



Aged Care
Standards and Accreditation Agency Ltd

Edgarley Home

RACS ID 3049

85 Jackson Street

CASTERTON VIC 3311

Approved provider: Edgarley Home Inc

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 January 2016.

We made our decision on 6 November 2012.

The team recommended the home did not meet expected outcome 3.2 Regulatory compliance. Immediately following the audit, the home implemented a number of actions to address reporting requirements and we are satisfied the home now meets this expected outcome.

The audit was conducted on 9 October 2012 to 10 October 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

Edgarley Home 3049

Approved provider: Edgarley Home Inc

Introduction

This is the report of a re-accreditation audit from 9 October 2012 to 10 October 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:

- 43 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 3.2 Regulatory compliance.

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 9 October 2012 to 10 October 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:	Colette Marshall
Team member:	Carolyn Rogers

Approved provider details

Approved provider:	Edgarley Home Inc
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Details of home

Name of home:	Edgarley Home
RACS ID:	3049

Total number of allocated places:	43
Number of residents during audit:	38
Number of high care residents during audit:	32
Special needs catered for:	Dementia specific

Street:	85 Jackson Street	State:	Victoria
City:	Casterton	Postcode:	3311
Phone number:	03 5581 1211	Facsimile:	03 5581 2050
E-mail address:	ceo@edgarley.com.au		

Audit trail

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

Interviews

	Number		Number
Management	3	Residents	7
Registered nurses	1	Representatives	5
Enrolled nurses	4	Catering staff	3
Lifestyle staff	1	Cleaning staff	1
Care staff	3	Maintenance staff	1
Administration assistant	1		

Sampled documents

	Number		Number
Residents' files	6	Medication charts	15
Lifestyle care plans	5	Personnel files	5
Resident agreements	5	External contracts	4

Other documents reviewed

The team also reviewed:

- Action plans
- Activities planner/ attendance records
- Advance care planning and palliative care records
- Allied health referrals
- Audit schedule/results
- Changes to care plans register
- Clinical observation charts
- Comments and complaints
- Continuous improvement plan
- Diabetic management records
- Dangerous drugs register
- Education records, competency assessments and attendance records
- Emergency management plan
- Environmental audits
- Fire system testing records
- Food safety documentation, menu, food safety audit results and registration
- Hazard forms
- Improvement forms

- Incident reports, registers/trend analysis
- Infection surveillance and outbreak management documents
- Mandatory education register
- Mandatory reporting register
- Material safety data sheets
- Meeting minutes
- Memorandum
- Newsletter
- Police certificate register
- Policies and procedures
- Position descriptions and duty lists
- Preventative maintenance plan
- Professional registrations
- Recruitment policies and procedures
- Refrigerator temperature monitoring charts
- Residents/staff surveys
- Residents' dietary preference lists
- Residents' handbook and information package
- Restraint authorisations
- Roster
- Self-administration medication assessments
- Staff handbook, orientation information
- Test and tag records
- Unplanned maintenance requests
- Weight management records
- Wound charts.

Observations

The team observed the following:

- Activities in progress
- Chapel
- Cleaners storerooms, trolleys and chemical storage
- Complaints information
- Dental care equipment
- Document storage and records management
- Emergency plans
- Equipment and supply storage areas
- Fire exits/egress/equipment

- Hand washing stations/hand sanitisers/personal protective equipment
- Interactions between staff, residents and relatives
- Living environment
- Meal service and staff assisting residents
- Medication administration, trolley, storage and disposal systems
- Menu on display
- Noticeboards
- Residents receiving assistance
- Safety signs
- Sign in out register
- Suggestion boxes.

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

Management actively pursues continuous improvement across the Accreditation Standards including management systems, staffing and organisational development. Mechanisms used to identify continuous improvement include audit results, incidents reports, improvement forms, comments/complaints and meetings. The continuous improvement plan outlines actions, progress and evaluation of planned improvements. Evaluation and ongoing monitoring of improvements occurs through audits, observation, and feedback from staff, residents and representatives. Staff report they are encouraged to contribute to improvements and are involved with changes. Residents said they make suggestions for improvements and the home keeps them informed through meetings, informal discussions and newsletters.

