



Aged Care
Standards and Accreditation Agency Ltd

Geoffrey Cutter Centre

RACS ID 3515

Kenny Street

BALLARAT EAST VIC 3350

Approved provider: Ballarat Health Services

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 12 September 2015.

We made our decision on 12 July 2012.

The audit was conducted on 13 June 2012 to 14 June 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

Geoffrey Cutter Centre 3515

Approved provider: Ballarat Health Services

Introduction

This is the report of a re-accreditation audit from 13 June 2012 to 14 June 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 13 June 2012 to 14 June 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:	Deanne Maskiell
Team member:	Helen Fitzpatrick

Approved provider details

Approved provider:	Ballarat Health Services
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Details of home

Name of home:	Geoffrey Cutter Centre
RACS ID:	3515

Total number of allocated places:	60
Number of residents during audit:	59
Number of high care residents during audit:	59
Special needs catered for:	Dementia specific

Street:	Kenny Street	State:	Victoria
City:	Ballarat East	Postcode:	3350
Phone number:	03 5337 1575	Facsimile:	03 5337 1573
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Management	6	Residents and representatives	11
Registered and enrolled nurses	21	Allied health and visiting practitioners	2
Lifestyle staff	3	Hospitality, environmental and safety staff	6

Sampled documents

	Number		Number
Residents' files - clinical and lifestyle	13	Medication charts	7
Summary/quick reference care plans	13	Personnel files	8
Resident agreements	6		

Other documents reviewed

The team also reviewed:

- Action plans
- Activity attendance records and evaluations
- Annual contractor police certificate requirement check
- Audit schedules, results and analysis
- Catering records
- Cleaning records
- Comments / complaints register and complaints summary form
- Communication books and daily diaries books
- Consent forms
- Continuous improvement plan
- Contractor handbook
- Dietary information for residents
- Drugs of addiction register
- Education calendar and records
- Fire, safety and emergency management documents
- Handover sheets
- Human resource information
- Laundry records
- Mandatory reporting registers
- Material safety data sheets

- Meeting terms of reference, agendas and minutes
- Memoranda and newsletters
- Menu
- Occupational health and safety documentation
- Police checks and statutory declaration records
- Policies and procedures
- Preventative and reactive maintenance records
- Progress notes, care plans, assessments, specialist reports
- Resident management care agreement
- Resident of the day schedule
- Resident/representative consultation records
- Residents agreements
- Residents' handbook, information package and surveys
- Restraint policies and documentation
- Risk assessments - bed poles and smoking
- Rosters
- Staff appraisals and schedule
- Staff induction package and handbook
- Staff information and orientation packages
- Staff intranet site and resources
- Staff professional registrations
- Staff qualification records including nursing registrations.

Observations

The team observed the following:

- Activities in progress
- Archives and confidential files destruction processes
- Building safety certifications
- Chemical storage
- Cleaning in progress
- Clinical stock
- Contractor register
- Emergency fire and evacuation equipment, packs and lists
- Equipment and supply storage areas
- Fire, safety and emergency signage and equipment
- Handover
- Hard copy file storage
- Interactions between staff, residents and representatives

- Internal and external living environment
- Intranet
- Key pad security
- Kitchenette, laundry and cleaner's areas
- Laundry in operation
- Meal services
- Mobility aids and transfer equipment in use
- Noticeboards and brochure displays including external comment / complaint information and advocacy brochures
- Notification on display of reaccreditation visit by the Agency
- Nurses' stations, staff room and associated resources
- Secure exit doors
- Staff communication with visiting specialists
- Storage and administration of medications
- Suggestion boxes and forms
- Visitor and resident sign in/out register
- Weigh machines.

