Fassifern Retirement Village Hostel
RACS ID 5058
1 H L Stark Avenue
BOONAH QLD 4310
Approved provider: Churches of Christ in Queensland

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 4 December 2015.

We made our decision on 31 October 2012.

The audit was conducted on 25 September 2012 to 27 September 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

Fassifern Retirement Village Hostel 5058

Approved provider: Churches of Christ in Queensland

Introduction

This is the report of a re-accreditation audit from 25 September 2012 to 27 September 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 25 September 2012 to 27 September 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:	Gayle Wain
Team member/s:	Desma-Ann van Rosendal

Approved provider details

Approved provider:	Churches of Christ in Queensland

Details of home

Name of home:	Fassifern Retirement Village Hostel
RACS ID:	5058

Total number of allocated places:	51
Number of residents during audit:	47
Number of high care residents during audit:	29
Special needs catered for:	Dementia and other related disorders

Street/PO Box:	1 Harold Stark Avenue	State:	QLD
City/Town:	BOONAH	Postcode:	4310
Phone number:	07 5463 1355	Facsimile:	07 5463 2775
E-mail address:	tracey.hurst@cofcqld.com.au		

Audit trail

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

Interviews

	Number		Number
Service Manager	1	Residents/representatives	8
Registered staff	2	Maintenance Supervisor/Fire Safety Advisor/Workplace Health and Safety Officer	1
Personal Care Workers	4	Hospitality Supervisor	1
Administration Officer	1	Service Support Officer	1
Cleaning staff	1	Occupational Therapist/Lifestyle Coordinator	1

Sampled documents

	Number		Number
Residents' files	7	Medication charts	15
Summary/quick reference care plans	1		

Other documents reviewed

The team also reviewed:

- Annual maintenance declaration
- Annual prudential compliance statement
- Audits and audit schedule
- Certificate of classification
- Cleaning schedules
- Communication books and diaries
- Compliments and complaints records
- Controlled drug book
- Dietary analysis forms
- Education records and evaluations
- Feedback/improvement forms
- Fire and emergency manual
- Fire and evacuation plan
- Food safety plan
- Hazard forms
- Incident reports and data
- Memoranda
- Menu

- Minutes of meetings

- Non reportable assaults register

- Occupier's statement

- Preventative maintenance schedule and records

- Process control plans

- Protective assistive devices authorization and review forms

- Resident evacuation list

- Resident list

- Residential care agreement

- Residents' information handbook

- Residents' information package and surveys

- Roster

- Safety data sheets

- Self-assessment for re-accreditation

- Staff communication folder

- Staff handbook

- Volunteer handbook and task agreements

- Volunteer list, training record and training matrix

- Volunteer satisfaction surveys and summary

- Wound management plans and management records

Observations
The team also observed the following:

- Re-accreditation information displayed

- Activities in progress

- Advocacy, internal and external complaints brochures and posters

- Charter of residents' rights and responsibilities on display

- Chemical and cleaning storage areas

- Colour coded cleaning equipment

- Emergency assembly areas

- Equipment and supply storage areas

- File and information storage areas

- Fire panel

- Fire/emergency evacuation instructions, signage and maps

- Hand washing facilities

- Interactions between staff and residents

- Internal and external living environment

- Meal and beverage service

- Medication storage and administration
- Notice boards and notices on display
- Outbreak survival kits
- Personal protective equipment
- Sharps disposal
- Spills kits
- 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

The home actively pursues continuous improvement based on consultation between management, staff, residents and representatives. Mechanisms are available to support residents, representatives and staff input and feedback into the continuous improvement system which include surveys, feedback/improvement logs and the internal complaints system. Residents and staff also have the opportunity to attend meetings to raise improvement opportunities. The home maintains organisational policies to guide management and staff in care and service delivery. Monitoring of the home's performance occurs through the use of an internal self-auditing schedule. This schedule guides the internal auditing program to ensure all areas of the Accreditation Standards and legislative requirements are being adhered to. Any deficiencies identified through the self-auditing program are followed up and rectified. Residents, representatives and staff are satisfied the home actively pursues continuous improvement.

