



Aged Care
Standards and Accreditation Agency Ltd

Griffiths Point Lodge Hostel

RACS ID 3129

20 Davis Point Road

SAN REMO VIC 3925

Approved provider: Bass Coast Regional Health

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 14 August 2016.

We made our decision on 21 June 2013.

The audit was conducted on 21 May 2013 to 22 May 2013. 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

Griffiths Point Lodge Hostel 3129

Approved provider: Bass Coast Regional Health

Introduction

This is the report of a re-accreditation audit from 21 May 2013 to 22 May 2013 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes.

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 21 May 2013 to 22 May 2013.

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:	Lois Knox
Team member:	Heather Sterling

Approved provider details

Approved provider:	Bass Coast Regional Health
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Details of home

Name of home:	Griffiths Point Lodge Hostel
RACS ID:	3129

Total number of allocated places:	29
Number of residents during audit:	26
Number of high care residents during audit:	6
Special needs catered for:	No

Street:	20 Davis Point Road	State:	Victoria
City:	San Remo	Postcode:	3925
Phone number:	03 5678 5311	Facsimile:	03 5678 5850
E-mail address:	anne.main@bcrh.com.au		

Audit trail

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

Interviews

	Number		Number
Management team	3	Residents/representatives	7
Clinical, care and lifestyle staff	5	Volunteers	3
Environmental service staff	6	Hairdresser	1

Sampled documents

	Number		Number
Residents' clinical and lifestyle files	12	Residents' medication charts	9
Residents' diabetic management records	3	Residents' wound care records	1
Residents' 'as required' medication administration records	6	Residents' hospitality forms (food allergies)	17
Residents' weight management records	29	Personnel files	6
Resident agreements	6	External contractor agreements	6

Other documents reviewed

The team also reviewed:

- Activity and events calendar
- Admission package
- Annual essential safety measures report
- Audit schedule, results and analyses
- Bushfire emergency management plan
- Business plan
- Cleaning schedules: cleaners, kitchen
- Code of conduct
- Comments, compliments and complaints
- Complex care directions
- Confidentiality statement
- Continuous improvement plan
- Corrective and preventative maintenance records
- Education calendar
- Education folder: staff competencies, staff attendances and evaluations
- Elder abuse register

- Electrical equipment log books
- Emergency procedures quick reference sheets
- Environmental safety checklists
- Fire and emergency systems maintenance records
- Food safety plan 2012
- Handover records
- Incident reports
- Infection control guidelines
- Infection control surveillance
- Infections monthly audit report
- Leisure and lifestyle information
- Maintenance request and communication book
- Material safety data sheets
- Meeting minutes
- Missing resident register
- Newsletters
- Occupancy permit
- Occupational health and safety documentation
- Organisational operating contingency plan
- Orientation checklist
- Police certificate, statutory declaration and professional registration records
- Policies and procedures
- Public sector residential aged care services (PSRACS) quarterly evaluations: falls, pressure injuries, restraint, poly pharmacy and unplanned weight loss
- Quality activities folder
- Resident list
- Residents' information handbook, package and surveys
- Risk assessments
- Safety manual
- Self assessment for re-accreditation
- Staff handbook
- Staff roster
- Strategic business plan
- Surveys
- Third party food safety audit report February 2013
- Validated and generic assessments.

Observations

The team observed the following:

- Activities in progress
- Advocacy and complaints information
- Charter of residents' rights and responsibilities
- Computers available to residents
- Cultural resources
- Equipment and supply storage areas
- Evacuation box
- Facility map showing evacuation points
- Feedback forms and suggestion box
- Fire, safety and emergency equipment and signage
- Interactions between staff and residents
- Living environment
- Meal and refreshment services in progress
- Mission statement, vision and core values
- Noticeboards and information displays
- Notification of re-accreditation audit
- Organisational chart, structure and committee structure
- Outbreak kit
- Personal protective equipment
- Sign in/out books
- Spills kit
- Storage of medications including drugs of addiction.

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

Griffiths Point Lodge Hostel has a quality system that drives continuous improvement across the four Accreditation Standards. The home identifies opportunities for improvement from a range of sources including resident and staff feedback, meetings, incidents, survey and audit results. Management document issues and opportunities in the home's continuous improvement plan and develop action plans for individual continuous improvement activities. Management communicate results through meetings, newsletters, noticeboards and education. Management review and evaluate outcomes generated through the system. Staff said they are aware of the continuous improvement system and confirm improvements are ongoing. Residents and representatives confirmed ongoing improvements occur at the home.

