



Aged Care
Standards and Accreditation Agency Ltd

Daylesford Nursing Home

RACS ID 4416

13 Hospital Street

DAYLESFORD VIC 3460

Approved provider: Hepburn Health Service

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 28 August 2015.

We made our decision on 5 July 2012.

The audit was conducted on 29 May 2012 to 30 May 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

Standard 4: Physical environment and safe systems**Principle:**

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

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Daylesford Nursing Home 4416

Approved provider: Hepburn Health Service

Introduction

This is the report of a re-accreditation audit from 29 May 2012 to 30 May 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 29 May 2012 to 30 May 2012.

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:	Susan Hayden
Team member:	Elaine O'Connor

Approved provider details

Approved provider:	Hepburn Health Service
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Details of home

Name of home:	Daylesford Nursing Home
RACS ID:	4416

Total number of allocated places:	18
Number of residents during audit:	18
Number of high care residents during audit:	18
Special needs catered for:	Nil

Street:	13 Hospital Street	State:	Victoria
City:	Daylesford	Postcode:	3460
Phone number:	03 5348 2371	Facsimile:	03 5348 3773
E-mail address:	hhsadmin@hhs.vic.gov.au		

Audit trail

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

Interviews

	Number		Number
Deputy chief executive officer	1	Residents/representatives	9
Executive director of nursing	1	Volunteer coordinator	1
Nurse unit manager	1	Volunteers	1
Registered nurse	1	Engineering services and safety manager	1
Enrolled endorsed nurses	3	Aged care finance officer	1
Education coordinator	1	Catering and domestic manager	1
Infection prevention and control nurse	1	Stores manager	1
Lifestyle coordinator	1	Cleaning staff	2
Complementary therapist	1	Catering staff	1

Sampled documents

	Number		Number
Residents' files	9	Medication charts	6
Residents' agreements	3	Personnel files	3

Other documents reviewed

The team also reviewed:

- Annual essential services measures report - current
- Audit schedule and audit results
- Cleaning schedules
- Clinical resources
- Communication and handover forms
- Complaints register
- Continuous improvement/quality documentation
- Contractors' induction manual/volunteers orientation book
- Education records
- Electrical test and tag records
- Fire/emergency test/maintenance log books
- Food premises registration/third party kitchen audit
- Food safety plan
- Hazardous substances register

- Hepburn health service strategic plan 2012-2016
- Incident reports
- Influenza vaccinations record
- Lifestyle records
- Maintenance request book
- Mandatory reporting folder
- Meeting minutes
- Memoranda
- Nurse registration records
- Palliative pathway
- Police check register/staff/volunteers
- Policies and procedures
- Preventative maintenance schedule
- Privacy consent forms
- Quality monitoring/bench marking/infection control data
- Refrigeration temperatures
- Reportable levels for blood glucose monitoring
- Resident satisfaction surveys
- Residents' information package/handbook
- Restraint authorisation
- Rosters
- Staff handbook
- Statutory declarations
- Weight charts
- Wound charts.

Observations

The team observed the following:

- Activities calendars
- Activities in progress
- Aged care brochures
- Archive room
- Cleaner's room
- Emergency equipment/evacuation kit
- Equipment and supply storage areas
- Evacuation plans/emergency information boards
- Feedback forms
- Infection control practices

- Interactions between staff and residents
- Living environment – internal and external
- Meals service and assistance
- Medication trolley/ storage and administering of medications
- Menu
- Mission statement
- Occupational health and safety information
- Outbreak kit
- Residents' and staff noticeboards
- Sensory room
- Suggestion box
- Tea and coffee facilities for residents and relatives
- The Charter of residents' rights and responsibilities.

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

As part of the Hepburn Springs health service there is an established quality and safety framework that guides and ensures the home actively pursues continuous improvement. The executive director of nursing oversees the continuous improvement plans and activities and is supported by the nurse unit manager, who manages the implementation of quality improvements. The home and the co-located Lumeah Lodge hostel operate as one unit and both are part of the health service's five aged care homes which have integrated quality systems and benchmark outcomes. The organisation's key quality and safety, leadership, and clinical review/credentialing committees and forums, meet regularly to review quality activity and identify continuous improvement opportunities. Improvement opportunities arise from strategic planning, audit results, stakeholder feedback, incidents, residential aged care forums, meetings, clinical reviews, trends, care consultations, satisfaction surveys and key performance indicators. Documentation shows improvement initiatives are documented, progress is monitored, results and outcomes are monitored and evaluated. Quality activity is a standing meeting agenda item; residents and staff confirmed their suggestions and feedback are welcome.

