



Aged Care
Standards and Accreditation Agency Ltd

Domain Florence Tower

RACS ID 0836

9 Florence Place

Tweed Heads NSW 2485

Approved provider: Domain Aged Care 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 5 November 2015.

We made our decision on 2 October 2012.

The audit was conducted on 21 August 2012 to 23 August 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

Domain Florence Tower 0836

Approved provider: Domain Aged Care Pty Ltd

Introduction

This is the report of a re-accreditation audit from 21 August 2012 to 23 August 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 21 August 2012 to 23 August 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:	Elizabeth White
Team member/s:	Karen Thurecht

Approved provider details

Approved provider:	Domain Aged Care Pty Ltd
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Details of home

Name of home:	Domain Florence Tower
RACS ID:	0836

Total number of allocated places:	120
Number of residents during audit:	112
Number of high care residents during audit:	102
Special needs catered for:	Residents with dementia and related conditions

Street/PO Box:	9 Florence Place	State:	NSW
City/Town:	Tweed Heads	Postcode:	2485
Phone number:	07 5590 2800	Facsimile:	07 5590 2999
E-mail address:	Glynis.Laffy@domainprincipal.com.au		

Audit trail

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

Interviews

	Number		Number
Facility Manager	1	Residents/representatives	15
Quality Manager	1	Physiotherapist	1
Clinical managers	2	Lifestyle staff	2
Care staff	4	Chef/Catering staff	5
Registered/qualified staff	6	Laundry staff	3
Administration assistant	1	Cleaning staff	3
Hospitality Manager	1	Maintenance staff	1

Sampled documents

	Number		Number
Residents' files	12	Medication charts	35
Residential care agreements	2	Personnel files	6

Other documents reviewed

The team also reviewed

- Absconder identification form
- Activity schedules
- Activity participation records and evaluations
- Admission documents and enquiry pack
- Allied health referral folder
- Annual prudential compliance statement
- Assessment schedule-new resident
- Audits
- Case conference records
- Cleaning schedules
- Communication book
- Complex pain assessments
- Compliments and complaints folder
- Compulsory reporting flowchart
- Controlled drug registers
- Cultural, recreational and personal preferences
- Dietary needs and preferences
- Dietitian review report forms

- Dietitian's report - menus
- Disaster plans
- Doctors lists
- Duties lists
- Education calendar and programs
- Evacuation list
- Fire management folder
- Food and fluid monitoring charts
- Food safety manual
- Food safety temperature records
- Handover sheets-weekly
- Hazard forms
- Incident folder (residents)
- Incident management graphs
- Infection control data
- Maintenance book
- Material safety data sheets
- Meeting minutes and memos
- Menus
- Monthly clinical indicators
- Newsletters
- Nurse initiated medication lists
- Pain monitoring logs
- Police check matrix
- Recruitment policies and procedures
- Refrigerator temperature records
- Residents' handbook
- Residents' information package
- Risk assessments
- Risk management folder
- Staff handbook
- Staff incidents
- Staff signature register
- Staff training and education records
- Staffing information
- Surveys
- Three monthly resident reassessment schedules

- Weight charts
- Wound charts

Observations

The team observed the following:

- Activities in progress
- Activities schedules on display
- Catering processes
- Chemical storage
- Comments and complaints processes displayed
- Emergency exits and routes of egress
- Equipment and supply storage areas
- Evacuation signage
- File and information storage areas
- Food storage
- Hand washing facilities and practice
- Information brochures and notices
- Interactions between staff and residents
- Living environment
- Meal and beverage services
- Medication storage and medication administration
- Outbreak box and spill kits
- Personal protective equipment in use
- Sharps and waste disposal
- Sign in/out book

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

Domain Florence Tower (the home) identifies, implements and evaluates continuous improvement activities through suggestion forms, internal audits, incidents and hazard recording, clinical indicator data, and individual and group meetings. Improvements are logged and discussed at relevant meetings, and actions are planned and monitored before being evaluated through to completion. Stakeholders are provided feedback via correspondence, noticeboards and meetings. Residents/representatives, staff and contracted staff are aware of ways to raise improvement requests and to contribute to the home's continuous improvement.