Recent improvements in relation to Standard 1 Management systems, staffing and organisational development include:

- Due to the difficulty in recruiting qualified staff to the isolated local area, management initiated a program to provide training for existing staff to upgrade their skills, examples include two enrolled nurses have completed registered nurse qualifications, four personal care attendants have upgraded to enrolled nurse. This has resulted in an increased number of qualified staff to meet resident care needs.
- As a result of a management initiative a new telephone system with improved capabilities has been installed. Staff now have access to voice mail, portable handsets and increased number of call points. Management and staff report this has improved communication between staff.
- Following a review by management an electronic database for renewal of police certificates was generated. This allows an automated reminder to ensure police certificates are renewed in a timely manner.

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 receives regular information and updates on legislation, regulatory requirements and professional guidelines through subscriptions with legal update services, industry associations and notifications from government departments. Processes ensure

relevant policies and procedures are revised when regulations change. Staff receive information on changes to regulations and policy through meetings, memoranda and at education sessions. Systems in place ensure that police checks and renewals are current and valid for staff, volunteers and contractors. Management ensures there is access to internal and external complaint mechanisms, that appropriately qualified staff attend residents and relevant staff have a current professional registration. Residents and representatives confirm they received information about the re-accreditation audit.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The education program ensures staff have the knowledge and skills to perform their roles effectively. Observations, interviews and documents reviewed demonstrated the orientation and education program supports staff knowledge and skills. The education program responds to staff feedback, legislative changes and residents' care requirements. Education includes sessions facilitated by internal and external personnel, mandatory topics and comprehensive competencies relevant to each department. Staff are encouraged and assisted to attend external courses and seminars. Management maintain records on staff attendance and staff evaluate sessions. Staff said they are satisfied with education and training opportunities provided to them at the home.

Examples of education provided under Standard 1 include:

- conflict resolution
- duty of care and negligence
- understanding roles and responsibilities
- women's and men's health.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

There are established mechanisms for residents, representatives and other key stakeholders to access the complaints system. Information about the comments and complaints process and external complaint resolution service is on display in the home and included in the resident information booklet. Confidential suggestion boxes and complaint forms are located in several areas of the home. Management said the majority of complaints are provided verbally or during meetings and are not documented on a complaint form. Documents show response to complaints is appropriate and effective. Residents and representatives said they are able to make a comment or complaint and generally do not like to put it in writing, response by management is timely and they are happy with the response.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has documentation stating the service's vision, mission, values and philosophy of care. Several documents outline this including the information booklet, policies and procedures and the quality improvement system objectives.

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 demonstrated there are generally sufficient numbers of appropriately skilled and qualified staff to provide resident care and services. The organisation bases recruitment on skill requirements outlined in position descriptions. Interviews and reference checks are completed and management provide a comprehensive orientation for new staff. Resources to support staff include position descriptions, duty lists, policies and procedures, handbooks and education. Evaluation of staff performance includes formal performance review, observation, education and competency testing. Adjustment of staff levels occurs to meet resident care needs and there is replacement of staff during periods of leave. Staff report they have sufficient time to perform their roles and are generally satisfied with current staffing levels. Residents and representatives are satisfied with the care and services provided by staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has systems to ensure there are adequate stocks of goods and equipment for quality service delivery. Designated staff undertake monitoring and ordering of supplies and goods are stored in clean secure areas. Processes monitor equipment needs and includes resident and staff feedback. New equipment is trialled prior to purchase and existing equipment maintained in good working condition. The home has a reactive and preventive maintenance schedule and a system for testing and tagging of electrical equipment. Staff, residents and representatives said the service supports the provision of adequate supplies and maintains goods and equipment to meet their needs.