Examples of recent improvements in relation to Standard 1:

- After management identified annual performance appraisals were behind schedule, the associate nurse unit managers became more involved in assisting with these reviews.
- In response to a more concerted commitment to completing performance appraisals, including setting monthly targets, compliance is now much higher for 2012, currently about 70 percent. Management is satisfied that a more consistent and timely approach to managing performance appraisals has been implemented for the benefit of residents and staff.
- The introduction of a new employee assistance program. Previously staff had access to counsellors/psychologists at the community centre next door. However, feedback from counsellors identified issues including the service was only available from 9.00 to 5.00 week days. Following a review of the service, management has sourced an external service that is available 24 hours all days of the week for staff as well as their families. Evaluation is ongoing.
- Management identified the need to develop a workforce strategy action plan in particular, to undertake staff profiling, identify critical roles and implement succession planning for these positions. To date, management is satisfied an appropriate succession plan has been developed for the executive director of nursing. The process has commenced for other key roles and further planning is being undertaken for these critical roles.
- Management recognised management of stock needed to be more efficient and streamlined. As a result an imprest system has been set up for consumables to ensure

timely and sufficient stock. Management reported feedback indicates the new system is working well.

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 organisation has effective systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The systems include an electronic regulatory compliance and risk register and ongoing receipt of legal and legislative updates/changes and government, professional and industry alerts. The electronic compliance system provides analyses and impact of legislative requirements and changes, identifies and notifies key personnel of requirements and actions needed. Key personnel have responsibility for checking the compliance register, updating and reviewing policies, reviewing and monitoring requirements and compliance to ensure requirements are met. Staff access legislative requirements on the intranet, policy updates/changes are disseminated to stakeholders through memoranda, meetings, education and staff/resident information material. Stakeholders confirmed they were informed about the re-accreditation audit and staff demonstrated knowledge of regulatory requirements.

Other examples of how the home’s systems ensure regulatory compliance relative to Standard 1:

- Stakeholders are informed about and have access to the internal and external complaints processes.
- There are effective policies and systems to manage and monitor probity checks and renewal processes for staff, volunteers and contractors.
- Appropriately qualified staff are recruited to meet residents’ clinical needs.
- Residents’ health records are managed in accordance with record keeping and privacy legislation.

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 the appropriate knowledge and skills to perform their roles effectively. The education program incorporates a range of topics across the four Accreditation Standards. Orientation and mentoring to the home is conducted for all new staff. The training requirements and skills of staff are monitored and evaluated on an ongoing basis through a variety of means, and attendance records are maintained. Staff have access to online education sessions and conferences and all staff must attend mandatory training. Staff are competency tested, monitored and staff state they are satisfied with the education opportunities offered to them and this is evidenced by a high attendance record.

Examples of education and development attended by staff in relation to Standard 1 include:

- orientation – induction including legislative requirements such as mandatory training

- residents' rights and responsibilities
- implementation of electronic management system including intranet
- risk management.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home ensures residents, representatives and other stakeholders are informed and have access to internal and external complaints processes. The information is prominently displayed, forms to complete are accessible, a suggestion box for confidentiality is available and policies and procedures reference response timelines. Residents are informed of the feedback processes initially when they move into the home and information is included in the resident information pack. As the complaints liaison officer, the executive director of nursing manages complaints, maintains a complaint register and records show appropriate action and prompt follow up. Residents reported management is very approachable, and either said they are comfortable raising matters including at meetings or they have no need to complain. Staff confirmed management is supportive and advised they do and would advocate on behalf of residents. Residents and representatives stated they are aware of the complaints and confirmed satisfaction with timeliness and management response when issues have been raised.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has documented and displayed in the home the organisation's mission statement and commitment to high quality care. The organisational structure provides overall leadership, strategic direction and resources to support the home in meeting their care objectives. Residents/representatives confirmed satisfaction with the quality of care and services.