Examples of improvements related to Standard 1 include:

- A system for collecting and reviewing clinical indicator data has been implemented at the home. Incident data is entered into an electronic system to generate monthly reports, including trends. The reports are discussed at the monthly quality committee meeting and strategies to minimise the impact of incidents are identified. Management report this system increases visibility of trends and the capacity to monitor clinical governance.
- Review of the system for managing external service providers identified the need for increased monitoring at the home. A system was implemented including maintenance of service agreements, certifications, police checks and evaluation of service provision at the home as well as organisational level. Management report this has increased the opportunities for staff and residents to be involved in the monitoring and evaluation of external provider service provision.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the Accreditation Standards. Policies and procedures are updated to reflect change and are accessible electronically and through information from management. Compliance with legislation is monitored through audits, surveys and observation of staff practice. Staff are informed of relevant changes through meetings, education sessions, memoranda, communication books and notice boards. The home ensures relevant individuals have been screened through a current criminal record check

and monitors for three yearly updates. Residents/representatives were informed of the accreditation audit through correspondence, meetings and notice boards.

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 maintains a comprehensive education schedule including mandatory training, in-service training sessions and self-directed learning packages. Staff are encouraged and supported to attend external learning opportunities. Internal and external education sessions are communicated to staff via education calendars, meetings and notice boards. Education opportunities are identified via meetings, feedback mechanisms and the changing needs of residents. Management monitor the skills and knowledge of staff through audits, observation of staff practice, attendance at mandatory education and via incident and hazard monitoring. Staff demonstrate skills and knowledge relevant to their roles and are satisfied with the support they receive from the home to identify and develop their skills. Education relevant to Standard 1 includes but is not limited to, accreditation standards, internal management systems, processes and human resource information.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Residents/representatives are aware of how to access the complaint mechanisms within the home. Management and key personnel provide opportunities for residents/representatives to voice concerns and maintain an open door policy. Complaints are captured through individual or group meetings and management provides either verbal or written feedback to the complainant until closed. Changed processes or requirements to manage the complaint are communicated to relevant staff. External complaints information is displayed and available for residents/representatives to access.

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's mission and philosophy are documented and displayed throughout the home. New residents, staff and other stakeholders are informed about the home's philosophy, mission, values and commitment to quality through information handbooks, staff orientation processes and on an ongoing basis.

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

Employment processes at the home include the selection, appointment and orientation of staff. An orientation program includes mandatory training and staff receive 'buddy' shifts and training specific to their role. Staff skills and knowledge are monitored and supported through educational opportunities identified at annual performance appraisals, competency assessments, audits and attendance at education/training. Staff obtain a current criminal history clearance prior to commencement of work and alerts are provided to staff prior to expiry. To ensure there is appropriate and adequate staffing for all shifts the home maintains a roster which is reviewed regularly in response to the changing care needs of the residents. Planned and unplanned leave replacements are maintained from the home's current staffing numbers or agency staff. Residents are satisfied that their needs are met by appropriately skilled staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Processes to ensure there are appropriate goods and equipment available for service delivery include key personnel responsible to maintain stock levels and ordering procedures. Equipment needs are identified by management, staff and health professionals and are based on the needs and preferences of residents. Equipment and stock for specialised health and personal care, resident lifestyle, catering, support services and maintenance is monitored in line with food safety requirements, infection control and occupational health and safety practices. Equipment is maintained via preventative and/or corrective maintenance. Residents/representatives and staff are satisfied that adequate stocks of goods and equipment are provided by the home.

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

Systems and processes ensure that management, staff and residents/representatives have access to, and use of accurate and appropriate information. Processes to provide information to relevant stakeholders include written and electronic correspondence, individual and/or group meetings and memoranda that are distributed and displayed. The home has archiving procedures including destruction of documents to ensure that confidentiality and privacy is maintained when handling information. Electronic information is password protected with access restricted to appropriate personnel. Information is stored in established areas within the home. Monitoring of the information management system occurs through internal auditing processes as well as staff and resident/representative feedback. Sufficient information is provided to staff to enable their duties to be carried out effectively. Residents/representatives

are satisfied that the communication of information is timely and that management provides them with the information to make informed decisions.