Recent improvements relevant to Standard one include:

- A staff suggestion resulted in the development of a revised admission package for new residents with all relevant information and forms collated into one reference point. Management said the package streamlines resident admission processes and provides a step by step process to guide staff. Management said that while they have not fully implemented the package, staff provided positive feedback that the package will enable them to follow resident admission procedures more easily.
- Administration staff identified the home's computer based systems were often slow due to the system going through an offsite computer server. As a result, installation of a local computer server occurred. Management said the server has made accessing computer based resident and administrative information much faster and enhanced staff efficiency.

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

Griffiths Point Lodge Hostel has a system to identify and comply with relevant legislation, regulatory requirements and guidelines across all four Accreditation Standards. Organisational management receive information through a legislative update service, peak bodies and government departments. Management then disseminate requirements for regulatory compliance to relevant areas of the home through meetings, memoranda, noticeboards and education. Management review and amend policies and procedures in response to legislative changes. Staff confirmed they receive information about regulatory

compliance issues relevant to their roles. The home includes relevant updates on regulatory compliance at resident and representative meetings and in newsletters.

Examples of responsiveness to regulatory compliance obligations relating to Standard one include:

- There is a system to ensure currency of police certificates for staff, volunteers and external contractors.
- There is a display of up to date information about the Aged Care Complaints Scheme.
- Management monitor and maintain professional registrations of staff.
- Management notified residents, representatives and staff of the reaccreditation visit.

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 provide access to an education program for staff to ensure they have the required knowledge and skills to perform their roles effectively. Management identify educational opportunities through the appraisal system, legislative changes, incident reports, audits, stakeholder feedback, new equipment, observation of practice, staff meetings, staff requests and in response to changing resident needs. Information on upcoming education sessions is available to all staff through an education calendar, memoranda and fliers. Management provides education through a range of methods such as formal internal and external sessions, practical demonstrations, videos, one on one and discussions at handovers; management ensure mandatory sessions and some competencies for staff occur. A record of staff attendance occurs and evaluation of some sessions occurs. Management encourage and support staff to undertake further qualifications and staff confirm their satisfaction with the educational opportunities.

Recent and scheduled training and development opportunities relevant to Standard 1 include:

- bullying and harassment/zero tolerance
- elder abuse for managers
- Certificate IV frontline management
- computer literacy up date in readiness for new electronic care assessment and planning program.

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 provides residents, representatives, staff and visitors with formal and informal avenues to make comments and complaints. Management and staff provide information to stakeholders about internal complaints processes and external resolution services through relevant meetings and publications. Documents showed the home is responsive to

stakeholder feedback and concerns are actioned in a timely manner. Residents and representatives said they feel very comfortable approaching both staff and management with concerns and feel confident that appropriate follow up will occur. Staff were able to describe appropriate actions for following through on resident comments and complaints.

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 its mission, vision, philosophy, values, objectives and the charter of residents' rights and responsibilities in a wide range of documents including the employee and resident handbooks. The home's commitment to the provision of quality throughout the service is established and maintained in all components of the home's continuous improvement framework.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Management have systems in place to ensure there are appropriately skilled and sufficient staff employed to meet the care needs of residents. Position descriptions for staff in all areas of work define the qualifications, roles and responsibilities required to undertake their duties. There is a documented process in place for the recruitment, selection and orientation of new staff. Appraisal of staff performance is undertaken annually. The home has its own casual staff bank and the roster reflects that there are adequate levels of staff and skill mix to meet the care needs of residents. The educational program provides staff with the opportunity to increase their knowledge and skills relevant to their area of work. Staff confirm support provided by management; residents speak very highly of the prompt care and attention they receive.

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

There is a system to ensure stocks of appropriate goods and equipment is available for delivery of service to residents. Management order goods through preferred suppliers and ensure regular stock rotation. There is an effective maintenance request system and the home has a preventative maintenance schedule ensuring the safety and working order of goods and equipment. Staff and residents said there are adequate supplies of goods and equipment to meet resident needs and are satisfied maintenance completion is in a timely manner.