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

Management ensures appropriately skilled and qualified staff are employed at the home. Recruitment processes include reference and police checks, position descriptions, minimum qualifications, duty lists, orientation and a mentoring program. Staff sign a statement on confidentiality of resident information when they commence employment. The home maintains personnel files to manage human resources. A record of personal carers' certificates, registered nurse, enrolled nurses and allied health professional registrations is

held. The home's human resource management is monitored through surveys, audits, and feedback. Staff confirmed orientation and residents stated staff are respectful, maintain confidentiality and provide quality of care.

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

Effective systems ensure sufficient stocks of quality goods and equipment are available through an imprest system, preferred suppliers and the organisational stores supply system. There are systems for identifying preferred equipment, trialling and evaluating new equipment/products, educating staff and for ensuring quality requirements. Preventative and responsive maintenance systems are in use, records show responsive maintenance is timely and the preventative maintenance schedule ensures that equipment is regularly maintained. Electrical equipment is tested and tagged as required; stock and equipment storage areas are clean, sufficiently stocked and secure where required. Staff and residents confirmed sufficient supplies of quality stock and that equipment is in good working order.

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

Management and staff have access to current policies and clinical and other evidenced based resource documentation on the intranet and at the home. Resident care consultations occur and representatives are invited to review and comment on care plans. The unit manager attends the health services' residential aged care forums where ideas and information is shared, residents/staff receive information packs and staff/residents noticeboards are in use. Information is disseminated at shift handovers and through memoranda, meetings, minutes, email, newsletters and communication folders. There are regular staff and resident meetings, and regular communication between key organisational staff, the unit manager through emails, meetings and informal interaction. Staff have email access; there are systems for password protection and back up of electronic information and secure storage, archiving and destruction of confidential documents. Residents and representatives confirmed they are satisfied with the level of information provided, opportunities for feedback including liaising with management.

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 home has appropriate systems to ensure the quality and suitability of externally sourced services. Contracts and external agreements are set up which identify fees and service requirements and performance is monitored. Probity checks are undertaken to ensure currency of police checks/provision of a statement of compliance, registrations, insurance

and public liability requirements where required. Contractors are inducted, receive a handbook and work safety requirements are outlined. There are systems to manage performance issues and resolve disputes as necessary. Staff and residents confirmed satisfaction with the services provided by the home's external service providers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home's continuous improvement system demonstrated that improvements in residents' health and personal care are ongoing. For a description of the home's system of continuous improvement refer to expected outcome 1.1 Continuous improvement. Registered nurses oversee residents' high care and changing needs and regular care reviews occur. Residents reported they are consulted about their care and confirmed satisfaction with the care provided.

Examples of recent improvements in relation to Standard 2:

- The nurse unit manager identified the need to enhance the skills of registered and enrolled nurses in managing the holistic health care needs of the older person. The nurse unit manager, a registered nurse and three enrolled nurses attended a three day course on comprehensive assessment of the older person. Management reported these staff are able to conduct more in-depth assessments, have a greater understanding of the value of early intervention and can report untoward symptoms more accurately to the residents' doctors.
- Quality monitoring of medication order charts showed staff were not consistently signing off for administration of medications. As a result the home has introduced an immediate follow up monitoring system. Night staff review all medication charts over the previous day and staff delivering the next round of medications check sign offs. Missed signatures are then followed up immediately for staff to document as appropriate; management reported compliance with signs off has considerably improved.
- Management identified the need to improve the management of residents' chronic pain. More pain assessments have been undertaken and with the collaboration of residents' doctors, residents have been trialled on more regular pain medication with positive outcomes. Management reported resident feedback indicates the residents involved are more pain free, more comfortable and eating and sleeping better.
- Management identified the need for a more consistent and improved approach to palliative care. Management has adapted a well recognised palliative pathway to meet their residents' needs. Palliative care management information is now set up in one user friendly format with a prompt sheet to guide care and management is satisfied the guide is appropriate and can be adjusted as required.
- Management recognised the need to improve residents' wound care and has purchased a digital camera and a wound tracking system for measuring the size and depth of wounds. Management reported the new equipment has made it easier to assess and monitor the progress of wounds more accurately and adapt strategies to enhance outcomes for residents.