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

Residents/representatives, staff and management are satisfied with the external service contractors providing the home's care and service needs. Service agreements and contracts with providers outline the home's requirements and the quality of service to be provided. External providers have a current criminal record check as required. The home has contracts with external services including cleaning, laundry, continence products, medical supplies, chemicals and catering.

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

Examples of improvements related to Standard 2 include:

- Transition to a new clinical care documentation system has led to the implementation of a program to re-assess all residents' clinical care needs and consolidate all clinical documentation. Clinical management report this process has increased the currency of assessments and the timeliness of follow-up care.
- A review of mobility and dexterity systems has led to the appointment of a full time physiotherapist and a full time physiotherapy aide. These roles have contributed to the implementation of a falls management committee, a daily exercise program, gymnasium activities, massage and walking activities. Management report this has reduced falls incidents and assisted in minimising pain 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

Refer to expected outcome 1.2 Regulatory Compliance for information about the home's systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to health and personal care. Management and staff are aware of their responsibilities in relation to the provision of specified care and services and the notification of unexplained absences of residents.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and Staff Development for information about the home's systems and processes to ensure staff have appropriate knowledge and skills. The

home provides ongoing education and training for staff in relation to health and personal care services, management and staff demonstrate knowledge and skills relevant to their roles in relation to promoting residents' physical and mental health. Education relevant to Standard 2 includes medication management, pharmaceutical information and specific health related issues for resident care.

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 appropriate to their individual needs and preferences. The home uses the organisational framework for assessment, planning, delivery and evaluation of residents' care needs and interventions. Processes identify and assess residents' initial and ongoing clinical care needs and preferences from a range of sources, with assessment information reflected in individual care plans. Clinical care outcomes are monitored through regular care plan evaluations, clinical audits and resident/representative feedback. Two clinical managers provide clinical governance and monitor residents' status on a daily basis. Staff demonstrated understanding of individual resident's care needs and report that communication processes, including recently enhanced shift handover format inform them of changes in residents' care requirements. Staff practices are monitored for compliance with the home's processes and procedures. Residents are satisfied with the care provided to meet their health and personal care needs

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 nursing care needs are provided by appropriately qualified staff available on site 24 hours per day. Information from initial and ongoing assessment processes is reflected in residents' care plans and specialised care documentation located in all areas of the home. The home monitors outcomes of specialised care through regular review/evaluation, resident feedback and consultation with external nursing specialists and individual resident's medical officer. Access to clinical resource material and specific education and training assist staff to care for residents with specialised needs; appropriate equipment and supplies are available. Staff practices are monitored for compliance with the home's policies and procedures and for skill levels. Residents/representatives are satisfied with care provided at the home and the support received with specialised nursing care needs

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 have access to a range of health specialists according to their assessed needs and preferences. Services are provided both internally and externally by the home's contracted staff and/or external consultants. Initial and ongoing assessment processes

identify individual resident's need for other health and related services; appropriate referrals are initiated by registered nurses or the resident's medical officer. The outcome of referrals is documented, with any necessary care changes incorporated into relevant care plans. Effectiveness of care is evaluated through established clinical care evaluation processes and resident feedback. Residents/representatives are satisfied with access to other health specialists and the choices available.

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

The home has policies and procedures, appropriately qualified staff and ongoing review systems to ensure safe and correct management of residents' medication. Initial medical and nursing assessments identify individual resident's need for assistance and residents' ability to self medicate if/when this is appropriate. Medication prescribing, dispensing and storage processes and procedures are according to legislative and regulatory requirements. Residents' medications are reviewed regularly by their attending medical officer and annually by an accredited pharmacist. Management monitor/evaluate medication management processes and practices through investigation of staff and pharmacy related medication incidents, audits, observation and discussion at relevant meetings. Staff development processes include annual reassessment of medication management knowledge and skills and relevant ongoing education; staff demonstrated appropriate practice during medication rounds. Residents are satisfied with the assistance provided to manage their medication.