Examples of improvements undertaken or in progress by the home in relation to Standard 1 Management systems, staffing and organisational development include:

- The home has reviewed the content and venue of the mandatory training sessions delivered annually to staff. The sessions now include topics such as elder abuse, customer service and bullying and harassment. Where previously staff were required to attend several sessions spread over various days, staff now attend one day where all annual mandatory training sessions are delivered. The Service Manager stated the feedback from staff regarding the new format has been positive, staff attendance at the one day sessions has increased and staff rostering on training days is easier.

- The home receives 'weekly change notifications' informing management and staff of updates to organisational policies, documents or forms. The notifications are dispensed from Head Office. The Service Manager stated the weekly notifications ensure all staff are using the correct and current version of documents and policies.

- In response to concerns regarding the quality of clinical entries in progress notes, the home has developed a 'how to' guide for staff. The guide is accessible to all staff and acts as a reminder to staff on how to document in progress notes appropriately. The Service Manager stated the quality of clinical documentation by staff has improved since the introduction of the guide.

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 mechanisms to identify and ensure compliance with relevant legislation, regulations and professional standards. These mechanisms consist of subscriptions to legislative update services and email alerts, membership to key organisations, attendance at external education sessions and information from the organisation's weekly change notifications. Key personnel have access to legislation and standards. Policies are reviewed and updated in response to any legislative changes. Staff are informed of legislative requirements relevant to their roles through the home's orientation program, attendance at training sessions and through internal communication methods such as meetings, memoranda, electronic mail or verbally. Compliance is monitored through the use of the internal self-auditing program.

Particular to this Standard, the organisation has systems to ensure police certificates are current and residents and representatives are advised of scheduled re-accreditation audits.

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 ensures management and staff have appropriate knowledge and skills to perform their roles effectively through the provision of ongoing education and staff development. Staff training needs are identified through legislative requirements, resident feedback, staff performance appraisals, hazard and incident data, complaints mechanisms, audits, annual training needs analysis and the observation of staff practice by key personnel. Staff are encouraged to identify and participate in training relevant to their roles and responsibilities and are encouraged to attend both internal and external education opportunities. The home requires staff to complete annual mandatory training sessions relevant to their role to maintain their skills and knowledge around key topics such as manual handling, infection control, mandatory reporting and food safety. Education records are maintained and the effectiveness of education is monitored through staff feedback and formal evaluations. 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 to enable them to perform their roles effectively.

Particular to this Standard, staff have attended education sessions in documentation skills and the Accreditation Standards.

Home name: Fassifern Retirement Village Hostel   Date/s of audit: 25 September 2012 to 27 September 2012
RACS ID: 5058

7

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

Team's findings
The home meets this expected outcome

Residents and representatives have access to internal and external complaints mechanisms to raise issues of concern at the home. Residents, representatives and staff are informed about the complaints process through meetings, information packs and resident/staff orientation. Complaints information is on display throughout the home. The Service Manager oversees the complaints system, with written or verbal feedback provided upon completion of each complaint. Complaints are registered into an electronic monitoring system and, where appropriate, are referred to other key personnel for further follow up and action. Residents and representatives are able to raise issues with management using complaints forms, through resident meetings and management's 'open door' policy. Residents and representatives are satisfied t issues at the home are resolved in a timely manner.

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 documented the home's vision, values, philosophy, objectives and commitment to quality. This information is available in the residents' information handbook, staff handbook and displayed throughout the home.