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

Management has appropriate systems to identify and ensure the home meets regulatory requirements relative to health and personal care. Refer to expected outcome 1.2 Regulatory compliance for a description of the home’s regulatory compliance systems. Staff confirmed knowledge of regulatory requirements and guidelines relative to Standard 2.

Examples of how the home’s systems ensure regulatory compliance relative to Standard 2:

- The home’s policy and procedure for missing residents reflects legislative requirements.
- There are systems to ensure the currency of nurse registrations is checked and monitored.
- Registered nurses are rostered across all shifts to monitor and oversee residents’ high care clinical and complex nursing needs.
- Medication management policies reflect legislative requirements. Staff administering medications complete annual medication competencies to ensure and monitor compliance with relevant legislative 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

Management and staff have the appropriate knowledge and skills to perform their clinical roles effectively. Refer to expected outcome 1.3 Education and staff development for further details on the home’s education system.

Examples of education and training by staff in relation to Standard 2 include:

- wound and skin care including a new wound tracking system
- oral and dental hygiene
- continence management
- acute and chronic care
- challenging behaviours
- basic life support
- medication.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive clinical care that is relevant to their assessed clinical care needs and respects their individual choices. On entering to the home their clinical needs are assessed, from which care plans are developed. Care plans are reviewed and evaluated three monthly or on a needs basis by qualified staff in consultation with residents and representatives. Registered nurses and other health professionals attend to complex care. Residents and representatives stated residents receive appropriate clinical care needs. Staff confirmed they are provided with the appropriate training to maintain their skills in clinical care areas and that care needs are managed appropriately.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Residents’ specialised care needs are assessed, planned and managed by registered nurses. Records of specialised care are documented appropriately and specialist services accessed where it is required. Specialised care needs of residents include diabetes management, catheter care, nutrition, complex wound management, and pain and medication management. Staff confirmed they are provided with the appropriate training to maintain their skills in specialist care areas and that care needs are managed appropriately. Representatives confirmed specialised care needs are managed appropriately.

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 health care specialists to provide for their accessed needs and in accordance with their individual preferences. Referrals are made to physiotherapy services, speech pathologists, dieticians, social workers, occupational therapists, dental, optometry and audiology services. Record of referral and consultations are made in residents’ progress notes and changes made to assessment forms and care plans where a need is indicated. Residents and representatives confirmed they are satisfied with the process for referral to specialists’ services locally.

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

Systems are effective to ensure medications are managed safely and correctly in accordance to regulatory requirements. Registered nurses, endorsed/enrolled nurses administer

medications. Residents' medications are stored in the lockable drawer in their bedrooms. Medications charts are monitored and audited regularly, each member of staff administering medications are competency tested and ongoing education is provided. Staff were observed administering medications in accordance with the home's policy. Residents and representatives expressed satisfaction with medication administration.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

Residents are assisted to be as comfortable and pain free as possible. Assessments of pain and discomfort are done using formal assessment tools. Pain management care plans involve interventions including regular pain relief, repositioning, pressure-relieving equipment, electronic equipment and continence care. Registered nurses oversee the management of pain. Residents and representatives expressed satisfaction with pain management and are comfortable and pain free.

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

Residents are provided with end of life care that provides for their comfort, dignity and respect for their individual choices. Terminal care wishes are documented on admission in consultation with family and included in residents' file. Palliative care is managed by registered nurses and referrals are made to specialist teams or district nursing where additional support is required. Fold away beds are provided for families if they wish to stay overnight. Staff have been provided with education in providing palliative care that meets the needs of residents at the home. Resident stated they are treated with respect and privacy is maintained.

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

Management demonstrated residents receive adequate nutrition and hydration to meet their needs including their individual preferences. When a resident enters the home an assessment and care plan is developed with input from the resident and their representative. Care staff record each resident's weight as assessed. Residents' weights are monitored and reviewed by the dietician monthly. Sufficient supplies of assistive cutlery and crockery are available for resident use. Nutritional supplements are available for residents who require them. Staff are aware of specialised diets and fluid requirements. Residents are satisfied with the quantity and variety of the meals, and residents are satisfied with the home's ability to cater for their nutrition, hydration and related support needs.