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 has processes to ensure key information is available to all stakeholders. There are established processes for updating resident care information performed by key staff according to a schedule. Mechanisms such as handover, diary records, meetings, memoranda and policies and procedures convey information to staff. Information handbooks, displays, newsletters, meetings and minutes, care consultations and personal contact support the provision of information to stakeholders. Resident and personnel files are securely and confidentiality stored. Archiving and document destruction processes are in place and electronic information backed up daily. Residents and staff confirm they are satisfied with the level of information provided by management and their ability to access information as required.

1.9 External services

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

Team's findings

The home meets this expected outcome

The organisation engages external services to meet the homes needs and goals for resident care and services across a range of clinical and non clinical areas. Service agreements outline the scope and quality of services, registrations, insurances and regulatory compliance obligations. Evaluation of services provided by contractors occurs as required and includes staff feedback. Staff and residents said they are satisfied with the services provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

There are systems and processes to actively pursue continuous improvement .Refer to expected outcome 1.1 Continuous improvement for a description of the home's continuous improvement system. There is a system that demonstrates ongoing improvements in resident health and personal care.

Examples of recent improvements in relation to Standard 2 include:

- Management identified the clinical need to have more timely access to blood and cardiograph tests. This resulted in the purchase of a machine to measure blood coagulation and staff have been trained in venepuncture and cardiograph tests. Management and staff report they now have access to results in a more timely manner for evaluation of residents clinical care and initiation of required treatment.
- Following an evaluation of wound care, management developed a new wound care manual. Introduction of the new manual was supported by staff education. Staff report this has improved consistency of wound care practice and knowledge. Management report that evaluation is in place.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

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

Regulatory compliance in relation to Standard 2 includes:

- medication management according to legislative requirements
- procedures in place for managing unexplained resident absence
- registered nurses oversee care planning and undertake high care needs
- monitoring of professional registrations.

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

For details of the home’s systems for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development.

Examples of education provided under Standard 2 include:

- as required blister pack medication
- chest conditions
- falls prevention
- managing challenging behaviours
- palliative care
- physical and chemical restraint in aged 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 that is appropriate to their individual needs and preferences. Staff undertake initial assessments of residents’ care needs and develop care plans which are comprehensively reviewed every two months or updated as required. Care plans are clear, concise and individualised. Residents’ care planning is in consultation with the resident and their representative, medical officer and health specialists. Progress notes confirm reviews by medical officers and health specialists occur as required and outcomes incorporated into care management. Staff record and investigate clinical incidents and monitor clinical management via audits, checklists and feedback. Management offers regular clinical education to staff to maintain and update skills. Residents and representatives express satisfaction with the care provided and advise they have the opportunity to contribute to care planning through meetings and ongoing communication with staff.

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 have their specialised nursing care needs identified, planned and provided by appropriately qualified nursing staff. This includes initial and ongoing assessments and regular review and evaluation of care. There are procedures and guidelines available to assist staff in the management of specialised nursing care and observations confirmed sufficient resources and equipment are available. Specialised nursing care includes diabetes management, catheter care and intravenous medication. The home has access to clinical specialists and medical officers for advice and education and competencies occur in areas of

complex care. Care plans describe specific needs and instructions to manage care. Monitoring of specialised nursing care occurs through care plan reviews, audits and feedback from residents. Residents confirm their satisfaction with specialised nursing care provided.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Nursing staff ensure referrals to appropriate health specialists occur in accordance with residents’ needs and preferences. Identification and documentation of residents’ preferred health specialists occurs on entry. A range of health specialists routinely visit the home and referrals occur in a timely manner when required. Staff also assist residents to attend local external appointments as required. Review of residents’ care plans, progress notes and other documentation confirmed referrals for assessment, treatment and review occur promptly with outcomes of visits well documented. Residents report satisfaction with the arrangements for referral to appropriate health specialists.

2.7 Medication management

This expected outcome requires that “residents’ medication is managed safely and correctly”.