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 to ensure all stakeholders have access to current information that guides staff work practices and ensures effective delivery of resident care. Staff have access to information that ensures they can effectively carry out their role. There are processes to routinely collect and analyse key data. Management provide residents and representatives with information on the home's processes and requirements. Established processes ensure residents, representatives and staff remain updated. There is regular electronic back up of computers and secure storage of information. Archived material is stored securely pending destruction according to legislated requirements. Staff confirmed they receive information updates through a variety of formal and informal means. Residents and representatives are satisfied the home keeps them informed and they have access to relevant information.

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 has systems to ensure external contractors provide services within agreed quality standards. The home maintains contracts with approved providers covering provision of services and agreed conduct. Management review service contracts regularly and make any changes required. External contractors sign in and out of the home and processes are in place to ensure current police certificates of contractors. Management monitor the effectiveness of external services through a variety of mechanisms including the home's comments and complaints system, staff and resident meetings and quality audits. Staff and residents are satisfied with the external services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

There is a system that shows ongoing improvements in resident health and personal care. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard two include:

- A management initiative resulted in the development of a heatwave checklist for staff. Staff were provided with information about care of residents during heatwave conditions and the checklist is readily available to staff as required. Management said the checklist prompted staff to attend appropriately to all residents during recent heatwave conditions.
- Management identified the opportunity to introduce a formal annual care consultation with residents and representatives. Management consulted with residents and representatives regarding development of the initiative. Residents and representatives provided feedback to management that existing day to day communication with staff, and communication during resident of the day reviews, provided sufficient opportunity for communication about residents' care needs. Management therefore did not proceed with the initiative of a formal annual care consultation as per resident and representative feedback.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Management implements a system to identify and ensure the home meets regulatory compliance obligations in relation to resident health and personal care. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard two include:

- The home demonstrates compliance with regulatory requirements regarding medication management and storage.
- Appropriately qualified personnel carry out specified care and services.
- The home has policies and procedures in place and staff are aware of their responsibilities in relation to unexplained resident absences.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management promotes continuing education as being essential in maintaining and developing skills and competencies. Management have systems in place to ensure staff have the skills and knowledge to meet residents’ health and personal care needs. Management provide education and training through a structured education plan developed according to identified needs, and covering topics relevant to this Standard. Staff reported their satisfaction with the health and personal care education offered by management. For further information refer to Expected outcome 1.3 Education and staff development.

Recent and scheduled training and development opportunities relevant to Standard 2 include:

- stomal therapy
- improving resident care and planning
- accurate documentation of the new emergency transfer form
- first aid for personal care staff.

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 to ensure residents receive appropriate clinical care through regular assessments, care planning and evaluation. A collaborative clinical team completes the resident assessment and care planning. The resident’s family, general practitioners and visiting allied health practitioners provide further information and review. The home monitors residents’ clinical care outcomes through scheduled monthly and ‘as required’ reviews, clinical audits, and resident and representative feedback. Staff report significant changes to individual care needs to the attending general practitioners. Each clinical shift conducts a handover, and the home reports, records and monitors clinical and behavioural incidents. Residents and their representatives stated their satisfaction with the health and personal care provided by the home.

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 in collaboration with other qualified staff assess, plan, manage and review specialised nursing care. Provision of specialised nursing care occurs in medication management, diabetic care, continence care, wound and pain management, and palliative care. Access to regional, industry based and other specialist nurses provide additional advice and support. Care plans and the integrated progress notes record strategies recommended by specialist nurses. Monitoring of specialised nursing care is through care plan reviews,

audits and feedback from residents and representatives. Residents and their representatives stated the specialised nursing care the residents receive meets individual needs.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Registered staff refer residents to general practitioners, visiting and contracted allied health professionals such as a physiotherapist, speech pathologist, dietician and a podiatrist. The home has effective processes and systems to ensure resident referral to specific allied health practitioners on moving to the home and thereafter. Whilst some services do visit the home, staff support residents to access audiometrists, optometrists, and dental services in the broader community; the home contracts hairdressing services. A psychogeriatrician and other specialist mental health services visit the home when required. Documentation of assessments and prescribed treatments occur and specific information recorded in care plans. Residents and their representatives stated they are aware of the availability of medical and allied health professionals.

