Hale Hostel

RACS ID 7200
31 Waverley Road
COOLBELLUP WA 6163
Approved provider: Amana Living Incorporated

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 25 September 2015.

We made our decision on 9 August 2012.

The audit was conducted on 3 July 2012 to 4 July 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

Hale Hostel 7200

Approved provider: Amana Living Incorporated

Introduction

This is the report of a re-accreditation audit from 3 July 2012 to 4 July 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 3 July 2012 to 4 July 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:	Cristian Moraru
Team member/s:	Shirley Latham

Approved provider details

Approved provider:	Amana Living Incorporated

Details of home

Name of home:	Hale Hostel
RACS ID:	7200

Total number of allocated places:	40
Number of residents during audit:	39
Number of high care residents during audit:	19
Special needs catered for:	Nil reported

Street/PO Box:	31 Waverley Road	State:	WA
City/Town:	COOLBELLUP	Postcode:	6163
Phone number:	08 9314 4800	Facsimile:	08 9314 1814

Audit trail

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

Interviews

	Number		Number
Care manager	1	Residents/representatives	9
Compliance coordinator	1	Maintenance staff	1
Centre operations manager	1	Laundry staff	1
Quality operations manager	1	Cleaning staff	1
Occupational therapist	1	Catering staff	1
Physiotherapist	1	Food services coordinator	1
Injury management advisor	1	Administration assistant	1
Clinical nurse manager	1	Care staff	6
Registered and enrolled nurses	2	Occupational therapy assistants	2

Sampled documents

	Number		Number
Care plans	5	Medication charts	8
Leisure and lifestyle care plans	5	Resident files	6
Evidence files	32	Personnel files	4
Restraint authorisation form	1		

Other documents reviewed

The team also reviewed:

- Activity attendance statistics and evaluations
- Appraisals and position descriptions file
- Archive register
- Aromatherapy care plans
- Audits and surveys files
- Body mass index matrix for residents
- Care conference reports
- Care plan review matrix
- Chemical supplier file
- Clinical indicator data and trends
- Consent to take risks form
- Continence and surgical products monthly orders
- Cultural perspectives in grief information

- Daily oral care check list

- Dietary preference sheets

- Education and development days planners

- Family conference matrix

- Fire detection and alarm system maintenance log books

- Food safe information and worksheets

- Laundry and cleaning files

- Leisure and activities calendar

- Maintenance records and property department file

- Material safety data sheets register

- Medication competencies

- Meeting minutes

- Menus, dietary lists and food preference flipper file

- Monthly weights matrix and client weighing protocol

- Nutrition screening tool

- Orientation pack for staff

- Plan for continuous improvement

- Policies and procedures

- Referrals to other health related services and specialists

- Resident agreement

- Residents' voting status form

- Restraint authorisation

- Self-medication competencies

- Temperature checks for medication refrigerator

- Toothbrushes change schedules

- Training matrix

- Welcome pack for residents.

Observations

The team observed the following:

- Access to complaints mechanisms and suggestion box

- Activities in progress

- Administration of medication

- Equipment and supply storage areas

- Interactions between staff and residents

- Living environment

- Locked storage cupboards for medication

- Meal and customer service

- Noticeboards and displayed information
- Volunteers, visitors and contractors logs.

Assessment information
This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1   Continuous improvement

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

Team's findings
The home meets this expected outcome

The home actively pursues continues improvement and encourages staff and resident participation. The framework for continuous improvement includes a quality management system that relates to all four Accreditation Standards and encompasses mechanisms for measuring, monitoring and reviewing performance, and processes for feedback. The management team identifies opportunities for improvement and coordinates the continuous improvement processes. The continuous improvement plan details corrective actions and undertaking projects, and management informs stakeholders about improvement initiatives via meetings and newsletters. Staff, residents and representatives reported they are encouraged to provide feedback and ideas for improvement at meetings and using feedback forms.

Examples of improvement initiatives related to Standard 1 Management systems, staffing and organisational development are stated below.