Team’s findings

The home meets this expected outcome

Management of the home has a system to ensure safe and correct management of residents’ medication. Enrolled nurses and care staff administer medications according to medical officer prescribing and under the supervision of registered nurses. Management provides administering staff with opportunities to maintain their medication competency annually. Staff and medical officers assess residents who choose to self-administer and regular reviews occur. Medication management monitoring processes include audits, monitoring of staff practices and an incident reporting system. A medication advisory committee meets regularly and monitors current practices and policy development. We observed medications securely stored with processes for ordering, receiving and disposal of medications. Residents said staff administer medications in a safe and timely manner.

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

Ongoing assessment ensures residents are as free as possible from pain. Pain assessments take place using observation, discussion and assessment forms, including appropriate assessment of residents with impaired cognition. Care plans record specific interventions to manage pain and alternative strategies to medication are trialled. These include repositioning of the resident, massage and the application of heat-packs. The home monitors residents with increased levels of pain. Interventions and referrals to medical officers occur as required. Progress notes demonstrate staff have an awareness of residents’ pain needs and interventions occur in a timely manner. Residents said they are satisfied with the approach to pain management.

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

Consultation with residents and representatives regarding palliative care wishes occurs on entry to the home. Staff encourage residents and/or their representatives to complete an advanced care plan to reflect residents’ wishes regarding end of life care. Nursing staff assess residents’ ongoing care requirements as necessary in consultation with medical officers, residents and representatives. Management provides education about managing the palliative care needs of residents and staff have access to appropriate health specialists for advice and assistance. Visiting clergy are available to provide comfort and support and families are encouraged to be involved in care. Staff described a range of interventions they employ when caring for terminally ill residents to ensure their pain is managed and their comfort and dignity 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

Residents’ nutritional and hydration needs are assessed to identify specialised diets, allergies and individual preferences. Nursing staff develop a care plan, communicate dietary information to the kitchen and there is a process to ensure this information remains current. Nursing staff monitor residents for adequate nutrition and hydration through the regular checking of residents’ weight. Staff implement strategies for weight management such as high energy foods, modified textures and meal supplements where indicated. The dietitian reviews residents with unplanned weight loss/gain and documents recommendations for staff to follow. A range of texture modified meals, thickened fluids and adaptive cutlery and crockery is available for all meals. We observed residents enjoying their meals in a relaxed and sociable environment. Residents state they are satisfied with the quality and quantity of food and drinks provided.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The assessment of residents’ skin integrity, including identification risks occurs when residents move into the home and on an ongoing basis. Skin care plans are developed and include personalised interventions to maintain skin integrity. Staff describe residents’ skin care needs and provide skin integrity aids including air mattresses, repositioning and wool booties. Documentation of residents’ skin integrity incidents occur and appropriate treatment commenced. Residents with skin integrity breakdown have wound dressing charts completed using contemporary dressing protocols and reviewed by registered nurses. Residents state they are satisfied with the skin care provided.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents receive continence care that is appropriate to their needs and preferences. Processes include an initial continence assessment, care planning and ongoing review of residents’ needs. Care planning includes identifying individual needs and preferences, establishing toileting patterns, dietary needs, medication strategies and the use of the appropriate aids. Interviews with staff confirm they have access to education, adequate supplies of continence aids and provide residents with toileting programs as required. Care plan reviews occur every two months and evaluation includes monitoring of aid use and obtaining feedback from residents and staff. A continence nurse provides education and support to staff and reviews residents as required. Residents’ state staff assist them in a timely and discreet manner.

2.13 Behavioural management

This expected outcome requires that “the needs of residents with challenging behaviours are managed effectively”.

Team’s findings

The home meets this expected outcome

The home has a system to manage residents’ challenging behaviour. Staff undertake assessments and record effective interventions in care plans. Behaviour assessments monitor types of behaviour, triggers and strategies to prevent or manage behaviours. Staff have access to health specialists for support when developing strategies for managing residents’ challenging behaviours. Residents are encouraged to participate in the activities program and we observed staff interacting in a supportive manner. Staff gave examples of strategies to assist in modifying residents’ behaviours including redirection, maintaining a calm environment and reassurance. Residents and representatives’ state staff manage the needs of residents with challenging behaviours sensitively and effectively.