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 pain management needs of residents are identified through initial and ongoing assessment processes; use of verbal and non verbal assessment tools ensures that interventions are appropriate for the type and intensity of pain. Individual pain management care plans reflect residents' personal preferences and strategies identified as effective in reducing pain. The home's pain management program includes assessment by the physiotherapist who documents interventions such as gentle exercise, massage, heat therapy and positioning. These interventions are additional to use of prescribed medication and provision of appropriate emotional support. The physiotherapy aide (an exercise physiologist) works with the physiotherapist to implement planned interventions. Monitoring and evaluation processes identify when existing management strategies are ineffective, the occurrence of new pain and/or the need for additional health professional referrals. Residents/representatives are satisfied with the help and support provided to assist residents to remain as free from pain as possible.

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

The home has ongoing review and evaluation systems to provide appropriate care and comfort for residents at the end of life. Initial and ongoing assessment processes and discussion with residents and representatives enable residents’ preferences relating to palliative care to be identified. As individual resident’s clinical status changes, their needs, preferences and required care interventions are documented in palliative care plans; these guide staff practice, together with advice from external specialist services as required. Care processes involve a range of health care professionals, supportive personnel and family members; monitoring processes ensure that resident’s physical, emotional and spiritual needs and preferences are identified and met. Staff receive palliative care education, staff practices are monitored for compliance with the home’s procedures and to ensure care provided maintains the dignity and comfort of dying residents. Staff demonstrate awareness of care interventions required to provide comprehensive care and comfort for dying residents and support for their families.

2.10 Nutrition and hydration

This expected outcome requires that “residents receive adequate nourishment and hydration”.

Team’s findings

The home meets this expected outcome

Residents receive nourishment and hydration according to their assessed needs and preferences. Initial and ongoing assessment, review and evaluation processes identify dietary requirements including any food allergies and special dietary needs. This information is reflected in individual care plans, relevant communication processes ensure current information is transferred to the kitchen and to the home’s individual kitchenettes in a timely manner. We observed care interventions including assistance with meals, provision of thickened fluids and texture modified diets. Referrals to the speech pathologist and/or dietitian are made as required. The home monitors care outcomes through regular recording of residents’ weight, audits and three monthly care plan evaluations. Results show that deficiencies in residents’ nutritional requirements/status are investigated and actioned. Staff practice is monitored for compliance with the home’s procedures and reporting processes. Residents/representatives are satisfied that their/their relative’s nutrition and hydration needs are being met.

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

Initial and ongoing assessment, review and evaluation processes identify residents’ skin integrity status and the potential for skin breakdown. Individual care plans document risk factors and interventions aimed at maintaining skin integrity consistent with the resident’s general health. Care outcomes are monitored through three monthly care plan evaluations and investigation of incidents involving breaks in skin integrity. Wound care processes

include initial and ongoing assessment, review of progress towards healing, referral to external wound care specialists when required and evaluation of interventions. Staff practice is monitored for compliance with the home's procedures and with individual resident's care needs. The incidence of injury/pressure ulcers/skin tears is captured and causative factors identified. Staff receive training in correct manual handling techniques and skin care, and demonstrate awareness of interventions necessary to maintain skin integrity as residents' frailty increases. Residents/representatives are satisfied that skin integrity is consistent with residents' general health.

2.12 Continence management

This expected outcome requires that "residents' continence is managed effectively".

Team's findings

The home meets this expected outcome

Continence assessments for individual residents to identify the nature and level of any incontinence are part of entry processes. Information gathered is used to inform development of residents' continence programs and care plans. Ongoing monitoring of care outcomes includes regular care plan evaluation, audits and accessing resident feedback. Increased incontinence prompts reassessment and investigation of potential causes. Staff training and ongoing review processes enable prompt identification of risk factors such as urinary tract infections and/or constipation. Individualised programs to manage/prevent constipation include measures such as dietary interventions and administration of prescribed medication. Sufficient supplies of appropriate continence aids are available and staff practice is monitored for compliance with the home's procedures and individual care plans. Residents are satisfied with the level of assistance and aids provided to manage their continence

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

Interventions are implemented to minimise residents' demonstrated challenging behaviours, manage the potential for such behaviours and to protect the safety and rights of the resident and others. Ongoing assessment, review and evaluation processes aid identification of triggers and interventions to effectively manage specific behaviours such as aggression, intrusion and agitation. Individual care plans reflect assessment information and input from representatives, the resident's medical officer and relevant external services. Prescribed medications are administered as required. Care outcomes are monitored through observation, regular care plan evaluations, reassessment and recording/analysis of behaviour incidents; results show that interventions consistent with documented care plans are effective. Clinical staff and the secure unit's activity officer demonstrated understanding of appropriate interventions to care for individual residents. Staff practices are monitored for compliance with the home's procedures and mandatory reporting requirements. Residents and representatives are satisfied with the management of challenging behaviours and report they feel safe and secure in their environment.