- The organisation identified the need to improve its clinical documentation system. As a result, an electronic care management system was implemented using a planned approach. Staff received relevant training in how to use the system, and regular monitoring of staff usage and accuracy of residents' clinical records has shown compliance with the requirements. The new system is up and running and includes handover, messaging, incident and maintenance reporting, care planning and clinical assessments processes as well as a data base of relevant charts and forms. Management reported that the new system offers a better management and security of information and a corporate review will be undertaken by the end of 2012.

- The management team developed and trialled welcome packs for new staff relevant to their designations. The packs include information related to various services and process available or/and undertaken by the home, as well as references to procedures and copies of feedback forms. A checklist is completed as staff are orientated. As a result of the home's successful trial, the organisation is adopting the staff welcome pack as a standard process with benefits in staff transportability.

- The management team identified the need to improve the access to specific information relevant to residents and representatives. As a result, management developed and implemented a site specific welcome pack for residents and representatives in addition to the information booklet issues by the organisation. The pack includes information relevant to services available and rights/responsibilities, staff coverage, meeting schedules, public advocate and spiritual information, and a range of feedback and reporting forms. Representatives reported, and meeting minutes we reviewed showed, that residents and representatives are using the welcome packs. Management reported that a formal evaluation will take place in due course.

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

There are systems and processes to ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The organisation outlines updates on legislative changes from government departments, peak bodies and associated organisations and industry publications. Management systems documentation includes references to legislative requirements, and management inform staff when changes to legislation or procedures affect and apply to the home via meetings, memoranda and education sessions. The home ensures the currency of staff police checks, statutory declarations and professional registrations via an electronic management system and staff receive alerts to update. The home monitors compliance via an auditing program, external inspections, and human resource and operational processes. Residents and representatives reported they were informed of the re-accreditation audit.

1.3   Education and staff development:

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

Team's findings
The home meets this expected outcome

The home uses organisational systems to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively via a recruitment process, orientation and buddy shifts, and training and job descriptions. Management identify staff training needs from feedback/audits and operational processes, and the home facilitates educational topics, including mandatory, focus and workshop training sessions. The induction and orientation of staff include information relevant to both the organisation and the home. The organisation offers separate development days to all staff specific to their designations. A training plan is available, and the home uses an electronic monitoring mechanism to track staff competencies/skills and surveys to measure staff satisfaction. Staff reported satisfaction with the education program available. Residents and representatives stated that staff are skilled and perform their roles effectively.

Examples of education and training related to Standard 1 are listed below.

- Bullying in the workplace
- Customer service
- Electronic information management systems
- Human resources guidelines
- Orientation and induction
- Professional development courses

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

There are processes to ensure residents and representatives receive information regarding the internal and external comments and complaints system through information packs, agreements, brochures and newsletters. Feedback forms and suggestion boxes are available, and meetings provide opportunities for complaint or suggestion discussions. Management measures the effectiveness of the comments and complaints process via satisfaction surveys and there is a routine review and analysis process to identify opportunities to improve which links the home's continuous improvement system. Staff receive information about the comments and complaints procedure during orientation and customer service training, and assist the residents to complete feedback forms as required. Residents and representatives reported using formal and informal processes with staff and management as ways of resolving issues, and are satisfied with their access to complaints systems.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation displays its mission, values, philosophy of care statement within the home. The organisation documents and reproduces the statement in management systems' documentation and various literatures for staff and residents.

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 a system to manage human resources that is underpinned by policy and procedures and regulatory requirements, and includes recruitment, orientation, and training and development processes. The organisation has a human resources department to manage areas of recruitment centrally. Reviews and changes of staff rosters and allocations occur based on the residents' identified care needs, feedback and workload, and staff skills and supervision. Management and administration coordinate arrangements for shift relief staff using existing casual and agency staff, and registered nursing staff are on call to assist night shift staff as required. Management monitors staff turnover rates and performance, and the human resource department provides monthly reports to management to assess ongoing compliance of staff with relevant requirements. Staff reported they have enough time to complete their tasks and that duty lists are reflective of their allocated tasks. Residents and representatives expressed satisfaction with the responsiveness and adequacy of care and services provided by staff.