2.11 Skin care

This expected outcome requires that “residents’ skin integrity is consistent with their general health”.

Team’s findings

The home meets this expected outcome

Residents’ skin integrity is monitored and managed to remain consistent with their general health. A pressure risk assessment is conducted for all residents upon entry to the home using a formal assessment tool. Pressure relieving equipment is provided according to the assessed needs of the resident. Skin management is included in hygiene and continence plans. Wounds are managed appropriately and records of clinical care are maintained. Wounds are reviewed by registered nurses and referrals are made to specialist wound management nurse where required. Residents and representatives confirmed staff assist residents to maintain skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Staff assist residents to manage their continence care effectively and discreetly. Assessments of continence are done following admission and care plans are developed to include toileting routines, aids required and hygiene and mobility assistance needed. Referrals are made to specialist continence advisor where required. Reviews of continence care plans are done as required. There are sufficient supplies of continence aids available in the home to provide for residents’ needs. Urinary tract infections are monitored and reviewed monthly. Staff have been provided with education in continence management. Staff were observed to assist residents to manage their continence effectively respecting their dignity.

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 are assisted to manage their challenging behaviours effectively. Assessments of behaviours are done following entry as well as in response to any episodes of adverse behaviours which may also be due to pain. A secure environment is maintained with the assistance of monitoring devices. The education co-ordinator and an external provider have provided education on managing behavioural issues. Staff were observed to assist residents to manage their challenging behaviours in a respectful manner. Residents and representatives confirmed satisfaction with the management of any behavioural issues.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all residents”.

Team’s findings

The home meets this expected outcome

The home assists residents to achieve their optimal levels of mobility and dexterity. The physiotherapist assesses residents’ mobility following their entry to the home. Care plans are developed from this information including documentation of type of mobility aids required and level of assistance. Falls risks assessment is completed for all residents on entry as well as following a fall. The home provides a clutter free, well lit environment and furnishings and mobility aids appropriate to residents’ needs. Residents and representatives stated staff assist them to remain independent and as mobile as possible.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Residents are assisted to maintain optimal oral and dental health. Assessments of oral and dental health are done following entry to the home including speech or swallowing difficulties. Referrals are made to speech pathologists and dental services where this need is identified. Care plans include sensory aids required by the resident and any assistance required in maintaining aids. Referrals are made to specialist services as required including audiology and optometry services. Residents and representatives stated that staff assist them to manage their oral and dental care effectively.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

Residents’ sensory losses are identified and effectively managed either at the home or externally. The home’s assessment processes ensure sensory loss is identified and referrals to specialists are made. This includes audiology and optometry services with visiting services from the community health centre. The home maintains a well lit environment free from clutter. Staff interviewed had knowledge of residents’ sensory needs. Residents and representatives expressed satisfaction with staff assisting them to manage 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

Residents are assessed for their sleep patterns on entry to the home. Care plans include rising and settling times, and individual requests for nightly rituals to achieve a comfortable sleep. Changes in sleep patterns are noted, evaluated and addressed. Each resident is provided with privacy and an environment for natural sleep. There is also the ability to rest

during the day. The rooms are all temperature controlled, with the provision of appropriate lighting. Staff are familiar with individual residents' sleeping habits. Residents and representatives stated their beds are comfortable and they are able to achieve a good night's sleep and commended the staff on their care.

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

The home actively pursues improvements in resident lifestyle, including maintaining residents’ independence and their rights to privacy, dignity and choice. For a description of the home’s system of continuous improvement refer to expected outcome 1.1 Continuous improvement. Documentation demonstrates improvement opportunities in resident lifestyle have been identified, actioned and monitored for effectiveness. Residents/representatives confirmed satisfaction with residents’ lifestyle.