1.6   Human resource management
This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings
The home meets this expected outcome

The home's staffing levels are determined by management in accordance with residents' current care needs and through the use of an organisational electronic staffing tool. The home maintains policies for the recruitment and selection of staff including reference checks, police certificates and ensuring current professional registrations. Employment contracts, duty lists, buddy shifts, orientation and ongoing education sessions ensure new staff are aware of the requirements of their positions. Annual staff performance appraisals are conducted for all staff. There are mechanisms to ensure management is available to staff and a registered nurse is available to guide staff in the delivery of residents' care. Management monitors residents' changing care needs, staff availability and skill mix to ensure adequacy of staffing. Residents and representatives are satisfied with the skill and responsiveness of staff to resident care needs.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has processes to ensure there are stocks of appropriate goods and equipment available to provide care and services. Regular suppliers are used for the provision of various goods and equipment and these are checked upon receipt to determine their suitability. Supplies of stock are rotated and monitored to ensure sufficiency for service delivery. The home undertakes annual planning as part of the capital replacement program for the replacement of equipment. The home has an established preventative maintenance program and equipment is serviced according to this schedule. Ongoing repairs and replacements are undertaken through the completion of a request in the maintenance books located throughout the home. Residents, representatives and staff are satisfied equipment is in good working order and in adequate supply throughout 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

The home has systems and processes to guide the confidential collection, use, storage and destruction of information in accordance with regulatory requirements. The home utilises a combination of paper based and electronic information systems for the dissemination and storage of resident and staff information. Information is provided to staff, residents and representatives through written and electronic correspondence, minuted meetings, organisational and site specific newsletters and memoranda that are distributed or displayed. Ongoing monitoring of the information management system occurs through internal self-auditing processes as well as staff and resident/representative feedback. Staff reported sufficient information is provided to enable their duties to be carried out effectively. Residents and representatives are satisfied the communication of information is timely and 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

The home has systems to ensure external service providers meet the home's needs and service goals. Regular and/or local providers are used for regularly used services and all contractors visiting the home are required to register at reception. The home uses a combination of written and verbal agreements with contractors. The Maintenance Supervisor communicates the home's requirements and the quality of service to be provided to all contractors attending the home. There are systems to ensure external providers have a police certificate and contractors attending the home are supervised by the Maintenance Supervisor. Staff and management are satisfied with the external service contractors providing the home's care and service needs.

Standard 2 – Health and personal care
Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

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

Team's findings
The home meets this expected outcome

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

Examples of recent improvements undertaken by the home in relation to Standard 2 Health and personal care include:

- To improve skin integrity at the home, management has introduced a new wound management process. The wound management process now includes photographing the wound and leaving the wound for seven days or until a 75 percent 'strikethrough' to enable the wound to granulate without disturbance. Management stated the photographing allows staff and medical officers to compare wound healing over a period of time.

- The home has purchased additional pressure mats for resident use. The pressure mats alert staff when residents who are prone to falling, get out of bed. The Service Manager stated the additional mats have assisted in the maintenance of residents' skin integrity and have decreased the rate of falls at the home.

- The home has purchased additional alert wrist bands connected into the call bell system. The wrist bands allow residents to move freely throughout the home yet remain in easy reach of the call bell to alert staff if required. One resident wearing a wrist band stated the band gives them "a feeling of security, especially at night".

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 maintains and monitors systems to ensure residents' care is in accordance with the *Quality of Care Principles 1997*.

Particular to this Standard, the organisation has systems to ensure registrations of registered staff remain current.

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 maintain staff knowledge and skills. 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.

Particular to this Standard, staff have attended education sessions in medication management, diabetes management, managing insomnia, constipation, thickened fluids and skin tears management.

2.4 Clinical care

This expected outcome requires that "residents receive appropriate clinical care".

Team's findings

The home meets this expected outcome

There are systems and processes to assess residents' care needs on entry to the home and on an ongoing basis. Care plans are developed by registered nurses utilising information gathered from assessments and residents'/representatives' input, with evaluation undertaken three monthly or as required. Daily care needs are evaluated, monitored and reviewed by the registered nurse through the handover process, review of progress notes and clinical incident data, with changes communicated to staff and care plan adjustments made as required. Communication and referral between external and allied health professionals for residents' care needs is appropriate and timely. Staff demonstrate an understanding of individual resident care needs and preferences and are satisfied with the communication processes utilised to inform them of resident clinical care changes. Residents are satisfied the clinical care they receive is appropriate to their needs and preferences.