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

Processes including initial and ongoing assessments by the physiotherapist and registered staff identify individual resident's specific mobility, transfer and therapy needs. Individualised care plans include manual handling instructions, level of falls risk and interventions to promote optimal function and minimise functional decline. Residents are assisted to select mobility aids appropriate to their needs; care staff initiate passive exercises with residents during daily care routines and facilitate individual exercise programs in conjunction with the physiotherapist and physiotherapy aide. The use of appropriate manual handling techniques and strategies to prevent /minimise resident falls, assist residents to achieve and maintain optimal mobility. Care outcomes are monitored through regular care plan evaluations, investigation and analysis of resident falls and resident feedback. The recent appointment of a full time physiotherapist has enhanced management of residents' mobility. Residents/representatives are satisfied with the level of support and assistance provided to maintain residents' optimum levels of mobility and dexterity.

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' oral and dental needs are identified through initial and ongoing assessment, review and evaluation processes. The level of assistance required to maintain residents' oral and dental health is included in individual care plans documenting the presence of dentures or residents' own teeth and specific care strategies required. Oral hygiene is provided as part of residents' daily personal care processes. Outcomes of oral care are monitored through reassessment, regular care plan evaluations and through reports following referrals to dental services. Oral care equipment and products are available to provide oral care for residents, including those at the end stage of life. Staff practice is monitored to assess compliance with the home's procedures and individual resident's oral care requirements. Residents/representatives expressed satisfaction with the level of support and assistance provided to maintain residents' oral and dental care.

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 impairments and associated needs are identified through initial and ongoing assessment processes. Individual care plans, provision of assistive devices, modification of the environment and assistance with activities of daily living support residents with sensory loss. A range of care strategies and referral to relevant specialists are implemented as required. Care outcomes are monitored through resident feedback, three monthly care plan evaluations and audits. Staff demonstrate awareness of individual resident's sensory impairments and cares required; monitoring of staff practice shows that

care is provided according to documented care plans. Residents and representatives are satisfied that staff are sensitive to residents' sensory losses and assist them as required.

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

Initial and ongoing assessment processes identify residents' sleep patterns, settling routines and personal preferences. Individual care plans document interventions to help residents achieve and maintain natural sleep. Night routines at the home maintain an environment that is conducive to sleep, staff implement support and comfort measures and administer prescribed medication if required. Ongoing assessment, planning and evaluation processes and resident feedback monitor the effectiveness of care interventions. Staff are aware of individual resident's sleep/rest patterns and personal routines and provide additional support for residents with disturbed sleep. Residents report they are able to sleep comfortably and are satisfied with the support provided by 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. In relation to Standard 3 Resident lifestyle, resident meetings and resident surveys are used to gather suggestions. Feedback is regularly evaluated from all lifestyle and care activities. Staff also contribute to improvements to resident lifestyle within regular meetings and encourage and support residents to provide feedback and suggestions.

Examples of improvements related to Standard 3 include:

- In response to feedback from residents and relatives, opening hours of the coffee shop at the home have been increased over the week-end. Residents and relatives report this has increased their opportunities to spend time together outside their usual environment without the disruption of travel.
- In response to a request from residents tai chi has been introduced to the activities program. The tai chi classes are well attended and resident feedback indicates residents are satisfied with the program.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to resident lifestyle. Staff training and monitoring processes are effective in ensuring staff are aware of their responsibilities in relation to compulsory reporting.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s systems and processes to ensure staff have appropriate knowledge and skills. The home provides ongoing training in relation to resident lifestyle and management and staff demonstrate knowledge and skills relevant to their roles in the maintenance of residents’

rights. Education relevant to Standard 3 includes but is not limited to, elder abuse/compulsory reporting, resident rights and responsibilities and privacy and dignity.

