dietician monitors all residents’ weights and makes recommendations for residents with unplanned weight loss/gains. Residents are referred to a speech pathologist when required. Staff direct specific and relevant dietary information to the catering staff, and a range of texture modified meals and adaptive crockery and cutlery are available for all meals and refreshment times for those who need them. Nutritional supplements enhance residents’ nutritional status when required. Residents and representatives stated their general satisfaction with the quality and quantity of meals, and associated support needs for 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

Residents undergo a review of their skin integrity when moving into the home. Clinical staff identify risks to skin integrity and the potential for pressure injury. Residents with diabetes, peripheral vascular disease, reduced mobility, receiving palliative care, post-surgery, or who are frail receive specialised care. Staff use dressing protocols to support wound care management, and the home has access to clinical nurse specialists. The home formally monitor skin tears. Registered nurses and the occupational therapist prescribe specialised pressure relieving practices/equipment and formalised repositioning regimes, and emollients and barrier creams are used. Residents and representatives reported residents’ satisfaction with the provision of skin care management.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Staff discuss individual resident continence requirements to monitor aids used, how successful the current practices are and ways to enhance dignity and comfort. Times and levels of staff assistance are individually identified after a period of observation and charting, and individual trials of continence aids are conducted as required. The home has access to a nurse specialist for additional support. Behaviour management includes continence care as a trigger for episodes of agitation and disruptive behaviour and is a consideration if there are disturbed sleeping patterns. The use of invasive bowel preparations is minimised by the implementation of increased hydration, a high fibre diet and appropriate exercise to maximise normal bowel health. The infection surveillance program monitors urinary tract infections. Residents and representatives stated their satisfaction with residents’ continence care.

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

On moving to the home, residents undergo behaviour management assessments during the initial phase, and when behaviours change. Care plans are developed from assessment information, documented staff observations over a defined period of time, information from adult mental health professionals and family feedback. The home has protocols in place to manage the need for restraint. Residents who exhibit challenging behaviour are managed using individualised diversionary tactics. When indicated, family conferences are conducted to assist families to understand their relative’s behaviour and relieve anxieties. Therapy staff utilise individual diversional and reminiscing therapies to moderate residents’ challenging behaviours. Staff stated their understanding of mandatory reporting requirements. Staff were observed to interact in a therapeutic manner with all residents. Residents and representatives stated that the behaviours of other residents do not impact on residents’ privacy.

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

On moving into the home, the physiotherapist, occupational therapist and registered nurses assess the residents’ mobility, dexterity and rehabilitation needs to maximise individual independence. The physiotherapist supports residents with prescribed individualised physiotherapy programs, and therapy staff incorporate gentle exercise into various activities throughout the week. Staff report, monitor, analyse and action all incidents related to residents’ falls and near misses. Residents and representatives stated residents’ satisfaction with the exercise program available throughout the week.

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

On moving to the home, registered nurses review the residents’ oral and dental care needs. Care plans document individual preferences for cleaning natural teeth, dentures and other care. Referrals to the general practitioner and speech pathologist occur if the resident has swallowing difficulties. Staff have received training in the management of residents’ oral hygiene. Residents’ oral care is specialised during palliation, and individualised when a resident receives inhaler/nebuliser therapy. Staff support residents to attend dental services in the community. Residents and representatives stated their satisfaction with oral and dental care and assistance provided to residents.

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 conducts a formal assessment of residents’ five senses when they enter the home, and the care plan nominates individual strategies to manage their needs. Residents are referred to allied health professionals in the community for optical and audiometry services when required. Resources such as large print books, talking books and electronic media are available to meet residents’ sensory losses. Care staff offer simple massages, relaxing music and cooking activities to further stimulate senses. During palliation, additional care ensures the enhancement of sensory care. Residents and representatives stated their satisfaction with the identification and management of residents’ their sensory losses

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

On moving to the home, assessment of the resident’s sleeping and rest patterns occurs, and re-assessment occurs if sleep patterns are disturbed. In consultation with the resident and/or representative, care plans generally nominate specific rituals to ensure adequate sleep. The home promotes the use of alternatives to medication where possible. Staff consider life histories, pain management, continence care, immobility and behavioural management when assessing disturbed sleep patterns and planning individual strategies to enhance sleep. Residents and representatives stated their satisfaction with the attention provided to residents by night staff.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

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

- Therapy staff identified new residents often found it hard to settle into the home and found the communal dining experience difficult. In response, therapy staff created table top discussion prompts and quizzes on the dining table with a different theme each week to promote conversation between residents. Staff reported residents were found the discussion prompts interesting and all residents are communicating better with each other at meal times. Observations at meal times showed residents conversing with each other.