Examples of recent improvements in relation to Standard 3:

- Management identified some residents would benefit from counselling to assist them to deal with the emotional impact of moving into care. A counsellor was organised to speak to residents at the residents/relatives’ meeting and has also provided counselling to residents and advice to staff. Management reported feedback has been positive.
- Management identified some representatives were unable to take their loved ones who were wheelchair bound/immobile to their home or transport them to the community. To meet these needs the home’s bus, which has wheelchair capacity, has been lent to family members. Management reported those needing this assistance have been very satisfied with this arrangement.
- Management identified the need to assist individual residents to maintain their independence. Strategies to assist residents have included setting up internet banking, picking up shop items and organising disabled stickers for outings with family. Management reported residents and/or families are pleased with this assistance.
- The home identified individual residents and their representatives did not always remember what activities the residents would be doing. A plan has been developed which shows the activities for the individual resident. Management reported this is working effectively as residents and representatives can check when a resident’s specific activities take place.
- An audit identified residents’ lifestyle assessments and care plans were not always reflective of residents’ needs particularly those with dementia. More education was provided for the activities coordinator and with the assistance of a registered nurse residents’ needs and preferences have been more accurately identified. The residents’ program has been updated to reflect their preferences and residents’ satisfaction with the program has significantly improved.

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

There are appropriate systems for identifying and monitoring relevant legislation, regulations and guidelines in relation to resident lifestyle. Refer to expected outcome 1.2 Regulatory compliance for a description of the home's regulatory compliance systems.

Examples of how the home's systems ensure regulatory compliance relative to Standard 3:

- The Charter of residents' rights and responsibilities is displayed and documentation demonstrates residents/representatives are informed about these matters
- Staff, residents/representatives are informed about residents' rights to privacy and confidentiality; staff practices are monitored to ensure practices reflect policies.
- Staff are educated to ensure they understand their responsibilities about mandatory reporting of elder abuse and have access to current policies and guidelines.
- The home ensures all residents/representatives are offered residential agreements and given appropriate information about prudential compliance and their care and service entitlements in accordance with regulatory and legislative requirements.

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

Management and staff have the appropriate knowledge and skills to perform their roles effectively in relation to residents' lifestyle. Refer to expected outcome 1.3 Education and staff development for further details on the home's education system. Lifestyle staff confirmed they are offered certificate training to improve their skills.

Examples of education and development attended by staff in relation to Standard 3 include:

- elder abuse, absconding residents and mandatory reporting – mandatory attendance
- increasing staff knowledge of privacy and dignity and confidentiality
- certificate training in leisure and lifestyle
- cultural diversity workshop.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Residents are orientated and supported to adjust in their new home and with the support of staff, family and/or friends and are welcomed with flowers and a personalised welcome note.

The nurse unit manager encourages representatives and prospective residents to tour the home, ask questions and bring in mementos or furniture to personalise their room. Management, care and lifestyle staff meet with all new residents and representatives to identify and support their social and emotional needs initially and ongoing. There is a tea/coffee making bay for families who may share a meal with their loved one. Counselling or welfare support/pastoral care are available and have been arranged for residents and/or their families. New residents are visited more frequently, introduced to co-residents, invited to join in the activities and are supported more during sad or difficult times. Residents and representatives confirmed they are well supported emotionally and reported staff are friendly and caring.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents are assisted to maximise their independence and maintain their personal and social friendships through flexible visiting hours and established links with community life. Residents' social and physical independence needs are identified initially, regularly reviewed and physical, social and lifestyle strategies are actioned to support their independence. Residents socialise through regular happy hours and independence is fostered through bus trips to places of interest and outings to community venues and events. Staff confirmed they encourage residents to be independent where possible with their daily activities and an occupational therapist has assisted residents with adaptive meal aids. Community links have been established with schools, community groups and churches; residents can access petty cash through a trust fund. Residents confirmed that they are encouraged and supported to maintain their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home demonstrates each resident's right privacy, dignity and confidentiality is recognised and respected through staff education and adherence to privacy policies and procedures. Resident rights are documented and explained to them before and after they move into the home and are acknowledged in residents' privacy consent forms. Residents live mostly in single room accommodation, have a lockable drawer, may entertain their friends and visitors in quieter sitting areas if desired, and their confidential information is securely stored. Staff reported they ensure the privacy and dignity of residents through respecting confidentiality, using residents' preferred names and attending to residents' care needs behind closed doors. Residents confirmed staff are respectful of their privacy and dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents are supported to participate in a variety of activities of interest to them and their suggestions are encouraged and actioned as appropriate. The lifestyle coordinator consults with all new residents to identify their social profile and leisure interests. Care plans are documented and have been reviewed and updated to reflect residents' preferred interests and needs. Lifestyle staff develop a monthly activity program for the nursing home and co-located hostel reflective of residents' interests and participation levels are recorded. Activities include entertainers, bus trips, music/singing, guest speakers, quizzes, cooking, exercises, craft, happy hour and one to one conversations. Volunteers visit residents, a complementary therapist provides massages, spa baths and doll therapy and a sensory room is available to assist relaxation. Residents have access to a computer, books, magazines and jigsaw puzzles on tables to stimulate conversation and encourage socialisation with other residents, staff and visitors. Residents and representatives confirmed satisfaction with the lifestyle program.