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

Team's findings
The home meets this expected outcome

There are systems and processes to ensure adequate stocks of goods and equipment are available for quality service delivery. The home has established ordering programs, and designated staff monitor, receive and process the orders of stocks and supplies. Remedial and preventative maintenance programs ensure that equipment, buildings and grounds remain operational. The organisation uses capital operational and medical equipment budgets to improve the home's clinical care and environment and the property department replaces faulty equipment with a rating to assess the urgency of replacement. Management monitors the routine maintenance programs undertaken via work orders, and measures the effectiveness of the home's inventory and equipment for safety and useability. Professional therapy staff review the use of suitable aids and equipment for residents. Staff receive training for appropriate use of electronic and mechanical equipment including manual handling, and staff reported they have enough equipment and supplies to undertake their tasks. Residents and representatives reported satisfaction with the availability and suitability of goods and equipment provided to residents.

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 established processes to facilitate the collection, analysis and dissemination of information related to resident care, business and operational matters. Staff access a suite of electronic information systems and there are procedures for the storage and management of records. Management routinely collate, analyse and table information from clinical records and indicators, human resource/auditing/surveying processes and reporting and feedback mechanisms at relevant meetings. The organisation reviews standardised documents and policies and procedures, and staff receive updates via memoranda and intranet shared point. Staff reported they have access to information relevant to their roles, attend regular meetings and handovers, and have access to feedback and reporting mechanisms. Residents and representatives reported satisfaction with their access to information relevant to them via care conferences, meetings, newsletters and noticeboards.

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

Team's findings
The home meets this expected outcome

The organisation has processes to ensure the provision of externally sourced services meets the home's quality needs and service requirements. The organisation identifies and manages externally sourced services in response to regulatory requirements and specified care services, and the home accesses preferred and local externally sourced services. The promotion of relevant externally sourced services to residents and representatives is through site specific information booklet, notices, meetings and the newsletter. The home has

specific agreements with external services that set out criteria and regulatory requirements. Management and relevant staff monitor the level of performance with external services and suppliers via feedback/reporting mechanisms, mini surveys and supplier evaluations, and the continuous improvement system is used for identified gaps. Executive management review the services required from, and the quality goals for external service providers in response to changes. Residents, representatives and staff reported satisfaction with externally sourced services.

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

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

Team's findings
The home meets this expected outcome

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

An example of an improvement initiative related to Standard 2 implemented by the home over the last 12 months is listed below:

- Following a review of the monitoring mechanism of weight loss, management identified the need for how to best maintain residents' weights. As a result, clinical staff implemented a monitoring tool that encompasses residents' cumulative weight gain or loss over a 12 months period. The dietician has reviewed this collated information and set up a nutritional plan for a number of residents. Management demonstrated through clinical evidence how the new nutrition surveillance program has preliminarily assisted residents to maintain appropriate weights. The initiative will be evaluated after the next planned dietician review.

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

The home has a system to ensure ongoing regulatory compliance in relation to Standard 2. Management monitors renewal dates of professional registrations for nursing and allied health professionals. Registered nurses conduct initial and ongoing assessment of high care residents. Nursing staff provide medication administration and storage in accordance with relevant legislation. Staff reported familiarity with compulsory reporting of residents' absconding via a policy and procedure and reporting mechanisms. Residents and representatives reported residents receive care services in accordance with specified care services requirements.

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

Team's findings
The home meets this expected outcome

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

Examples of education and training related to Standard 2 are listed below.

- Behaviours of concern and dementia
- Clinical competencies
- Clinical development days
- Clinical focus training
- Elder abuse
- Medication competencies.

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

Team's findings
The home meets this expected outcome

Residents and representatives reported satisfaction with the clinical care the home provides. The home has systems to ensure residents receive appropriate clinical care. A multidisciplinary team assesses residents' clinical needs when they move into the home, using the residents' medical history and a range of clinical assessments. Care plans are developed, based on the assessed needs and reviewed according to the home's policy. Residents and representatives are consulted about their care needs via care planning and care conferences. Processes to monitor and communicate residents' changing needs and preferences include regular review of residents by their medical officers, six-monthly care plan reviews and shift handovers. The home undertakes clinical audits to ensure the provision of clinical and personal care is reviewed and evaluated.