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 ensures that there are systems and processes to support a comprehensive continuous improvement program. Management identifies opportunities for through review of scheduled audits, comments, complaints, suggestions, incident report data, meetings, educational needs, surveys and corporate strategies. Action plans record and monitor the progress of improvement activities. An electronic log documents longer term improvement projects and the review of documentation confirms that these processes occur in a timely manner and that they are appropriately evaluated. Quality is a standard agenda item for most meetings where audit results, trend data and improvement activities are discussed. Staff report they are encouraged to contribute to the quality improvement process and are kept updated with changes as a result of improvements. Feedback forms located throughout the facility show accessibility for contribution to quality improvement. Residents said that they are informed of improvements through meetings, informal discussions and newsletters.

Recent improvements include:

- Management identified that there was not a system to ensure general practitioner credentialing occurred. Management completed a review of all visiting general practitioners credentials and a computerised register developed to assist management to ensure general practitioners are and remain appropriately credentialed thus ensuring quality of care to the residents.
- In response to management and staff, recognising that informal sharing of information was inconsistent and leading to misunderstanding and misinterpretation, all staff now have global email addresses and the home emails all information to staff. Evaluation of the system shows that it is working well; staff indicate that email group system is ensuring all staff get appropriate information.
- Management identified the risk of staff performance appraisals not being completed in a timely manner. Management completed a review of all staff files to identify those staff that had not had a recent appraisal. Management developed a formal appraisal schedule. Management said that there is only one outstanding appraisal for a staff member who is currently on leave, and that they believe the new system will ensure a consistent approach to staff performance appraisals.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The organisation has systems to identify, monitor and ensure compliance with relevant regulatory requirements and professional guidelines. Subscriptions to legislative update services, and industry associations and notifications from government departments, provide relevant information and inform the home about relevant changes. Audits and management observations monitor the home's performance and ongoing compliance with regulations and guidelines. Management monitor and review policies and procedures for compliance and there is a system to ensure they are adapted when regulations or guidelines change. Relevant information and changes to regulations or guidelines are actioned by management and information regarding the changes disseminated to staff, residents and representatives through the intranet, emails, newsletters and at relevant meetings; the review of documentation verified this.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management ensures staff have appropriate skills and knowledge through observations, review of audit information, incident reviews, monitoring of professional registrations and performance reviews. The home has a documented education calendar to inform staff of upcoming educational opportunities. The home has schedule topics in response to staff requests, review of resident needs and management observations. Education attendance records are completed. Management and staff confirm satisfaction with the type, frequency and availability of education provided. Residents and their representatives are satisfied staff have appropriate knowledge and skills.

Recent education relating to Standard 1 includes:

- continuous improvement
- intranet and use
- documentation for hospitality staff
- online education and use
- analysis and use of key performance indicators.

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

Management ensures that complaints mechanisms for internal and external complaints are accessible for all stakeholders. Comments and complaints information is on display in the

home including the external complaint resolution service. Information is also contained in the resident information pack and residential agreement. Confidential suggestion boxes are located in accessible places in the home. Management report, and documentation confirm, that the system is used by all stakeholders with investigations, actions and feedback occurring in a timely and confidential manner. Residents and representatives said that they feel comfortable making suggestions or raising a complaint, and response from management is appropriate and well received.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has documented vision mission and values statements that include the home's commitment to quality care and services. This document is on display within the home and included in information packages provided to stakeholders.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has reviewed staffing levels in response to resident care needs; review of audits and in response to staff feedback. The home has recruitment and selection policies and procedures that guide management in the selection of appropriate staff in relation to the home's needs. On recruitment, staff receive information packages with position descriptions, duty lists and orientation information. The home alters staffing levels and mix to meet residents' changing needs and the needs of the home. Residents and representatives expressed satisfaction with access to staff, the skills and knowledge of 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

Management demonstrates that there are suitable goods and equipment available to ensure the delivery of appropriate care to the residents. The organisation's supply department provide all aspects of stock monitoring and purchasing and there are imprest and electronic ordering systems to ensure appropriate stock levels are maintained. Stock and equipment are appropriately stored and stock checked on delivery and rotated. The organisations engineering department has electronic maintenance systems which, ensure that preventative maintenance and repairs of equipment occurs in a timely manner. We observed and staff confirm that there are sufficient supplies of stock and equipment to meet residents' collective and individual needs. Residents and representatives confirm that there are adequate goods and equipment available at all times.