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 manage residents’ medication safely and correctly. Registered nurses, endorsed enrolled nurses and medication competent personal care workers administer medication from original and multi dose packaging. Resident identification is clear and administration processes are systematic. A scheduled monitoring system addresses identified deficits, and there are documented processes to guide staff if medication administration errors occur. An independent pharmacist reviews medication charts on a regular basis providing the attending general practitioners and the home with a report. A resident outcome is consistently recorded after the administration of ‘as required’ medication. An assessment of residents who wish to manage their own medication occurs to ensure they are safe to do so. General and dangerous medications are stored securely and there is a safe disposal system. Residents and their representatives stated the administration of residents’ medication is safe and timely.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The identification of each resident’s past history and presence of pain occurs during the initial assessment phase using a generic assessment. Pain management protocols are reviewed if there is a change in residents’ cognition levels or clinical status, when there is a new episode of reported pain, and when ‘as required’ pain relief is administered over a period of time and two monthly. Care staff use a range of alternatives to medication such as simple limb massage, therapeutic bathing, hand therapies, scheduled repositioning, active/passive group exercise regimes and ‘pampering’ sessions. Pressure relieving equipment is available and

the home has access to specialised pain management nurses for additional support and advice. Residents and their representatives stated they are satisfied with the home's management of residents' pain.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The care management team discuss end of life wishes during the entry phase or when the respondents choose to do so. This discussion which includes comprehensive resident and representative consultation embracing individual care wishes and reflecting the residents' cultural beliefs, ensures the maintenance of comfort and dignity of terminally ill residents. Registered nurses reassess the resident's needs when the resident enters the palliative phase of care in collaboration with the family, attending general practitioner and, if requested, palliative care specialists. The home has access to specialised equipment for consistent administration of pain relief and other specific medications to minimise anxiety and nausea. Specialised personal hygiene products are available. Visiting pastoral carers, religious personnel and external counselling services enhance resident and relative support.

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

During the generic assessments, residents' nutrition and hydration needs, food preferences, food allergies, intolerances/special diets, swallowing difficulties and weight management requirements are noted. This information directs the development of an individual care plan. Resident referral to a dietician and a speech pathologist occurs when required. A range of texture modified meals and adaptive crockery and cutlery are available for all meals and refreshment times for those who need them. Staff weigh residents monthly or more frequently and registered nurses, the general practitioners and when necessary, the dietician, monitor unplanned weight loss/gains. The home administers nutritional supplements to enhance residents' nutritional status when required. Residents and representatives stated their satisfaction with the quality and quantity of the meals and associated support needs.

2.11 Skin care

This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

On moving into the home, and as part of personal hygiene practices, residents undergo a systematic review of their skin integrity. Registered nurses and other qualified staff use a generic tool to identify risks to skin integrity and the potential for pressure injury. If the resident has a compromised clinical status such as the presence of diabetes, peripheral vascular disease, reduced mobility, increased frailty, palliative care and post-surgery then

specialised care occurs. Contemporary dressing protocols support wound care management and the home has access to clinical nurse specialists. The care management team formally monitor skin tears. Registered nurses prescribe specialised pressure relieving practices/equipment and formalised repositioning regimes. Care staff use emollient and barrier creams as preventive measures; residents have access to a podiatrist and a hairdresser to further enhance skin care practices. Residents and their representatives reported satisfaction with the way the home manages skin care.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

Staff discuss individual resident continence requirements reflecting if and what aids are used, how successful the current practices are and ways to enhance dignity and comfort. Registered nurses and other qualified staff determine the establishment of resident voiding times and levels of staff assistance after a period of observation and charting; individual trials of continence aids occur as required. The home has access to an industry based nurse specialist for additional support for residents and staff. Behaviour management includes continence care as a trigger for episodes of agitation and disruptive behaviour and is a consideration if there are disturbed sleeping patterns. The use of invasive bowel preparations is minimised by the implementation of increased hydration, a high fibre diet and appropriate exercise to maximise normal bowel health. The infection surveillance program monitors urinary tract infections using validated signs and symptoms to guide staff. Residents and their representatives stated their satisfaction with the residents’ continence care provided.