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 has an effective system to achieve optimum levels of mobility and dexterity for residents. The physiotherapist in collaboration with nursing staff assesses residents’ mobility, dexterity, transfer needs and level of assistance with activities of daily living to maximise independence. Care plans include types of mobility aids, details for assistance, transfer strategies and falls prevention strategies. Residents have access to appropriate assistive devices and staff carry out exercise programs. All falls incidents are reported, actioned and analysed for trends. Staff gave examples of falls prevention strategies including minimising clutter, correct footwear and providing timely and appropriate assistance. Residents state they are pleased with the management of their mobility.

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 receive oral and dental care that is appropriate to their individual needs and preferences. Staff assess residents’ oral and dental health and care plans contain details of daily care needs. Staff observation and resident feedback monitor residents’ ongoing oral and dental needs. Staff identify residents at risk of poor oral health and strategies for management are included in care plans. We observed dental aids in good condition, appropriate mouth care supplies and an aid replacement schedule. Staff provided examples of how they assist residents with their oral and dental care. Residents confirm staff assist them to maintain their oral and dental health.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Staff at the home identify and manage residents’ sensory needs. Staff assess residents’ five senses on entry to identify interventions to manage sensory loss. Care plans include preferred specialists, use and types of aids, level of staff assistance and measures to optimise sensory functions. Specialists attend the home for reviews when requested. The lifestyle program includes sensory activities to cater for individual needs and staff modify programs to ensure residents’ participation. Sensory stimulation for residents includes massages, music, gardening and walks. Residents’ state staff assist them with the maintenance and fitting of sensory aids.

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

Assessment processes and care planning assist residents to achieve natural sleep patterns. Staff complete sleep assessments on entry to determine usual rising times, environmental preferences and settling routines. Care plans contain individual preferences and care evaluation occurs from staff observations and residents’ feedback. Staff interviewed gave examples of residents’ routines including preferred settling times, continence care, warm drinks, snacks, reassurance and pain relief. Progress notes confirm staff provide interventions to assist residents to settle if they are disturbed during the night. Residents said the home is quiet at night, they sleep well and staff provide assistance if required.

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

There are systems and processes to actively pursue continuous improvement .Refer to expected outcome 1.1 Continuous improvement for a description of the home’s continuous improvement system. There is a system that demonstrates ongoing improvements in resident lifestyle.

Examples of recent improvements in relation to Standard 3 include:

- Following an initiative by lifestyle staff a memorial service is held in the home after a resident has passed away. The service includes poems, prayers and with family permission the eulogy from the funeral is read out. Residents, staff, families and friends are invited to attend to pay tribute to the resident. Staff said they have received positive feedback from residents who appreciate the opportunity to attend a memorial service in the home.
- As a result of a resident suggestion a portable oven was purchased to allow cooking to be included in the activities program. The oven can be moved to different sections of the home allowing all residents the opportunity to be involved. Staff report two residents who had previously remained isolated are now cooking. Staff said this has other benefits including an additional topic of conversation and enjoyment of food.
- Following staff and resident suggestions, raised garden beds have been installed in the dementia garden area. Residents said they enjoy the gardening and watching flowers, herbs and vegetables grow.

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 does not meet this expected outcome

The organisation has systems in place to identify and ensure legislation is followed however, compliance with this could not be demonstrated. Management and staff could not demonstrate an understanding of their reporting requirements in relation to mandatory reporting of resident assault. Management could not demonstrate ongoing monitoring of this outcome.

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

For details of the home's systems for ensuring management and staff have appropriate knowledge and skills please refer to expected outcome 1.3 Education and staff development.

Examples of education provided under Standard Three include:

- legal issues and managing volunteers
- protecting older people from abuse.