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, cultural and spiritual beliefs are valued and fostered. Residents' cultural and spiritual needs are identified through their lifestyle assessment and religious advisors are organised as desired and welcome to visit. Welfare and pastoral care workers are available to visit and this support is arranged as required. Church groups visit, and non denominational religious services are conducted regularly. Cultural food preferences are identified, days of individual or cultural significance are recognised and celebrated in accordance with residents' preferences. Residents are satisfied with the support provided to maintain their cultural and spiritual beliefs and customs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents and their representatives are assisted to participate in choice and decision making regarding residents' care and lifestyle to ensure their individual preferences are respected. Residents' personal preferences and needs are identified upon entry to the home and authorised powers of attorney are documented and respected. Residents are encouraged to personalise their rooms and can choose to participate in activities in accordance with their choices and preferences. The residents' handbook contains information on rights and responsibilities and audits and feedback from meetings and feedback forms monitor satisfaction. Residents and representatives stated satisfaction with being able to make independent choices and decisions.

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 systems to support residents in their security of tenure and to inform them of their rights and responsibilities. All residents or representatives are offered the opportunity to sign a residential agreement and the agreement format demonstrates the commitment to the provision of appropriate information. The resident agreement reflects legal requirements and includes information on the complaint processes, fees, care and services and rights and responsibilities. The health services aged care finance officer is available to answer questions prior to the resident moving into the home, and prospective residents and/or their families are encouraged to seek independence advice. The Charter of residents' rights and responsibilities is prominently displayed within the home. Residents reported they feel secure in their 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

The home’s continuous improvement system demonstrates that improvements in physical environment and safe systems are ongoing. For a description of the home’s system of continuous improvement refer to expected outcome 1.1 Continuous improvement.

Examples of recent improvements in relation to Standard 4:

- The home identified the lights in residents’ rooms were dim and residents were having difficulty reading. As a result much brighter lights have been installed and management reported resident feedback is very positive.
- Following resident feedback that the legs on sofas were too low, higher chair legs have been fitted to the sofas and management reported residents are satisfied with this outcome.
- After management identified the need for fire wardens to have specific training, a fire warden e-learning competency package was introduced for all registered nurses. Management reported their knowledge has been enhanced and this was evident in the last mock fire drill.
- The introduction of more support for the health services’ infection control coordinator through the creation of part time assistance from two new associate nurse managers. This additional support ensures the expanding needs of the role can be met and that specialist infection control support is still available when the infection control coordinator is on leave.
- Management identified the need to ensure consistency of meal preparation, nutrient content and presentation and to assist residents to choose their meals. To meet this need the home has introduced recipe cards with photographs to show how each meal should be prepared and presented. This is working very well and residents who have difficulty selecting their menu choices can identify their meal preferences by looking at the photographs of the meals.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a system for identifying and monitoring relevant legislation, regulations and guidelines in relation to physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for a description of the home’s regulatory compliance systems.

Examples of how the home’s systems ensure regulatory compliance relative to Standard 4:

- Occupational health and safety policies are implemented, are reflective of current legislation, staff are informed, trained and their practices monitored to minimise safety risks.
- All staff are trained in emergency procedures.
- Essential services equipment is appropriately monitored and maintained.
- A food safety plan is implemented and is reflective of requirements; the third party kitchen audit and food premise registration are current.