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

On moving to the home, all residents undergo a suite of validated and generic behaviour management assessments during the initial phase, annually, and if and when behaviours change. Care plans are developed from assessment information, documented staff observations over a defined period of time, information from aged mental health professionals and family feedback. The home has clear protocols in place to manage the need for restraint for residents who exhibit challenging behaviour or are aggressive, and for residents who wander. Therapy and care staff utilise individual diversional, sensory, reminiscing and validation therapies to moderate residents’ challenging behaviours. Staff stated their understanding of mandatory reporting requirements. Residents and their representatives stated the behaviours of other residents do not impact on residents’ privacy.

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

On moving into the home, the contracted physiotherapist assesses the residents' mobility, dexterity and rehabilitation needs to maximise individual independence. Care staff and diversional therapy staff support residents to access various exercise programs incorporating gentle exercise and mental stimulation into these activities throughout the week including armchair exercises and balance exercises. Preventive and corrective maintenance programs ensure mobility aids are in good condition. Staff report, monitor, analyse and action all incidents related to residents' falls and near misses; the physiotherapist follows up all falls. Residents and their representatives stated their satisfaction with the mobility enhancement program that is available to residents throughout the week.

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

On moving to the home, all residents undergo an oral and dental assessment. Care plans document individual preferences for cleaning natural teeth, dentures and other care. Residents receiving a high level of care have a choice of toothbrush bristle. Referrals to the general practitioner and speech pathologist occur if the resident has swallowing difficulties. Residents' oral care is specialised during palliation and individualised when a resident receives inhaler/nebuliser therapy. The home supports residents to attend private dental services in the broader community. Residents and their representatives stated their satisfaction with oral and dental care

2.16 Sensory loss

This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

Formal assessments of the resident's communication, vision, and hearing occur and the care plan nominate individual strategies to manage needs. Referral occurs to allied health professionals in the broader community for optical and audiometric services when required; some services visit the home. Care and lifestyle staff offer simple limb massages, relaxing music, hand therapies, therapeutic/relaxing bathing, cooking sessions and quiet conversation to enhance sensory stimulation and minimise agitation. The living environment is of low stimuli, corridors are wide and have hand rails; residents have access to smaller lounges throughout the home. During palliation, additional care ensures the enhancement of sensory care. Residents stated their satisfaction with the identification and management of their sensory losses.

2.17 Sleep

This expected outcome requires that “residents are able to achieve natural sleep patterns”.

Team’s findings

The home meets this expected outcome

On moving to the home, assessment of the resident’s sleeping and rest patterns occurs over seven days; re-assessment occurs if sleep patterns are disturbed. In consultation with the resident and or representative, care plans nominate individual rising and settling times and other specific rituals. The home promotes the use of alternatives to medication where possible. Past life histories, pain management, immobility, continence care and escalation of behaviours are defined precursors to disturbed sleep patterns and are integral to individual care planning. Residents reported they sleep well and stated their satisfaction with the attention provided by night 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

There is a system that shows ongoing improvements in the area of resident lifestyle. For a description of the system, refer to expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard three include:

- As the result of a resident suggestion, management arranged for the opening of all enclosed garden areas to form a secure pathway around the home. This included moving the perimeter fence and the removal of a number of dividing gateways. Lifestyle staff said residents enjoy taking daily walks around the home, and it has increased activity participation for a number of residents at risk of social isolation. Residents said they enjoy participating in walks around the home.
- Management identified the opportunity to access a government grant to provide residents with computer education. The project resulted in the publishing of a cook book developed by residents. Some residents also learnt to use computer networking skills and continue to regularly access family and friends using computers available to residents in a lounge area.

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

The home has a system to identify and ensure the home meets regulatory compliance obligations in relation to resident lifestyle. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard three include:

- Compliance with obligations related to security of tenure, such as provision of a residential agreement.
- Provision to residents of goods and services as required by the Quality of Care Principles 1997 Division 2.1 Specified care and services for residential care services.
- Systems to ensure resident privacy including the secure storage and destruction of confidential information.
- Processes to manage compulsory reporting of elder abuse.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management promotes continuing education as being essential in maintaining and developing skills and competencies. Management have systems in place to ensure staff have the skills and knowledge to meet residents' lifestyle. Management provide education and training through a structured education plan developed according to identified needs, and covering topics relevant to this Standard. Staff reported their satisfaction with the lifestyle related education offered by management. For further information refer to Expected outcome 1.3 Education and staff development.