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 identified through assessment and care planning processes conducted on entry to the home and as required. The Service Manager is supported by registered staff in the provision of specialised nursing care and assistance is sought from specialist health services as required. Specialised care needs currently being provided include oxygen therapy, management of a stoma, diabetic management and urinary catheter care. Ongoing monitoring of care needs is conducted through observation, discussion with residents, review of residents' records and feedback from staff and health professionals. The visiting medical officers, allied health practitioners and specialist services are contacted if additional support is required for individual residents. Residents who receive specialised nursing care are satisfied with the care they receive.

2.6   Other health and related services
This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".

Team's findings
The home meets this expected outcome

Residents' allied health needs are identified on entry to the home and referral to appropriate health specialists is undertaken in a timely manner. A variety of health specialists are utilised by the home, including physiotherapy, occupational therapy, podiatry, dietician, speech pathology, dementia specialist and older persons mental health, with regular assessments undertaken for individual residents as required. A referral is initiated by registered nursing staff for medical and allied health reviews. The outcome of the referrals are documented and retained in residents' records. Staff demonstrate an understanding of the circumstances to refer residents for re-assessment by other health specialists and are aware of the referral process. Residents are referred to and report satisfaction with appropriate health specialists in accordance with their needs and preferences.

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 systems and processes to identify residents initial and ongoing medication management needs. The home utilises a blister pack system for resident's medications. Personal care workers (assessed as competent) assist residents to take their regular medications, whilst registered nurses administer 'as required' medications as ordered by the medical officer. Registered nurses are responsible for the ordering of unpacked medications and notifying pharmacy of changes to residents' medications. All medications including controlled and refrigerated drugs are stored and monitored appropriately. Resident medication charts contain photographic identification, allergies and specific instructions for administration. Evaluation of the medication administration system is conducted through the monitoring of internal medication incidents and internal auditing processes. Residents are satisfied their medication is administered safely and correctly.

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

Team's findings
The home meets this expected outcome

Residents with pain are identified on entry to the home and on an ongoing basis. Factors contributing to pain are identified and referrals for medical assessment are initiated as needed. A variety of pain management strategies such as use of transcutaneous spinal electro analgesia (TSE), transcutaneous electrical nerve stimulation (TENs), heat packs, soft tissue massage and exercise/movements are implemented for residents to ensure they remain as free as possible from pain. Staff outlined pain management strategies for individual residents. Progress notes entries show action is taken in response to residents' reports of pain. The effectiveness of pain management strategies is evaluated. Residents are satisfied with the way their pain is managed.

2.9   Palliative care
This expected outcome requires that "the comfort and dignity of terminally ill residents is maintained".

Team's findings
The home meets this expected outcome

Residents' end of life requests are collected in consultation with the resident and their representatives when appropriate. Copies of information such as enduring power of attorney and advanced health directives are located in the residents' records and available for registered staff referral. Staff have the knowledge and skills to co-ordinate and provide appropriate clinical care and emotional/spiritual support. Pastoral care support is provided by pastoral care workers at the resident's and their families' request. Care plans are developed in consultation with residents' family members and representatives and form part of the resident's pain management interventions. Residents are satisfied staff are caring and respectful of their wishes and preferences in ensuring their care needs are met.

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' nutrition and hydration needs, including likes, dislikes and cultural requirements, allergies and assistive equipment devices required, are identified on entry to the home through the completion of a dietary analysis profile. The information gathered is used to develop the resident's care plan to ensure appropriate meals are provided to all residents. Residents are weighed on entry then monthly or more frequently, as needed. Variances in weights are trended and unintended weight loss or gain is analysed for causative factors. Strategies implemented to assist residents to maintain adequate nourishment include the provision of texture modified diets, dietary supplements and referral to dieticians and speech pathologists, as required. Residents are satisfied with the quality and sufficiency of food and fluids 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