2.5   Specialised nursing care needs
This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings
The home meets this expected outcome

Residents and representatives reported that residents' specialised nursing care needs are identified, assessed and care provided by registered staff.
Assessment and monitoring processes identify specialised nursing care needs. Qualified staff are trained in a range of specialised nursing care needs and have access to management resources, external expertise and interventions. Staff described care options and interventions they undertake in meeting complex care needs. Documentation reviewed by the team demonstrated that appropriate qualified nursing and external specialist staff deal with residents' complex care needs.

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

Team's findings
The home meets this expected outcome

Residents and representatives reported satisfaction with residents' ongoing access to a variety of health specialists. The home refers residents to a variety of health specialists in

accordance with their initial and ongoing assessed needs and preferences. A physiotherapist and an occupational therapist assess residents when they move into the home, and review care plans six-monthly or as required thereafter. A podiatrist visits the home regularly and attends to the needs of residents. Registered nurses access information and recommendations resulting from specialist reviews, and any adjustments to care or medication are implemented.

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

Residents and representatives reported being satisfied that residents' medications are managed safely and correctly. Processes are established for ordering, storing, administering and disposing of medications safely and correctly. Registered nurses and medication competent staff administer medications via a pre-packed system, as per medical officers' instructions. Specific instructions for the administration of residents' medications and topical treatments are documented in their medication profiles. Registered and competent staff administer residents' medication. Residents who self medicate are regularly assessed and monitored in consultation with their general practitioner. Medication audits, recorded medication incidents and pharmacy reviews are used to monitor residents' needs and the medication system.

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

Team's findings
The home meets this expected outcome

Residents and representatives we interviewed reported that residents are as free as possible from pain. They also described being consulted about pain management and offered a range of pain management options including alternative therapies. Qualified staff are trained in pain management and have access to a range of pain management interventions. The home has a structured approach to identify, assess, monitor, refer and communicate residents' individual pain management. Staff described pain recognition cues and interventions they use to manage and evaluate 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

Residents and representatives expressed confidence that, when required, staff would manage palliative care, including the maintenance of residents' comfort and dignity.
The home has processes to meet the medical, physical, emotional, spiritual, dignity and comfort needs and preferences of residents who are at the end stage of their lives. The end of life wishes are discussed with residents and representatives on entry to the home and as resident's health status changes. Palliative care plans are developed and updated to meet the needs of the resident. Support during residents' palliation is provided by their medical officers, the home's clinical and allied health personnel, chaplaincy services and external

services. A memorial service is held annually for residents who have died, and staff and residents reported satisfaction with this arrangement.

2.10 Nutrition and hydration
This expected outcome requires that "residents receive adequate nourishment and hydration".

Team's findings
The home meets this expected outcome

Residents and representatives reported they are satisfied with staff support, the menu and meals and drinks provided to residents. A resident's nutritional status is assessed when they move into the home, and their individual dietary requirements and preferences are conveyed to appropriate personnel. Residents' care plans outline individualised dietary requirements, allergies, specific textures and the level of assistance required. Residents assessed as being at risk are monitored, and interventions to maintain weight are commenced immediately. Registered nurses monitor residents' recorded monthly weights and, where weight loss is identified, residents are referred to the dietician and placed on supplementary nutritional drinks or puddings. Swallowing screening is conducted, and residents identified as being at risk are referred to a speech pathologist for further assessment and specific care planning for staff guidance. Residents' nutritional management is directed and reviewed by registered nurses and supervised by the clinical nurse manager.

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

Team's findings
The home meets this expected outcome

Residents and representatives reported they are satisfied residents receive care that promotes and assists them to maintain their skin integrity. Registered nurses conduct regular assessments of residents' skin integrity and potential for pressure injury. Care plans are formulated that state preventative skin care interventions, and residents identified as high risk have specific care plans. Registered nurses attend to residents' wound care, and wound evaluations are regularly recorded and referral to external services occur as required. The home uses a range of preventative strategies including pressure-relieving mattresses and cushions, re-positioning, and emollient creams. Residents' skin integrity is monitored daily by care staff who report changes to the registered nurses. All skin tears and incidents are reported, analysed, and trends identified and addressed.