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 receive information about the home prior to entry and through orientation processes to assist adjustment to their new environment. Ongoing assessment, planning and evaluation systems identify residents' needs and preferences for emotional support. Individual care plans document care interventions and preferred support mechanisms both internal and external. Family members and friends are welcomed as part of the supportive network and encouraged to visit during residents' transition to life at the home. Care and lifestyle staff provide emotional support for residents and are involved in monitoring care outcomes through reassessment, personal contact with residents and family members, observation and regular care plan evaluation. Residents/representatives report they are satisfied with the support received from staff during their settling in period and with the ongoing support provided by management and staff.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home's system for the assessment, planning and delivery of care and services identifies residents' previous interests and lifestyle as well as their current interests and abilities. The information assists with development of care plans that maximise individual resident's opportunities to maintain independence. Residents are assisted with those aspects of personal care and other activities they are unable to manage unaided; reassessment and care evaluation processes identify additional interventions needed to support individual resident's independent lifestyle. Care outcomes are monitored through resident/representative feedback, observation and regular care plan evaluation. Staff assist residents to maintain their civic and legal rights and to exercise control of their lives to their optimal capacity. Residents report they are encouraged and supported to be independent.

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 established and maintains a supportive environment that protects residents' privacy and dignity. Entry processes provide residents with information about their rights, including their right to privacy; staff are informed of their responsibility to respect residents' privacy and dignity and are informed of confidentiality requirements at commencement of employment. Established administrative processes protect residents' personal information

and identify /address breaches of privacy and confidentiality. Staff practices are monitored for compliance with the home's relevant policies and procedures. Staff described how they respect residents' privacy and dignity and individual preferences while providing care and services and we observed this reflected in their practice. Outcomes of care are monitored through resident feedback, audits and observation of staff practice. Residents/representatives report that staff are courteous and respectful of residents' privacy.

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

Initial and ongoing assessment processes, including completion of a social profile identify residents' past and current leisure interests. Individual care plans reflecting resident's physical, sensory and cognitive abilities and identified interests are developed and regularly reviewed by lifestyle staff. Processes for planning, delivering and evaluating individual and group activity programs consider residents' interests and capabilities including the needs of residents with limited mobility, cognitive and sensory impairment. Staff inform residents of activity programs through established communication processes; activities are monitored and evaluated through resident meetings and surveys, individual feedback, comments and complaints and review of participation rates. Residents report they are able to choose from a range of individual and group activities and that staff assist them to be involved in activities of their choice.

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' specific cultural and spiritual needs are identified through initial and ongoing assessment processes. The information is included in care plans that assist staff to foster and value individual resident's beliefs and customs. Care delivery processes involve pastoral care personnel who provide emotional and spiritual support, residents are assisted to attend religious observances according to their preferences. Catering services at the home are able to provide for residents' specific cultural dietary needs if necessary; celebrations are held to mark days of religious and cultural significance. Outcomes of care are monitored through resident feedback, regular care plan evaluation and complaint investigation processes. Staff receive information to increase their awareness of specific cultural and religious considerations relating to personal care. Residents report that their cultural and spiritual needs and preferences are respected and supported.

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 are provided with opportunities to participate in decision making through processes relating to care planning and delivery and lifestyle choices. Both residents and their representatives are encouraged to be actively involved. Resident's choices are identified through initial and ongoing assessment processes, through resident meetings, surveys, comments and complaints processes and daily contact between staff and residents. Staff respect and accommodate residents' choices, encourage them to be involved in choice of times for daily hygiene cares and evening retiring times and to attend/contribute to resident meetings. Opportunities for residents to exercise their decision making rights are monitored through regular care plan evaluations, resident feedback and surveys. Residents report they are satisfied with choices offered in matters relating to the care and services they receive.

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

Residents and representatives are supplied with written and verbal information regarding care and service provision prior to entering the home. Documents including an information package, residential care agreement and resident handbook provide information about terms and conditions of their tenure, fees and charges, dispute resolution and residents' rights and responsibilities. Key personnel are available to ensure there is shared understanding of the terms of the agreement; ongoing information regarding changes to fees and charges and various legislative considerations is provided. Organisational networks ensure the currency of information about specified care and service obligations, accommodation fees and charges and legislative changes. Residents/ representatives are aware of their rights and responsibilities and are satisfied that their tenure at the home is secure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes. In relation to Standard 4 Physical environment and safe systems, information collected from staff about any hazards, incidents, infections, and the environment is analysed for trends. Staff and residents are satisfied that the organisation actively monitors and improves the physical environment and safe systems.