Residents' skin integrity needs are assessed on entry to the home and on an ongoing basis. Care plans are developed to guide staff practice and staff receive education in promoting healthy skin using moisturisers, pressure relieving devices, protective equipment, diet and hygiene. Skin care needs are reviewed during hygiene routines, reassessed every three months and changes are communicated in daily handover sessions, care plans and progress notes. Wound care is managed by registered nurses and enrolled nurses and the home receives support from a wound specialist services if required. The home has sufficient supplies of wound and skin care products to ensure effective skin care management when required. Residents 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' continence needs are assessed on entry to the home and on an ongoing basis. Care plans guide staff practice and ensure individual residents' preferences are met. Education is provided and networks with continence care services support the implementation of continence care strategies. Staff have an understanding of continence promotion strategies such as the use of aids and toileting programs. Staff monitor and record urinary and bowel patterns; care plans are reviewed every three months and as required. Changes to continence regimes are communicated to staff through link nurses' communications, during handovers, in records of continence aid use and progress notes. Residents reported staff support their privacy when providing continence care and are satisfied with the care they receive in relation to continence management.

2.13 Behavioural management
This expected outcome requires that "the needs of residents with challenging behaviours are managed effectively".

Team's findings
The home meets this expected outcome

Residents with challenging behaviours are assessed on entry to the home and care plans are developed in consultation with the resident (if appropriate), their representatives and health professionals when necessary. Ongoing monitoring of the resident occurs with care plan evaluation and amendment undertaken when resident needs change and/or at the scheduled three monthly reviews. The home has processes to consult with residents/representatives and their medical officer should the use of a restraint as an intervention be considered and are able to consult with external mental health services if required. Staff receive education in relation to dementia and behaviour management and are aware of interventions to manage residents with challenging behaviours. Residents are satisfied with the way challenging behaviours are managed.

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. Following assessment by the occupational therapist, residents are assisted to trial and 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. Care outcomes are monitored through regular care plan evaluations, investigation and analysis of resident falls and resident feedback. Residents 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' dental history is assessed on entry to the home, including determining residents' preferences relating to management of their oral care. Care plans are developed to guide staff practice and effectiveness of care is reviewed every three months and as care needs change. Referral to dental services occurs where indicated, a dentist is available at a local surgery in the community and assistance is provided to access services when required. Resources such as mouth care products are available to meet residents' oral hygiene needs. Amendments to care are communicated through handover sessions, resident of the day review, progress notes and care plans. Residents reported satisfaction with the assistance given by staff 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

Residents' care needs in relation to senses such as hearing, vision, speech, touch, taste and smell are assessed on entry to the home, reassessed regularly and when care needs change. Care plans are developed to guide staff practice; strategies are in place to address identified needs and personal preferences. Care staff assist residents as required, including the removal and management of aids. Residents are referred to specialists such as audiologists, optometrists and speech pathologists in consultation with the resident/representative and medical officer. Staff are educated on individual care requirements and the maintenance of sensory aids and demonstrated awareness of environmental controls required to support residents with sensory impairment. Residents with sensory impairment are satisfied with the care assistance provided by staff.

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 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 achieve sufficient rest 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.

Examples of recent improvements undertaken or in progress in relation to Standard 3 Resident lifestyle include:

- The home has introduced domestic activities for residents in the home's secure area. Domestic activities such as folding clothes, peeling potatoes, collecting eggs and picking vegetables from the garden have been included as daily activities for the residents. The Service Manager stated the new activities have increased meaningful activities for residents and resulted in a reduction in residents' challenging behaviours in the secure area. Staff in this area stated residents enjoy completing these daily activities.

- The home has introduced a new quiz program for residents in the secure area. The quiz activity is facilitated by a volunteer and residents from other houses are invited to attend. The Service Manager stated the new quiz activity has resulted in a greater sense of community between the four houses and has allowed for greater interaction amongst residents. Staff in the secure area stated the residents "really enjoy" the quiz days.

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. Management maintains and monitors systems to ensure residents' care is in accordance with the *Quality of Care Principles 1997*.

Particular to this Standard, the organisation has systems to ensure reportable and non-reportable events are managed according to legislative requirements.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's systems and processes to maintain staff knowledge and skills.

Particular to this Standard, staff have attended education sessions in advocacy and cultural practice development.