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

Team's findings
The home meets this expected outcome

Residents are satisfied with the management of their continence needs, and advised that staff support their privacy and dignity when attending to their hygiene requirements. There is a system to identify, assess, monitor, and evaluate residents' continence care needs when they move into the home, when needs change and annually. Residents' urinary and bowel continence needs are assessed and individualised care plans developed reflective of the identified needs. Staff utilise bowel charts to monitor residents' bowel patterns and enable

the development of individualised bowel management programs, and registered nurses administer and monitor the effect of aperients. Staff reported having sufficient continence aids and appropriate skills to enable them to manage residents' continence needs.

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

Team's findings
The home meets this expected outcome

Residents and representatives reported that residents' challenging behaviours are managed and staff intervene to minimise the effect of behaviours on others. Residents' behavioural management needs are assessed when they move into the home, annually and when changes occur. Monitoring processes assist with the identification of triggers for a resident's behaviours and appropriate interventions are developed and documented in individualised care plans. Effectiveness of behaviour management strategies is monitored via clinical indicators, observations, and with the assistance of external resources. The activity program supports behavioural management interventions such as massage, reminiscing, one-to-one activities and sensory music of choice. Referrals are made to therapy and mental health services if required. Staff are aware of alternative care interventions and described strategies they use to minimise behaviours.

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

Residents and representatives reported satisfaction with the home's management of residents' mobility and dexterity needs. When residents move into the home, registered nurses, a physiotherapist and an occupational therapist assess their mobility, dexterity, and associated falls risk. Residents are encouraged to maintain their mobility and dexterity by participating in the home's activity program that includes a range of individual and group exercises and physical activities to optimise independent movement. Residents' attendance at exercise sessions is monitored and individual programs reviewed as needed. A range of seating and mobility aids are available and in use for residents. Resident's at risk of falls are identified, falls are monitored and interventions are in place to optimise their safety. Staff described ways to assist residents to maintain optimum mobility and dexterity.

2.15 Oral and dental care
This expected outcome requires that "residents' oral and dental health is maintained".

Team's findings
The home meets this expected outcome

Residents and representatives are satisfied with the level of support provided to assist residents with the maintenance of oral hygiene and their access to dental health services. Residents' oral function, hygiene and dental care needs are identified on entry to the home through assessment. Care plans include strategies to assist residents to maintain their oral and dental health and identify the presence of dentures. Care staff monitor residents' ability to manage their oral care and assist as required. Registered staff facilitate referrals to

residents' dentists who will treat the aged, and the government dentist visits the home annually. Stocks of equipment and products to meet residents' oral hygiene needs are monitored and maintained. Staff interviewed discussed application of oral and dental health care and training they receive to assist residents.

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

Team's findings
The home meets this expected outcome

Residents and representatives reported satisfaction with the home's management of sensory losses and needs. Registered nurses and an occupational therapist assess residents' sensory abilities and needs when they move to the home. Individualised interventions for managing sensory losses are documented in residents' care plans and are regularly reviewed by therapy and care staff to ensure assistance is provided through personal care and the activity program. Optometry and hearing services visit the home routinely. The home environment provides tactile prompts and other resources for residents with sensory impairments.

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

Residents and representatives are satisfied with the support provided to assist residents to achieve a restful night's sleep. Sleep monitoring is conducted for all residents to identify sleep patterns and disturbances. Interventions to assist residents to establish appropriate sleep routines are documented in individualised care plans. Strategies used to promote restful sleep include a quiet environment, settling routines, pain management, emotional support, repositioning, warm drinks and night sedation. Staff reported knowledge as to how they address factors that can impact on residents' sleep, including continence issues, pain, noise and confusion.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Examples of improvement initiatives related to Standard 3 by the home over the last 12 months are listed below:

- Management identified the need to improve the emotional wellbeing and to enrich the lives of residents using art therapy as a means for portraying creativity and emotions. As a result, the 'Picasso project' recently commenced with the support from volunteers and residents participation. Management reported the art work has been framed, and an exhibition will be held in July 2012 in conjunction with the happy hour activity. It is anticipated that the project will assist residents with other areas of care such as sensory loss and emotional needs, and social interactions.