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 management systems to ensure ongoing regulatory compliance in relation to Standard 3. The home displays the Charter of residents’ rights and responsibilities and provides information about residents’ rights in the resident handbook. The home makes information on external complaints mechanisms available to residents and representatives. The organisation has a provision to maintain consolidated records of compulsory reportable events as appropriate. Staff reported familiarity with examples of compulsory reporting of assaults via a policy and procedure and training. Residents receive information an agreement that outlines fees and tenure arrangements.

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.

- Dementia training

- Dysphasia training
- Palliative care training.

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

Management provide new residents with information regarding the home's services, an orientation and welcoming process, and encourage family and friends to visit. After a settling-in period, relevant staff conduct assessments to identify residents' social and emotional needs, and clinical and therapy staff develop residents' individual programs and review care plans. Clinical and therapy staff refer residents to allied health professionals as required, and volunteer and activity programs further assist residents to meet emotional needs. Residents and representatives reported the emotional support provided meets residents' needs and preferences.

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 home has processes to ensure regular assessment of residents' needs in achieving maximum independence. Relevant staff assess and review the residents' level of ability to participate in activities of daily living. Care plans include considerations of the sensory, communication and mobility needs of residents when promoting independence. The home encourages residents to maintain friendships and participate in the life of the community within and outside the home through outings and community groups visiting. The home consults with residents and their representatives about risks associated with activities, and balances risk taking with safety in decision-making to allow residents to remain independent. Staff described strategies to assist residents to maintain independence in all aspects of their lives. Residents and representatives reported they are satisfied with the assistance provided by the home in relation to residents' independence and participation in the life of the community within and outside the home.

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 has processes to ensure each resident's right to privacy, dignity and confidentiality is recognised and respected and the admission package details these rights. The home's environment promotes privacy, including the provision for quiet indoor and outdoor areas for residents. Staff deliver care interventions behind closed doors or use privacy screens in shared rooms. Management uses feedback mechanisms and audits/surveys to monitor the effectiveness of residents' privacy and dignity. Staff described strategies for supporting

personal and clinical care to protect the dignity and privacy of residents. Residents and representatives reported the home respects residents' privacy, dignity and confidentiality.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

There are processes to encourage and support residents to participate in a wide range of interests and activities of interest to them. The occupational therapist assesses residents when moving into the home and as required, and the therapy team identify residents' leisure and interests needs with assistance from family members. The home develops and displays a focused activity program to accommodate individual and group needs and other areas of care such as diversional and sensory therapy. There are planned sessions throughout the week to optimise residents' participation and encourage social interaction. Therapy assistants described ways to encourage residents to participate in activities and how they provide one-on-one activities for those residents who are unable, or who choose not to participate in group activities. Processes are in place to evaluate the residents' past/current interests and activity programs via residents' feedback, meetings, surveys/audits, and review of care planning and residents' attendance at activities records. Residents and representatives reported that residents are satisfied with the range of activities offered to them.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Staff assess residents' individual interests, customs, cultural and ethnic backgrounds when moving to the home. Clinical staff review and communicate this information to relevant staff via care plans and dietary sheets. The home facilitates regular religious services, and residents who wish to access representatives of other denominations receive assistance as appropriate. The home celebrates religious, special events and cultural days of significance, and supports access to community associations as part of the activity program. Each week the home celebrates a different individual staff and resident culture including a table top discussion prompt on the dining table to promote conversation between residents, a display in the foyer and pertinent activities. Residents and representatives reported satisfaction with the cultural and spiritual support provided by the home.

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

Management and staff encourage and support residents' individual choices and decisions. There are processes to assess residents' individual needs and abilities, preferences, wishes,

consents and authorisations across all areas of care and service delivery when moving into the home and thereafter. The home conducts meetings and family conferences to provide residents and representatives with a forum to express views and participate in decisions about care and service. Authorised representatives make decisions on behalf of residents who are unable to act for themselves. Staff reported strategies for supporting residents' individual preferences, including choice of doctors, meals, refusal of care, or intervention and participation in activities. The home uses feedback mechanisms and audits/surveys to monitor the effectiveness of residents' choices and preferences. Residents and representatives reported that residents are supported to make choices in all aspects of 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 ensure residents have secure tenure within the home, and understand their rights and responsibilities. On moving to the home, residents or their authorised representatives receive a residential care agreement covering the residents' level of care assessed, exit criteria and extra services where applicable. The agreement includes information regarding complaint mechanisms and advocacy groups, financial aspects, residents' rights and responsibilities and associated schedules. The home uses a monitoring mechanism to ensure residents have signed a residential agreement and received appropriate information about security of tenure and rights and responsibilities. Residents and representatives are informed of the residents' classification changes through formal correspondence, and management consult with residents and representatives prior to room transfers. Residents and representatives reported they are satisfied residents have security of tenure at the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