1.8 Information systems

This expected outcome requires that "effective information management systems are in place".

Team's findings

The home meets this expected outcome

Management and staff have access to information that is accurate and appropriate to their roles. Information provided to the residents and their representatives on entry to the home includes an information booklet and resident's agreement. Newsletters, care consultations, meetings and informal discussions provide ongoing information. Management ensures staff informed through policies and procedures, education, meetings, handover, communication books, memos, emails, daily diaries and position descriptions. Key data is routinely collected, analysed and is available for relevant staff to review. Confidential records and information are securely stored and access to electronic records is password protected. Daily off-site back up occurs for all computerised information. There are archive processes and secure archive storage systems. Noticeboards, memoranda, display boards and meeting minutes disseminate information to all stakeholders. Staff, residents and representatives confirmed that they feel well informed about and included in decisions regarding the operations of the home.

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

Management from the organisation and the home consult and manage external service / supply contracts. Regular contract reviews and performance monitoring through audits, stakeholder input and regular management reports and meetings assist the home to ensure the services provided meet the home's needs and quality requirements. There is an approved suppliers list and contract service agreements, which document the expected standards of service, quality and regulatory compliance requirements. The contract management systems include processes to ensure that contractor police checks, insurances and professional registrations remain current. Contractor sign-in and identification processes are in place in the home. Residents, representatives and staff said that they are satisfied with the home's externally sourced services and goods.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The review of continuous improvement documentation confirmed that ongoing improvements in resident health and personal care occur. Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement system and processes.

Recent improvements relevant to Standard 2 include:

- In response to management identifying staff were unclear about where to locate clinical practice guidelines and in particular the guideline for addressing absconding residents, an instruction for where to find clinical practice guidelines was developed. The home circulated clinical practice guideline to staff, and then key staff quizzed them about it with a good result. A re-audit of staff knowledge verified sustained improvements.
- The organisational continence nurse and portfolio staff conducted a review of the continence aids program to ensure appropriate allocation of resources and quality of care to residents. A reassessment of the residents' continence needs occurred and care plans updated accordingly. The organisational continence nurse evaluated the project and reported that the system is working well.
- In response to management identifying that there was a need to refresh the knowledge of food and domestic services staff in regards to nutrition and hydration, the organisational dietician chaired and presented at the food and domestic services staff meeting. Evaluations forms completed by staff indicate that staff found the session to be informative and worthwhile and management feels that it will improve outcomes for the residents.
- As the result of the wound management portfolio nurses identifying the need for education in regards to the wound management chart tool and most appropriate dressings to use on specific wounds, a number of staff have attended organisational wound management courses. The organisational wound management clinical nurse will provide in-house training in the near future for those staff who did not attend the external training.
- Management conducted a review of the use of psychotropic medication to establish that usage of these medications is not excessive and that it meets the needs of the individual residents. The audit established that the use of psychotropic medication is appropriate and not excessive. Management will continue to monitor and evaluate the use of psychotropic medications.
- Management identified the need for clear documentation of residents' palliative care directives. The home developed and implemented a process for this to occur through electronic and hard copy information systems which are working effectively.

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 system and processes.

Management demonstrated that the homes is compliant with regulatory requirements pertaining to health and personal care. Appropriately qualified staff provide care, and there are systems to monitor nursing registrations. Appropriate systems are in place to ensure medication management complies with regulatory requirements and there are processes for reporting and documenting the unexplained absence of a resident.

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 education and staff development systems and processes.

Management has systems and processes in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to residents’ health and personal care.