- As part of the organisation's enrichment program initiative in relation to the customer satisfaction survey, the home identified the need to enhance residents' feelings of community connectedness in a meaningful manner. As a result, in-house cinema restaurant themed nights have been organised with input from residents and representatives. Residents were able to invite a companion to the Chinese and Italian cuisine nights to share the experience. The project has been evaluated as a great success, and management reported the project will be held twice a year.

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 management systems to ensure ongoing regulatory compliance in relation to Standard 3. The home displays the charter of residents' rights and responsibilities and provides information about residents' rights in relevant information packages. The home makes information on external complaints mechanisms available to residents and representatives, and there is an electronic management system to report compulsory incidents. Staff reported familiarity with compulsory reporting of assaults via a policy and procedure, training and reporting mechanisms. Residents receive an agreement that outlines fees and tenure arrangements, along with the conditions of occupancy.

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

Team's findings
The home meets this expected outcome

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

Examples of education and training related to Standard 3 are listed below.

- Advanced care directives

- Doll therapy

- Person centred care

- Physical chi

- Privacy and dignity workshop

- Therapy development days.

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

Team's findings
The home meets this expected outcome

Residents and representatives reported residents' emotional needs are identified and support is provided by staff on moving in to the home. Representatives stated they can visit the home at any time and are welcomed by staff. Prior to moving to the home, residents and their families receive information about the home and services offered. Professional staff are trained in the provision of services associated with emotional support, including grief and loss and have access to a range of interventions and external services. The home has a structured approach to identifying, assessing, monitoring, referring and communicating residents' individual emotional support needs and develops individualised care plans for staff guidance.

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

Team's findings
The home meets this expected outcome

Residents and representatives we interviewed reported 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. They also described being consulted about how to maintain their independence and are offered a range of opportunities including access to outings, retiring and rising times, and right to refuse services. Staff are trained in residents' rights and knowledgeable as to respecting residents' choices. A formal approach is used to identify, assess, and develop individual care plans that reflect residents' individual

needs for independence. Staff reported they encourage and assist residents to attend activities within the home.

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

Team's findings
The home meets this expected outcome

Residents and representatives reported that their rights to privacy and dignity are respected by staff, and they are confident residents' private information is managed effectively. Systems are established to ensure residents' privacy is maintained, including the secure storage of confidential records. Residents' right to privacy is reflected in the agreement, the home's privacy policy, and in the residents' agreement. Single rooms with ensuites are provided and small and large common rooms are available to residents and their family/friends. Staff are knowledgeable as to residents' right to privacy and the need to maintain confidentiality of resident information. Staff were observed knocking on doors and addressing residents respectfully.

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

Residents and representatives reported that staff encouragement is always provided for residents to attend the range of activities, and they are satisfied with activities offered. All residents' current and past interests and activity preferences are identified when they move into the home, and the occupational therapist develops a therapy and social care plan from the assessment information. The activity program is based on residents' needs and interests, and is reviewed and changed according to resident participation and feedback from therapy staff and resident meetings and surveys. Residents have access to a range of activities across sensory needs and gross and fine motor skills with consideration to cultural and individualised activities. Staff provide personalised therapy for residents who prefer not to attend group sessions.

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 and representatives stated they are satisfied with the way staff support their cultural and spiritual needs. Residents' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Religious services are held weekly and residents have access to religious personnel when requested. Culturally significant events and anniversaries are celebrated including Australia day, Anzac, Christmas and Easter. Multi-cultural resources are available, and community visitors and volunteers attend as required. Language prompts are available for staff and resident use and information is available in a variety of languages.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents and representatives stated they feel comfortable providing feedback, and the choices and decisions of other residents and representatives do not generally infringe on the rights of other people. The home has processes to enable residents and their representatives to participate in decisions about the services they receive, and to exercise choice and control over residents' lifestyle. Residents and representatives have the opportunity to provide feedback through feedback forms, residents' meetings and surveys. Residents are supported and encouraged to maintain control over their lifestyle within their assessed abilities. Staff described ways in which they encourage residents to make decisions about their care and lifestyle.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents and representatives we interviewed reported they have sufficient information regarding the residents' rights and responsibilities and feel tenure is secure. They also described being consulted about care and services and offered opportunity to explore external advice as needed. Management supply pre entry information packages and facilitate room inspections as required. Resident agreements detail the range of services provided, residents' rights and responsibilities and financial information. The home discusses relocation to another room with residents and representatives, when identified as required.