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

Staff undertake assessment of emotional needs when residents move into the home and on an ongoing basis. Emotional support assists residents in adjusting to living in the new environment. Staff encourage residents to decorate their rooms with personal items. Family members are welcomed and invited to participate in the home during the settling in phase and on an ongoing basis. Lifestyle activities are individualised for resident enjoyment and support of emotional needs. Residents said staff were supportive and caring during their transition into the home, the environment is homely and they enjoy living here.

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

Resident's independence is fostered and encouraged. Assessment of independence includes resident's physical, cognitive, emotional, social and financial aspects. Residents with communication, mobility and cognitive difficulties are assisted to maintain independence according to their preferences. Residents maintain friendships in the community and attend community events. The home has strong links with the small rural community and many activities and events are held within and outside the home. Residents said they are assisted to maintain independence and enjoy being able to continue friendships and links with community groups.

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

Residents and representatives said management and staff recognise and respect resident's right to privacy, dignity and confidentiality. Staff are provided with information relating to confidentiality and respect for residents' privacy and dignity through orientation, meetings, education and policy. Staff described ways to promote residents' privacy and dignity such as knocking before entering rooms, addressing residents by their preferred names and ensuring privacy when giving personal care. Files containing residents' personal information are stored in locked areas with access limited to authorised staff and visiting health professionals.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The lifestyle program supports residents to participate in a range of interests and activities according to their choice and includes cognitive, social, emotional and physical aspects. Following entry to the home lifestyle staff complete a profile including family profile, work, social and life history, important events and leisure interests. Individualised care plans are developed and updated regularly in response to residents changing preferences and needs. The activity program is developed and changed according to resident choice on a daily basis. Staff visit residents each day and invite them to participate in group activities or arrange a one to one activity. There is a wide range of activities including outings, music, concerts, games, cooking, art and craft therapy. There is a particular focus on individual one on one activities and the program caters for residents who isolate themselves. Evaluation of the program occurs through observation, attendance records, meetings and verbal feedback. The home's newsletter displays photos of residents enjoying activities and special events. Residents and representatives are satisfied with the range of activities offered.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Staff ensure residents' cultural and spiritual beliefs and ethnic background are respected and fostered. The resident population is English speaking and predominately from the local rural and farming community. Assessments and care plans outline residents' cultural, spiritual and ethnic choices. Religious groups visit the home according to resident request and the home celebrates events and days of significance. Residents and representatives are satisfied with the attention given to residents' cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents and or their representatives make decisions and exercise choice and control over lifestyle, services and care. Assessments, care plans and records document choices and preferences and are reviewed regularly by clinical and lifestyle staff. The home encourages resident choice regarding their life at the home including leisure, meals and personal care. The home receives feedback via the complaints and suggestions system and verbal feedback. Residents said they are involved in choice and decision making and are encouraged to express their opinions and comments through meetings and individual one on one feedback.

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 their representatives understand their rights and responsibilities and have access to information defining security of tenure at the home. An information package and handbook provided to prospective residents and their representatives assists them in understanding the process of entering into aged care, including care and services provided at the home. Residents and representatives receive information when they move into the home and offered an agreement. Information provided includes an explanation of fees and charges, services provided, rights and responsibilities and privacy. Residents and their representatives confirm they received the required information and understand their rights and responsibilities.

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

There are systems and processes to actively pursue continuous improvement .Refer to expected outcome 1.1 Continuous improvement for a description of the home’s continuous improvement system. The home has a system that demonstrates ongoing improvements in physical environment and safe systems.