An examples of a recent improvement activity related to Standard 4 is described below.

- Management reported the home has recently introduced a smoke-free environment program and includes the introduction of a non-smoking policy and procedures to comply with the organisation’s objective of smoke-free facilities. Staff and residents reported and documentation confirmed they had received information about the program. Management reported they will continue to monitor the program.

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

Management systems ensure ongoing regulatory compliance in relation to Standard 4. Internal and external representatives and statutory bodies inspect and audit the workplace including the building, fire emergency preparedness and the catering environment. Management acts on hazard alerts and recommendations as required. The home has a chemical register identifying hazardous substances, and infection outbreak resources and information is available for staff. The home has food and occupational safety programs to comply with legislative requirements and to provide staff guidance.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

See Education and staff development in Standard 1 – Management Systems, Staffing and Organisational Development for an overview of the education and staff development system.

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

- Chemical training
- Fire and safety
- Infection control

- Manual handling
- Safe food handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home provides a safe and comfortable environment consistent with residents' care needs. Residents' single and shared accommodation is equipped to assist residents with independence, privacy and security. The living environment includes activity and therapy rooms, dining areas, and gardens for sensory stimulation. Allied health professionals conduct further assessments for residents identified at risk and establish environmental and safety strategies to manage such risks. Residents have access to clean indoor and outdoor communal and private areas for meals, social interactions and activities. Management undertake environmental audits and workplace inspections, and take actions in response to identified issues. Residents and representatives reported satisfaction with how the home ensures a safe, private and comfortable living environment according to the residents' 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, safety representatives and staff monitor the safety of the environment using feedback and reporting mechanisms and workplace safety inspections. Management meets regularly to review incidents and hazards as well as staff practices and environmental and equipment 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 remedial action plans as required in response to staff accidents, safety and infection control issues. Secure storage for chemicals is in place with safety data sheets available at the point of use. Staff reported they are aware of safety management processes through training and meetings, and 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 has a plan to

guide staff in situations that prevent the continuity of business such as a fire threat and emergency procedures contain an updated resident mobility evacuation list. Evacuation maps and signage showing orientation and information regarding exit routes and location of fire fighting equipment are located throughout the home. Staff described the home's security systems and emergency procedures, and 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, fire drills 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

The home has an effective infection control program that includes policies and guidelines, infection preventative measures, equipment and resources for the management of outbreaks. There are processes for staff to report and log residents' infections, and strategies are included in the care plans for residents identified at risk of infection. Treatments are carried out as instructed by the general practitioner and as directed by the registered nurse. Management collates and analyses residents' infection data, and relevant staff, authorities and chemical contractors conduct audits to ensure compliance in staff practices and hygiene processes. Equipment and signage is used to lessen the risk of infection. Mandatory training includes infection control, and staff were able to provide examples of infection prevention strategies and reported there have not been any outbreaks in recent years. 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

Systems and processes for catering, cleaning, and laundry enhance the residents' quality of life and meet their needs. The home informs residents about hospitality services via the resident handbook, noticeboards and meetings, and there are provisions for feedback about such services. The catering rotates a dietician endorsed menu that takes in account residents' preferences and choices and special dietary requirements. The seasonal menu provides hot meal choices and alternatives, and changes to menu occur in response to residents' surveys and feedback. The registered nurse oversees the meal mandate process to ensure the residents' dietary preferences and requirements are met. Cleaning services are provided by domestic staff who are guided by scheduled tasks and duties. Colour coded and delineation laundry protocols are in use for the prevention of contamination, and there is a lost property system that includes labelling, recording and sorting processes to prevent loss of linen and clothes. Hospitality services encompass the home's food safety and infection control requirements, and relevant staff monitor for quality via feedback, audits and surveys. Residents and representatives reported resident satisfaction with the food, whilst all reported satisfaction with cleaning and laundry services.