Examples of improvements related to Standard 4 include:

- An environmental review led to the redevelopment of the dementia courtyard to provide a safe outdoor environment for residents and a place to meet with relatives and friends. Management report that residents utilise the new courtyard and benefit from access to the fresh air.
- Resident feedback led to review of the systems and processes for providing hot water throughout the home. Investigation identified that the temperature of water was being impacted upon by variations in the weather. A new construction was developed to house the hot water system and the supply of hot water is now reliable. Resident feedback indicates that residents appreciate the home’s improvements in this area.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to the physical environment and safe systems. The home’s food safety program has been accredited by council and external audits conducted; a Food Safety Supervisor and a Fire Safety Adviser are available to guide staff practice.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s systems and processes to ensure staff have appropriate knowledge and skills. The home provides ongoing education related to the physical environment and safe systems and management and staff demonstrate knowledge and skills relevant to their roles in

maintaining the welfare of residents, staff and visitors in safety and comfort. Education relevant to Standard 4 includes but is not limited to, mandatory education for fire and emergency response and infection control.

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 living environment is monitored through the reporting and actioning of hazards and the investigation of incidents. The environment and equipment is maintained in accordance with the preventative maintenance schedule, cleaning duty lists and maintenance requests. The residents are encouraged to personalise their rooms with furnishings and decorations. Dining and lounge areas are furnished to provide a safe and comfortable home like environment to support the lifestyle needs of the residents. Security arrangements are in place to ensure a safe environment for residents and staff over night. Residents/representatives are satisfied that management is actively working to provide a safe and comfortable environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Processes and procedures to identify hazards, review safe work practices, evaluate new equipment and provide ongoing education to maintain a safe working environment are identified and the home provides information to direct staff practice. Workplace health and safety information is provided during orientation and staff meetings, annual mandatory training contribute to a safe working environment. Audits and risk assessments, hazards and incidents are logged and discussed at work place health and safety meetings, information is made available to staff through minutes of meetings. Staff are aware of the home's workplace health and safety system, contribute to safety improvements and indicate that management is responsive to providing a safe workplace.

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 documented policies and procedures to manage fire safety, evacuations and other emergencies. Evacuation plans are located across the site in accordance with regulatory guidelines and exits are clear of obstruction. External providers maintain fire systems, equipment and signage. Emergency procedures are documented and available to staff. Mandatory fire safety training and education is provided for staff at orientation and annually and is monitored for attendance. Regular fire drills are conducted and staff have

knowledge of the home's fire and emergency procedures and their role in the event of an alarm and evacuation.

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 to identify and contain potential and actual sources of infection, including in the event of an outbreak. Processes are established for the identification of resident infections and incidents are collated on a monthly basis for analysis and trending. Audits and risk assessments are undertaken and issues relating to infection control are discussed at workplace health and safety meetings and monitored via clinical governance reports and relevant meetings. Staff demonstrate an understanding of infection control practices relating to their area of work. Hand washing facilities are located throughout the home and personal protective equipment is available and used by staff. Items are laundered in a way aimed at reducing the risk of cross infection, safe food practices are followed in the kitchen and cleaning schedules are in place for all areas of the home. Residents/representatives are satisfied with the care provided by the staff in the management of infections and with the cleanliness of the home.

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

Residents expressed satisfaction with the standard of the catering and cleaning as well as laundry services provided at the home. Residents' dietary needs are assessed and identified including allergies, likes, dislikes and cultural preferences which are documented to ensure their individual needs and preferences are met. The home provides freshly cooked meals according to a four week rotational menu developed in consultation with residents. Alternative meal preferences are provided. Residents/representatives are invited to forums to discuss menu issues and residents' satisfaction with the meals is monitored via surveys. There is a scheduled cleaning program which includes duty lists and schedules to guide staff to ensure weekly cleaning of residents' rooms and the environment. Laundry services are provided on-site and personal items are returned to residents within 48 hours.