Recent and scheduled training and development opportunities relevant to Standard 3 include:

- privacy and dignity
- grief, loss and emotional support
- best practice in developing activities for residents
- 'Healthy Ageing' project: the development of a resident recipe book, computer literacy and intergenerational socialisation.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Staff and management support residents to adjust to life at Griffiths Point Lodge Hostel and provide emotional support to residents on an ongoing basis. Prior to coming to the home the resident and their representatives are informed about the home, services available, their rights and responsibilities and information about relevant fees and charges. On entry the resident is orientated to their room, the environment and amenities and introduced to other residents. Lifestyle staff assist residents to settle into the home and commence assessments that capture social, cultural and spiritual histories. Staff provide information to residents and representatives about specialist advocacy and support services as required. A range of volunteers are engaged to support residents with specific emotional or social support needs. Residents and representatives said staff are very friendly and caring.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Staff support residents to remain as independent as possible and to maintain friendships, family connections and community links. Clinical and lifestyle staff assess residents on entry regarding individual requirements to support independence and care plans are developed

and reviewed regularly. Staff assist residents to remain as independent as possible with mobility and sensory aids and equipment, and the provision of an appropriate living environment. The home has an integrated approach to clinical and lifestyle support ensuring strategies to support independence are personalised and goal directed. Visitors are welcomed and a bus is available to facilitate community visits. Staff monitor residents' involvement in the activities program and in undertaking activities of daily living and identify if additional assistance is required. Residents and representatives said the home supports resident's independence and they are satisfied with the support and assistance provided.

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

Staff support and respect each resident's right to privacy and dignity. Staff receive information about privacy and confidentiality during orientation and on an ongoing basis. Staff knock and request permission before entering residents' rooms and close doors during personal care. Residents are encouraged to personalise their rooms with their own belongings. The home manages documentation securely and staff hold confidential conversations in private. We observed staff interacting with residents in a positive and patient manner. Residents said staff treat them with care and respect at all times.

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

Staff encourage and support residents to participate in a range of interests and activities relevant to their individual preferences. Lifestyle staff assess each residents' past and present leisure interests in consultation with residents and their representatives. Staff document personalised lifestyle needs and preferences in each resident's care plan and evaluate care plans on a regular scheduled basis. Activities cater for the needs of residents with physical, sensory and cognitive deficits. Residents participate in group activities and receive one to one support. Lifestyle staff evaluate activities and special events on an ongoing basis. Residents and representatives have input into the program through meetings, surveys and direct feedback. The home reviews the lifestyle program in response to participation levels and resident and representative feedback. Residents confirmed a variety of activities of individual interest is available to them.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Staff provide services in a manner that values and fosters residents' cultural and spiritual lives and supports individual interests. Staff identify residents' cultural and spiritual needs on entry and document these in each resident's care plan. Residents are encouraged to

celebrate days of significance and staff support them to access local religious services. Local religious groups also hold religious services at the home. Cultural resources are available to staff and interpreter services are available if required. Staff are sensitive to residents' cultural and spiritual needs and demonstrate knowledge of individual residents' requirements in this regard. Residents are satisfied with the way staff acknowledge and respect their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Staff support residents to exercise choice and control over their lifestyle. Upon entry to the home staff engage with residents to identify their care and lifestyle preferences. Staff document in care plans and regularly review residents' expressed preferences for care and support. Management and staff encourage residents and representatives to express their wishes through residents and representatives' meetings, individual consultation, surveys, the comments and complaints system and an 'open door' policy. The home documents powers of attorney and alternative decision makers for relevant residents. Information about advocacy services is available to residents and representatives. Staff confirm they support residents to make choices and decisions about their daily routine. Residents' said they have opportunity to make choices and decisions about their life at the home.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents have secure tenure within the home and there are processes to ensure they understand their rights and responsibilities. Management provide residents and representatives with information about security of tenure, residents' rights and responsibilities, specified care and services and independent complaint mechanisms prior to entry. The home documents this information in the residential agreement. The home informs staff about residents' rights and responsibilities, security of tenure and elder abuse through policy and education. Residents said they feel secure in their home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

There is a system that shows ongoing improvements in the area of physical environment and safe systems. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard four include:

- Management identified the opportunity to enhance resident preparedness in the event of an emergency evacuation. As a result, staff assisted each resident to prepare an overnight bag to in the event of an emergency transfer. Management added a checklist item to the ‘resident of the day’ review to ensure staff regularly check each resident’s bag is packed and easily accessible.
- Environmental monitoring identified a number of windows in the home requiring ongoing maintenance to maintain seals. As a result, management arranged for full window replacements in a number of areas of the home. Management said the replacements have reduced maintenance requirements and enhanced the living environment for residents.