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

The home has processes to ensure residents are supported in adjusting to their new home and on an ongoing basis. Prior to or on entry the resident and their family receive an information pack explaining the services offered and their rights and responsibilities. Residents and their families are oriented with a guided tour of the home, assisting them to meet staff and residents. In consultation with the resident and family, lifestyle staff commence a detailed assessment of the resident's lifestyle, capturing social, cultural and spiritual histories. Lifestyle care plans are developed and document preferences and strategies to assist residents in enjoying life at the home. Residents and representatives interviewed expressed satisfaction with the emotional support provided to them.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents are encouraged and supported to maintain their independence at a level appropriate to their individual needs and abilities. The lifestyle program offers a range of physical activities designed to maximise residents' physical strength and independence and includes exercise programs and outings. Residents are assisted and encouraged to maintain friendships and participate in the life of the community within and outside the home. Residents are encouraged to use aids such as hearing aids and walking frames to maintain their independence. They are also encouraged to participate in decisions about their physical, intellectual, spiritual, financial and social care. Residents are satisfied with the support and encouragement given by staff to enable them to remain as independent as possible.

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

There are systems to support residents' privacy and dignity. Residents' privacy, dignity and confidentiality wishes and preferences are identified and documented in care plans. Information on residents' right to privacy is contained in the resident handbook and explained to residents during their initial entry to the home. Information is stored and archived securely and handover is conducted in a confidential manner. Staff practices maintain residents' confidentiality and staff are discreet when managing care needs. Residents' are satisfied staff are respectful of their privacy and dignity when caring for them.

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 home offers residents a varied lifestyle program incorporating a wide range of interest and activities of interest to them. A biographical assessment is completed for each resident, capturing information assisting with their individual participation levels. The home offers one to one options for residents who choose not to be involved in group activities. Group activities are designed around residents' preferences and suggestions and the monthly activities calendar is displayed in communal areas of the home. Resident participation and level of interest is monitored and evaluated. Review of the activity program occurs through observation, lifestyle surveys, resident feedback and regular meetings. Residents are assisted to participate in activities of choice and are satisfied with the lifestyle program offered at the home.

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

Team's findings
The home meets this expected outcome

Residents' specific cultural and spiritual needs are identified on entry to the home and a care plan developed in consultation with the resident and/or representative. Pastoral and volunteer services provide emotional support, religious services are held regularly on site and attendance at external religious observances is encouraged and facilitated. Celebrations are held to mark days of cultural and religious significance, with the catering service able to provide special meals on these occasions, as well as catering for individual residents' specific cultural requirements at all times. Staff receive information to increase their awareness of cultural and religious considerations when providing personal care. Residents are satisfied 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

Management demonstrates the rights of each resident and/or their representative to make decisions and exercise choice and control over lifestyle and care planning are recognised and respected. The home uses consultative processes to actively obtain information from residents and representatives including surveys, meetings, suggestions and one to one communication. Monitoring processes include personal care and activity plan reviews, and evaluation of feedback through the continuous improvement process. Staff encourage and assist residents to participate in choice and decision making about the services provided to them. Residents said that they are satisfied with their participation in making choices and decisions about issues affecting their daily life.

3.10 Resident security of tenure and responsibilities

This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's findings
The home meets this expected outcome

Management demonstrated residents have secure tenure within the residential care service and understand their rights and responsibilities. On entry to the home residents are provided with an information pack detailing information relating to their rights and responsibilities, feedback mechanisms and privacy and confidentiality. Resident agreements are offered to all residents and include details regarding security of tenure and documenting care and services provided. Residents' representatives are consulted where changes may require a move to another area of the home. Staff are informed of resident rights through orientation and ongoing training with resident satisfaction monitored through surveys and feedback. Residents are satisfied they have appropriate access to information regarding their rights and feel secure in their tenure.

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.

Examples of recent improvements undertaken in relation to Standard 4 Physical environment and safe systems include:

- The home has revised the colour coded emergency flip chart located beside all telephones in the home. The flip charts now include site specific, current information and cover a range of emergencies. Staff stated the new charts are easy to follow and give them all the information they may need in an emergency in one location.