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

- anaphylaxis
- haemodialysis
- diabetic management
- medication management
- dysphagia
- dementia management
- behaviour management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Registered nurses and enrolled nurses complete initial and ongoing assessments according to documented schedules and their scope of practice. Registered nurses review care needs of residents and review care plans appropriately. Nursing staff initiate reassessment of residents in response to changes in their health status and refer residents to general

practitioners, specialists and appropriate allied health practitioners as needed. Nursing staff document care consultations after consulting with individual residents or their representatives. Residents and their representatives stated they are satisfied with the clinical care provided and how staff consult them about resident care issues.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Registered nurses and enrolled nurses complete specialised nursing care assessments on residents and provide care according to their knowledge, experience and scope of practice. General practitioners, consultants and specialists review residents with specialised care needs as necessary, with recommendations documented on care plans and communicated to appropriate staff. Registered nurses and enrolled nurses confirm they provide this care to residents as needed. Residents and their representatives stated they are satisfied with provision of specialised nursing care and confirm staff refer to specialists as needed.

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 and residents’ general practitioners refer residents to allied health and other health professionals based on the resident’s individual needs and preferences. Staff complete care plans that include recommendations from visiting professionals and allied health staff. Nursing staff complete regular care reviews and ensure reassessment of residents by specialists occur as necessary. Staff stated they receive information and recommendations from specialists. Residents and their representatives stated staff assist residents to access health specialists who visit the home or in the local area, based on the resident’s individual 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

Registered nurses and enrolled nurses administer medications to residents according to their scope of practice, legislation, regulations and documented procedures. Registered nurses, general practitioners and pharmacists regularly review residents’ use of medications including the use of analgesics and sedation type medicines. Each resident has an individual care plan describing their needs and preferences relating to medication management. Management of the home monitor the administration and storage of medications through audits and the home’s incident reporting system. Residents and their representatives stated they were satisfied with how staff manage resident medications.

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

Registered nurses and residents’ own general practitioners monitor and review residents on an ongoing basis to ensure appropriate management of resident discomfort and pain. Staff stated they provide pain relief interventions to residents based on individual resident assessments and recommendations, which include analgesics, physiotherapy, gentle exercises and heat therapy. Residents and their representatives stated staff promptly respond to any incident of resident discomfort and provide interventions as needed.

2.9 Palliative care

This expected outcome requires that “the comfort and dignity of terminally ill residents is maintained”.

Team’s findings

The home meets this expected outcome

Residents are encouraged to discuss their individual preferences regarding end of life on entry to the home and as the resident's health status alters. Registered nurses and general practitioners document these preferences to ensure that staff meet these needs and these residents’ receive appropriate interventions relating to comfort and dignity. The home is able to access specialist palliative services when needed and appropriate equipment is used. The home has access to pastoral care workers and counsellors who are available to support residents and their families during this stage of life. Residents and their representatives stated staff are aware of resident preferences in regard to end of life care.

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

Staff assess each resident for their needs and preferences regarding meals and drinks including likes/dislikes, cultural needs and allergies relating to food and fluids. Staff provide texture modified meals and drinks as needed and refer residents who require modified diets or supplements for assessment by visiting general practitioners and appropriate specialists. Nursing staff monitor residents for weight loss or gain and where appropriate provide dietary supplements and initiate referrals. Food and domestic services staff and staff who assist with meals are provided with appropriate information to ensure resident preferences are respected and appropriate food and fluids given. Residents and their representatives stated staff are aware of resident preferences and that refreshments and snacks are always available.

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

Nursing staff assess residents for risks relating to skin integrity and care plans are available to staff to guide them in providing care. Management of the home ensures staff are able to access appropriate pressure relief equipment, protective garments, wound products and diet supplements based on residents’ assessed needs. Dieticians, podiatrists, and wound consultants review residents as needed. Staff confirm access to pressure relief equipment and wound products. Registered nurses and enrolled nurses attend to and document wound care. Residents and their representatives stated they are satisfied with wound and skin care management at the home.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Staff assess each resident for their continence needs and preferences on entry to the home and on a regular basis. The home provides residents with appropriate continence aids based on resident's individual needs. The home provides equipment including raised toilet chairs and handrails to assist residents in maintaining their independence where possible. Staff confirm they have access to equipment and knowledge of each resident’s individual needs relating to continence management and assist residents to maintain their dignity. Residents and their representatives stated they are satisfied with how staff manage and assist residents with continence care.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Each resident undergoes behaviour assessments for any individual behaviour of concern. Nursing staff write care plans that include recommendations from general practitioners, mental health specialists and allied health practitioners where applicable. Staff monitor residents for ongoing and new behaviours and communicate effective interventions to members of the care team. Staff attend education sessions to assist them in providing appropriate interventions for residents demonstrating challenging behaviours. Residents and representatives stated co-residents with behaviours of concern do not disturb them.