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

There is a system to identify and ensure the home meets regulatory compliance obligations in relation to physical environment and safe systems. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance and guidelines released relating to Standard four include:

- Chemical storage is secure and current material safety data sheets are available to staff.
- The home has policies and procedures for monitoring, responding to and reporting infectious outbreaks.
- The home shows evidence of following relevant protocols in relation to compliance with food safety regulations and guidelines.
- An external service provider monitors and maintains compliance with fire and safety regulations.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home promotes continuing education as being essential in maintaining and developing skills and competencies. Management have systems in place to ensure staff have the skills and knowledge to meet the physical environment and safe systems. Management provides education and training through a structured education plan developed according to identified needs, and covering topics relevant to this Standard. Staff reported their satisfaction with the health and personal care education offered by management. For further information refer to Expected outcome 1.3 Education and staff development.

Recent and scheduled training and development opportunities relevant to Standard 4 include:

- a suite of mandatory education: fire and emergencies, manual handling, infection control and food safety for food handlers
- occupational health and safety training for the staff representative and other staff
- chemical safety for environmental service staff
- nutrition and special diets in aged care.

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

Management implement effective systems to provide a safe and comfortable living environment for residents consistent with resident care needs and individual preferences. Private and communal living areas are of comfortable temperature, clean and well maintained with systems in place for reactive and preventative maintenance. There are a number of internal and external living areas for residents to use and staff support residents to personalise their bedrooms. Staff employ appropriate practices to ensure the safety and comfort of residents. Residents are satisfied the home is safe and comfortable.

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 implement systems to provide a safe working environment in a manner that meets regulatory requirements. An occupational health and safety committee oversee the home's risk management procedures. Management provide staff with education, equipment and supplies to employ safe work practices. Maintenance staff implement a system of routine and preventative maintenance to ensure the safety of equipment and fabric. Management ensures staff are aware of their health and safety responsibilities through meetings,

documented procedures, education and the orientation process. Staff provide feedback about workplace health and safety issues using hazard and incident reports, maintenance requests, meetings, and through direct feedback to management and a health and safety representative.

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

Griffiths Point Lodge Hostel has systems to identify and minimise fire, security and emergency risks. The home has emergency management procedures for a range of external and internal emergencies including contingency plans for total evacuation. Fire and emergency equipment is monitored both internally and maintained by qualified external contractors. The home has a lock up procedure for security of residents at night. Staff have completed annual emergency procedures training and are able to describe appropriate actions to undertake in the event of an alarm. Management provide residents with emergency evacuation information; residents said they have confidence in the ability of staff to respond to an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The nurse unit manager in collaboration with the endorsed enrolled nurse team leader oversees the effective infection control program. A monthly surveillance program trends infections; reporting of infection control issues occurs at relevant meetings. Audits occur in the kitchen to ensure compliance with monitoring of temperatures and staff practices. Strategies are in place for the management of infectious outbreaks, hand washing, waste segregation and disposal, food safety, cleaning, disinfecting and sterilising. Personnel protective equipment is available for staff use. Management offer influenza vaccinations annually to staff and the attending general practitioners manage residents' vaccinations. Observation of staff practices demonstrated appropriate infection control measures.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Residents expressed their satisfaction with the hospitality services offered by the home. Management systems ensure the provision of catering, cleaning and laundry services meets the needs and supports residents' quality of life and the working environment for staff. Monitoring mechanisms include internal and external audits, reports and temperature records. Resident's dietary requirements and preferences are met and meals are freshly prepared. The menu is on a six week rotation cycle and is changed seasonally. The daily menu is displayed in the dining rooms and alternative meals, snacks and tea and coffee making facilities are available at all times. Cleaning is provided by the home's staff five days

a week, with schedules in place to ensure that cleaning tasks are completed. Personal laundry is undertaken onsite; a labeling system ensures minimal clothing loss.