- The home has installed snake repellents throughout the home. The repellents send out vibrations on different frequencies to repel snakes. The Service Manager stated staff and residents have had no snake sightings since the installation.

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 Physical environment and safe systems.

Particular to this Standard, the organisation has a food safety program and processes for monitoring fire and occupational health and safety requirements.

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 maintain staff knowledge and skills.

Particular to this Standard, staff have attended education sessions in carpet shampooing, manual handling, food safety 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 home has processes to support a safe and comfortable environment for residents in accordance with their care needs. Residents are accommodated in private rooms with en suites and have access to common lounge and dining areas. A private formal dining room is also available for resident use. Individual assessment of residents requiring a secure environment is undertaken as required. Processes are established for the reporting of safety issues and incidents. The living environment is maintained through the implementation of cleaning schedules, preventative maintenance schedule and maintenance book request system. A process to support the routine replacement and improvements to furniture, equipment and the environment occurs through the home's capital replacement program and the completion of feedback/improvement forms. Ongoing monitoring of the safety and comfort of the living environment occurs through the internal self-auditing program. Residents and representatives are satisfied with the safety and comfort of the living 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 at the home is actively working to provide a safe working environment that meets regulatory requirements. The home has processes to assist in the identification of required improvements to meet relevant occupational health and safety legislation. There are policies to guide safe practices at the home. All resident and staff incidents and hazards are discussed at the workplace health and safety committee meetings. Staff are provided with instructions on the home's requirements at orientation and on an ongoing basis through annual mandatory training, meetings and ongoing training sessions. Reporting of safety issues or concerns are raised and followed up through the maintenance books, incident/accident reporting, feedback/improvement forms, verbally and through hazard forms. Staff are trained in the use of new equipment and there are duty lists to guide safe staff practices. Staff outlined the processes for reporting any safety issues/concerns at the home and they are satisfied management is responsive to any safety issues raised.

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

Management and staff are actively working to provide an environment and safety systems of work to minimise fire, security and other emergency risks. The home has documented procedures for fire and other emergencies and a fire and emergency manual is available for staff reference. Fire safety equipment and detection systems are inspected, serviced and action is consistently undertaken to resolve any defects. Staff receive instruction in fire and

emergency procedures at orientation and at ongoing training sessions. Evacuation practices/drills are held to test the home's emergency systems and staff knowledge. Evacuation diagrams are displayed throughout the home and provide information on the location of assembly areas. There are processes for the ongoing security and safety of the residents and staff at the home. Staff and residents demonstrated knowledge of how to respond in the event of a fire or emergency.

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

Team's findings
The home meets this expected outcome

The home has processes to effectively manage infection control in the areas of clinical, catering, cleaning and laundry practices. Infection control policies guide staff practice and include guidelines on outbreak management. Staff have access to hand washing facilities and personal protective equipment and have had training in infection control practices relevant to their role responsibilities. There is a monitoring program overseeing the incidence of resident infections to identify trends that may occur and the self-auditing program ensures appropriate staff practices are maintained. Staff demonstrate knowledge of infection control principles during resident care and service delivery.

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 processes to ensure hospitality services are provided in a way that enhances residents' quality of life and staff working environment. Residents' dietary needs and preferences are assessed on entry to the home and entered onto a dietary analysis form, which is updated when changes occur. All meals are cooked onsite by the personal care workers in the individual house kitchens. The home has a food safety program and processes are effective in reporting variances in temperatures. Residents' personal clothing, linen and table ware is laundered in the individual house laundry. There are processes to reduce the incidence of missing laundry and residents' are encouraged to have clothing labelled on entry to the home. The home has an established cleaning and maintenance program to ensure the living and working environment is clean and safe. Monitoring of the provision of hospitality services is conducted through audits/inspections, resident feedback, surveys and the completion of feedback/improvement forms. Issues are identified and addressed at meetings or on individual consultation with residents. All staff are trained in food handling processes. Residents expressed satisfaction with the provision of hospitality services at the home.