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

The home has systems to ensure that management and staff have the knowledge, experience and skills to provide a safe and comfortable environment for residents, staff and visitors. Refer to expected outcome 1.3 Education and staff development for further details on the home's education system.

Examples of education and training attended by staff in relation to Standard 4 include:

- fire awareness and evacuation procedure – mandatory
- occupational health and safety and manual handling
- infection control – mandatory
- food safety
- clinical waste.

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, pleasant, comfortable living environment for residents, and environmental and room audits ensure the home is well maintained. The dining and lounge areas and activities room, which are shared with the co-located Lumeah Lodge Hostel, are clean, spacious, well furnished with comfortable lounge and sitting chairs. Residents live mainly in single rooms with ensuites which meet their care and safety needs and are encouraged to personalise their rooms with mementos. Residents can adjust the heating and cooling systems of their rooms to suit their individual needs. There are secure, well maintained courtyards, verandas and gardens for residents to enjoy outdoor activities including walks and gardening. Residents confirmed satisfaction with their environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Policies and procedures guide safe work practices to ensure a safe working environment and staff are educated through orientation, ongoing health and safety training and feedback. The home has an occupational health and safety sub-committee and is supported by an organisational executive health and safety committee. The engineering services and safety manager, who oversees occupational health and safety reports to the committee, which reviews and monitors key performance indicators and develops and implements quality initiatives. Health and safety information is displayed, there are processes for hazard and risk identification, the home maintains a spill kit, material safety data sheets and chemicals, are securely stored. Issues are identified through regular environmental checks and audits, incidents, observation and hazards and strategies are developed to minimise risk and re-occurrence. Staff confirmed appropriate training including manual handling, bullying and harassment, the availability of appropriate equipment and demonstrated an understanding of safe work practices.

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

Systems to ensure emergency risks are minimised including fire detection and fire fighting equipment, clear exit signs, evacuation maps and accessible emergency procedure plans. There are processes to manage external threats include severe weather warning, all the fire alarm systems and fire fighting equipment are tested as required and compliance is monitored. Fire and evacuation training is annual and compulsory and includes online fire and emergency and fire warden competencies and mock drills. Emergency procedures cover various emergency situations and emergency procedures are discussed at orientation for new staff and temporary/casual staff. A resident evacuation list with mobility status is maintained, emergency exit paths are clear, evening and night staff have duress alarms and the building is secured in the evening. Staff confirmed compulsory training in fire and emergency, mock drills and knowledge of emergency procedures. Emergency procedures have been discussed with residents and representatives and residents expressed confidence in staff skills and knowledge in the event of an emergency.

4.7 Infection control

This expected outcome requires that there is "an effective infection control program".

Team's findings

The home meets this expected outcome

The home has an infection control policy and program with equipment accessible for the prevention and management of any infectious outbreaks. Infection control surveillance and staff and resident vaccination records are documented. Preventative measures include mandatory education for all staff and volunteers with respect to infection control. Sanitisers are located outside residents' rooms as well in strategic positions throughout the home. An infection control registered nurse ensures the immediate management of any outbreaks. The

home maintains a waste management system and a pest control program. Staff stated and observation confirmed they have access to personal protective clothing and equipment. There was a demonstrated awareness of infection control procedures relevant to work areas. Staff confirmed infection control education and sufficiency of personal protective equipment.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hospitality services are provided in accordance with infection control and food safety regulatory compliance. Generous helpings are provided with a variety of foods presented. Meals are cooked fresh offsite each day at a sister facility and delivered twice daily. These services are monitored through feedback forms, audits, surveys and meetings. Breakfast, sandwiches, salads and snacks are all prepared on site. Food handling training certification is mandatory. An annual education day is allocated for updating staff in relation to food handling, kitchen, cleaning and laundry practice requirements. Cleaning is provided daily. Personal laundry is done on site including clothing labelling and ironing, with all other laundry done off site. Residents and representatives expressed satisfaction with the hospitality, cleaning and laundry services offered by the home.