Examples of recent improvements in relation to Standard 4 include:

- As a result of resident feedback regarding meals, the home undertook a resident/representative meal survey. This resulted in a complete review of the menu by the dietician with one to one resident interviews. There are now new dishes, more choice, more salad and savoury options on the menu. Residents and representatives said they are happy with the changes and the improvements in the quality of the meals.
- Following an audit management initiated a carpet replacement program throughout the home. The thick pile carpet is being replaced with a more suitable product to improve manoeuvrability for staff and residents. Staff said this has improved the ability to move trolleys and equipment.
- As a result of a management review of security of multiple entry points to the home, a central point of entry for all visitors and contractors was introduced. All visitors’ and contractors must complete a sign in register and wear a visitors pass. Staff report this has improved accountability for visitors and contractors on site in the event of an emergency.
- Following an audit of chemical usage at the home, management introduced pre labelled and decanted chemicals for use in the home. Staff and management report this has improved staff safety in relation to chemical handling.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

Regulatory compliance in relation to Standard 4 Physical environment and safe systems includes:

- a food safety program including current council certification and an external food audit
- safe chemical storage and material safety data sheets
- a fire systems maintenance program

- mandatory staff training in fire and emergency response.

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

For details of the home's systems for ensuring management and staff have appropriate knowledge and skills please refer to expected outcome 1.3 Education and staff development.

Examples of education provided under Standard 4 include:

- fire safety
- food safety
- infection control
- manual handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The environment in the home is safe, clean and well maintained. We observed comfortable communal and private areas decorated with suitable, well maintained furnishings. Resident's accommodation includes shared bedrooms and bathrooms or single rooms with en suites. Rooms are spacious and decorated with personal items. Call bells and mobility aids are easily accessible with signage and clear access to all areas. Outdoor areas are safe and accessible for resident enjoyment in a garden environment. The home has a comfortable noise level, temperature and ventilation. There are monitoring systems to ensure the environment is safe and clean, a preventative and reactive maintenance program is in operation. Staff were observed assisting residents in maintaining comfort and safety. Residents report they are satisfied the home provides 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

The organisation generally has effective systems that support the provision of a safe working environment that meets regulatory requirements. There are documented policies and procedures and staff are aware of their responsibilities through the orientation process, mandatory education, and meetings. Monitoring processes include comprehensive environmental audits, incident and hazard reporting. Unplanned maintenance reports assist with identifying risks and hazards. Incidents, audit results and maintenance requirements are discussed at the quality management and occupational health and safety meeting. We

observed current material safety data sheets, storage of chemicals and risk assessments. Staff described their role in reporting incidents, identifying hazards and minimising occupational risk within the home. Residents said they feel safe and secure living in the home.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to maintain a secure environment to minimise fire, security and other emergency risks. The home is equipped with fire equipment and detection systems. Essential services contractors check and maintain equipment and systems according to a planned schedule. Evacuation maps are located throughout the home and emergency exits and egress routes are free from obstruction. Mandatory fire and emergency training occurs at orientation and on an annual basis with management monitoring attendance. Training includes practical fire drills and evacuation practice. An emergency exercise conducted with all emergency personnel in the town is held regularly. Staff and management demonstrated knowledge of emergency and evacuation procedures and their responsibilities. Residents said they are confident in staff skills to respond to fire and other emergencies.

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. Management provides education to staff on infection control strategies including the use of protective personal equipment. The home has documented outbreak procedures and staff demonstrated knowledge of the processes. Annual staff and resident vaccinations are encouraged and an infectious outbreak kit contains appropriate resources. Personal protective equipment, sanitising gel and hand washing basins are located throughout the home. Designated staff monitor infection data which is analysed. Auditing processes assist with the overall monitoring of the infection control program. Residents, representatives and staff say they are satisfied with the home's approach to infection control.

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

The home has systems and processes to provide hospitality services in a way that enhances residents' quality of life. All meals are prepared at the home from a rotating menu designed with input from residents and a dietician. There are processes for acknowledging each resident's preferences, likes and dislikes, modified dietary needs and considerations. Catering staff offer a varied menu with a range of alternative meals provided and services adhere to the food safety plan. Cleaning staff follow schedules and adhere to infection control procedures and practices resulting in a clean and tidy home. The home outsources

personal clothing and linen to an external laundry. Residents and representatives express satisfaction with the hospitality services provided by the home.