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

Nursing staff, visiting physiotherapy and occupational therapy staff assess residents for their individual needs and risks relating to mobility, dexterity and rehabilitation. Staff offer group and individual exercise programs to each resident based on their needs, abilities and preferences. Allied health staff assess each resident for their individual needs relating to level of assistance and for use of assistive devices such as comfort chairs, wheel chairs and walking aids. Staff refer residents to the allied health team when a residents' health status alters. Care plans reflect individual interventions, type of aids and level of assistance each resident may require. Residents and their representatives stated they are satisfied with allied health services provided at the home and assistance provided to residents to mobilise.

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

Staff provide oral and dental care to residents based on individually assessed needs and preferences. Staff are able to refer residents to general practitioners and providers of dental services as necessary. Staff provide residents with oral care products, equipment and assistance based on their needs and preferences. Residents and their representatives stated staff assist residents with oral hygiene care.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Staff assess each resident for sensory loss associated with vision, hearing, touch, taste and smell. The home has well lit corridors that are fitted with handrails to assist residents to mobilise safely. Interventions required to minimise risk of injuries associated with sensory loss are included in care plans. Residents and their representatives stated staff assist residents with the fitting, cleaning and maintenance of sensory aids and refer residents to specialists as needed.

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

Staff assess residents for their individual needs and preferences relating to rest and sleep to assist residents to maintain or achieve natural sleep patterns. Residents receive supper and hot drinks throughout the evening according to their wishes. Residents’ individual preferences for settling routines including their choice of clothing, rising and settling times are

included in residents' care plans. Staff state they provide refreshments as per resident requests and needs. Residents stated if they are disturbed overnight, that staff provide assistance as needed.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The review of continuous improvement documentation confirmed that ongoing improvements in resident lifestyle occur. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement system and processes.

Recent improvements relevant to Standard 3 include:

- In response to residents expressing a wish to purchase coffee from the mobile coffee van, staff now order for the residents who wish to have a coffee and the residents have their coffee with their lunch on a Thursday. Residents confirm that they enjoy their weekly coffee from the van and look forward to it.
- To refresh staff’s acknowledgement of the need to protect the residents’ privacy concerning personal and health information, management declared the week of 29 April to 5 May 2012 as Privacy week within the home. This involved discussions with staff at meetings and placing a laminated poster in the staff room about the release of resident information. Staff acknowledged the success of this project at a staff meeting.
- In response to a comment received from the representative of a newly admitted resident, a survey of the level of representatives’ satisfaction with the admission process and activities offered by the home, a simple survey was developed and sent out. This process is in progress and evaluation will occur when management has received sufficient replies.
- Management recognised that there was a need for activities on a daily basis in the secure area where people who have dementia reside. To provide consistency of approach the same lifestyle staff member is now located in the unit Monday to Friday on a trial basis. Management and staff said that although it is a new project the benefits to the residents are already evident. Management will continue to evaluate the project.

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 regulatory compliance system and processes.

Management demonstrated that the home is compliant with regulatory requirements pertaining to resident lifestyle. Demonstration of compliance is through the privacy and dignity policies and practices, security of tenure in the residents’ agreement, the maintenance of mandatory reporting elder abuse registers and processes and the display of residents’ rights and responsibilities.

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 education and staff development systems and processes.

Management has systems and processes in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to resident lifestyle.

Examples of education and training provided in relation to Standard 3 include:

- elder abuse and compulsory reporting
- life in a nursing home
- lifestyle choices for residents living with dementia
- pet therapy.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Management and staff provide support for residents to adjust to their new environment when moving into the home and on an ongoing basis. On entry to the home, assessments and a social profile capture the resident's emotional status and needs. Emotional support and lifestyle care plans are developed in consultation with residents and/or representatives. Residents' emotional needs are monitored through daily observation and reporting by care and lifestyle staff. Evaluations and review of plans occurs regularly or as needed. Referrals to mental health services and social workers are available if required. Residents and representatives said the home supported and met the residents' individual needs and preferences in an appropriate and compassionate manner.

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

Management and staff support residents to achieve and maintain their maximum level of independence. Assessment and care planning processes identify and plan for maintaining the residents' individual level of physical, social, cognitive and emotional independence. Care plans include strategies to maximise independence, which are appropriate for each resident's needs and preferences. Staff support residents to maintain friendships within the home and visitors are encouraged and welcome. We observed residents using mobility aids and where appropriate, moving independently around the home. Interviews and satisfaction

surveys confirmed that residents and representatives were satisfied that staff supported and respected residents' independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff demonstrated a commitment to ensuring residents' right to privacy, confidentiality and dignity. Residents and/or their representative sign consent forms in relation to sharing personal information and the use of photographs. Access to residents' files and other confidential information is restricted to authorised staff and computers are password protected. Interviews with staff and observations of staff practice confirmed staff respect and support residents' privacy and dignity. Residents and representatives said staff were polite and conscious of the residents' privacy and dignity needs. Representatives said residents always appeared appropriately groomed and their dignity supported and maintained.

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

Consultations with residents and their representatives contribute to the development of a lifestyle profile and care plan, which includes the residents' lifestyle preferences and choices based on past and present interests. Lifestyle staff and volunteers facilitate the activities program. Activities include word games, visiting entertainers, men's group, bus trips, visiting pets, craft, and music, and a recently implemented program for residents who have dementia. One to one lifestyle staff and volunteer contact with isolated residents or residents who prefer not to join in the group activities, provides opportunity for interaction to meet the residents' individual interests and needs. Interviews with residents and representatives confirmed that they are generally satisfied with the quantity and variety of leisure activities available to the residents.

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 are encouraged and supported to practice and express their spiritual and cultural beliefs and customs. Care and lifestyle assessment processes identify residents' cultural and spiritual backgrounds and practices that are of significance to them. The home facilitates residents' preferred practices including regular on-site church services. Staff confirm their understanding of residents' cultural and spiritual needs and provide support as required. The home monitors and evaluates the effectiveness of their processes through surveys, feedback and observation. Residents and their representatives are satisfied with the home's management of residents' cultural and spiritual interests and beliefs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Management and staff demonstrated that they are committed to recognising and respecting resident choices and their decisions. The resident agreement and information handbook include information about residents' rights and management explains these at the time of entry. Consultation about residents' individual preferences takes place on entry to the home and these are reviewed regularly. An authorised representative provides decision making support to residents presenting with reduced decision-making capacity. There are systems that support residents to provide feedback either as a group or on an individual basis. Interviews with staff verified that staff endeavour to empower and support residents to make their own decisions and choices. Residents and their representatives confirm residents have input into the care and services residents receive including personal care, meals and level of participation in activities.

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 ensures new residents and their representatives understand the resident's security of tenure, rights and responsibilities, financial obligations and services to be offered. An information handbook and formal agreement include policies on termination of occupancy and strategies to deal with harassment and victimisation. Management said, and documentation confirmed, that consultation occurs in the event of the need to move a resident to another room or to a more appropriate home. Power of attorney information is on file and staff receive education on elder abuse and mandatory reporting. The home has an open door policy to discuss any concerns and newsletters inform residents and representatives of any relevant changes. Residents and their representatives said that they feel secure in the resident's tenancy and understand resident's 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

The review of continuous improvement documentation confirmed that ongoing improvements in physical environment and safe systems occur. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement system and processes.

Recent improvements relevant to Standard 4 include:

- Management identified that there was a risk of the home being non-compliant with the annual competency and compliance updates as not all staff had attended those sessions. A new schedule was developed and staff informed of the need to attend. All staff have now completed the competencies for this year.
- Management and staff have identified that there is a lack of storage space for equipment, which has the potential to cause occupational health and safety risks for staff and residents. Through discussion at a staff meeting, an interim plan is in place for staff to remain vigilant and ensure equipment is stored appropriately with the least impact on safety. Management has a long-term plan to build a storage shed close to the home where excess equipment can be stored has been included in the 2013 capital budget.
- In response to a request from staff, glove holders have been located in the residents’ rooms to ensure staff do not leave residents unattended. Staff agreed at a recent meeting, that the ability to have access to gloves is effective and assists them in their care of the residents and supports resident safety.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Management demonstrated that the home is compliant with regulatory requirements in relation to physical environment and safe systems. Regular audits ensure the maintenance of a safe environment for staff and residents. There are policies, procedures and system for regular checking and auditing that fire and emergency systems and process meet the required regulations. Occupational health and safety policies and requirements, infection control guidelines and food safety programs are in place.

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 education and staff development systems and processes.

Management has systems and processes in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to physical environment and safe systems.

Examples of education and training provided in relation to Standard 4 include:

- manual handling
- fire and emergency management and response
- infection control and documentation
- chemical use
- food safety.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The living environment provided for residents is safe and comfortable; there are systems to ensure the environment remains consistent with resident care needs and individual preferences. Private and communal living areas are clean and well maintained and there are systems to ensure a comfortable temperature. There are a number of internal and external living areas for residents to use and residents are encouraged to personalise their rooms. Staff were observed to provide a safe and comfortable environment for all stakeholders. The home consults with residents and their representatives about improvements to the living environment through resident meetings, satisfaction surveys and the home's comments and complaints process. Residents and their representatives said that the home is comfortable and that they are satisfied the home is safe and secure.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Regular audits and risk assessments monitor potential hazards. There is evidence of follow up of required actions identified during audits, risk assessments and daily work and that the results from these actions are discussed at regular occupational health and safety meetings. Nominated representatives ensure staff have a point of contact if needed.

Staff confirmed that they attend mandatory education pertaining to occupational health and safety including manual handling techniques and bullying and harassment. Staff said that they feel the home has well maintained and the work environment is safe and confirmed that appropriate equipment and policies and procedures are available to guide safe practices.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management ensures there are effective systems for the prevention, detection and management of fire and other emergencies. There are appropriate emergency systems and equipment and service records confirm maintenance by external contractors regularly takes place. Evacuation kits and a current list of residents is available, evacuation maps are on display, exits are clearly signed and free of obstruction and external assembly areas are clearly marked. Keypad entry and exits to the home and after hours security measures ensure resident and staff safety. Education records confirm staff receive emergency training at orientation and then through mandatory annual training sessions. The residents' handbook and reminders at residents' meetings provides information about emergency procedures. Staff are able to describe their actions in the event of an emergency evacuation and confirm evacuation drills occur. Residents and their representatives are satisfied with fire and security measures in the home.

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 infection control policies and procedures in place to minimise risk of infections and to manage/prevent outbreaks. Registered nurses review infection data and in consultation with the home's management identifies trends. Actions are recommended and implemented in response to analysis of infection data and include provision of additional education, equipment and review of individual residents to ensure appropriate interventions occur. There is adequate stock of personal protective equipment available and staff are able to explain the actions to take in the event of a suspected outbreak. Pest control services visit regularly and general/hazardous waste is disposed of appropriately. Residents and their representatives stated they are satisfied with how staff monitor and manage infections.

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

Food and domestic services staff provide meals in line with the home's food safety program, menu rotation and residents' needs. Residents have access to snacks and preferred refreshments at all times. Staff perform cleaning duties guided by documented checklists and schedules. Internal maintenance and external providers regularly maintain cleaning and laundry equipment. An offsite laundry service launders all linen with personal clothing

laundered on site. Residents and their representatives expressed satisfaction in relation to the meal, cleaning and laundry services provided at the home.