Standard 4 – Physical environment and safe systems
Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

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

Team's findings
The home meets this expected outcome

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

Examples of improvement initiatives related to Standard 4 implemented by the home in the last 12 months are listed below.

● A new nurse call system was installed in response to identified issues. The system provides the ability for the sensor to be activated by staff at the bedroom door enabling bedside and room sensors. The system also provides a mobile call bell option for those residents who are unable to reach the wall buttons, and a number of residents' benefit of this provision. Management reported the positive outcome for residents is their whereabouts at night is able to be monitored effectively, improving clinical care for those residents at risk of falls with calls going direct to care staff's pagers and quicker response. The system and staff response are monitored via a call bell audit, and management reported an evaluation will take place in due course.

● From a residential survey regarding access to the dining room, management identified the need to improve residents' access to dining areas. As a result, management converted the communal dining area into two small ones, one at each end of the home. The project included staff and catering equipment re-allocation and staggering meal times. Management reported they observed more socialisation and interaction amongst residents, and meeting minutes reviewed showed residents satisfaction with the increased accessibility to the dining areas.

● It was reported that the Mallee court entrance door was blocking access to room 124. As a result, management sourced and property department installed a split door system that has eliminated the blockage. Documented evidence showed the family and resident are satisfied with the outcome.

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 systems ensure ongoing regulatory compliance in relation to Standard 4. Internal/external representatives and statutory bodies inspect and audit the workplace and building, fire emergency preparedness and the catering environment. Building certification is compliant with legislative requirements, and infection outbreak information is available. The home has food and occupational safety programs to comply with legislative requirements and to provide staff guidance.

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

Team's findings
The home meets this expected outcome

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

Examples of education and training related to Standard 4 are listed below.

- Chemical awareness

- Hazard reporting

- Fire evacuation

- Fire warden

- Food safety

- Infection control

- Manual handling

- Occupational safety and health.

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

Team's findings
The home meets this expected outcome

The home provides a safe and comfortable environment, consistent with residents' care needs. Residents' single accommodation with ensuite is equipped to assist residents with independence, privacy, climate comfort and security. Residents are encouraged to personalise their rooms with furniture, pictures and personal mementos and they have access to outdoor, communal and private areas for social interactions and activities. Environmental audits and inspections are regularly undertaken and actioned, and a maintenance program provides linkage to hazard management. Representatives reported a number of environmental improvements, and residents reported the home is private, comfortable, 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

The home has systems and processes to provide a safe working environment in consideration of occupational safety and health (OSH) responsibilities, including an injury prevention system. Centralised training on OSH policies and procedures occurs at organisation's induction for new staff, with staff receiving further training at orientation and annually. Safety representatives and staff monitor the safety of the environment using safety

inspections/audits and risk and hazard reporting mechanisms. Staff have access to personal protective equipment, material safety data sheets and various safety kits. Management review incidents and safety matters, identify opportunities for improvement regarding safety, action identified issues and consult with staff about hazards identified. Staff reported they are aware of safety management processes through training, and management is active in providing a safe working environment.

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

Team's findings
The home meets this expected outcome

The home has systems and processes to maintain a safe environment that reduces the risk of emergencies, fire and security breaches. Staff, residents and visitors have easy access to fire safety and emergency procedures, and the home displays evacuation plans in various locations. External fire services carry out routine inspections, tagging and testing of fire systems and equipment. Residents, visitors and contractors sign in and out to ensure awareness of who is in the building. The building has security systems/procedures and emergency lighting, and there are processes to check and tag new and existing electrical appliances to identify and resolve electrical hazards. Staff described the security procedures at the home, including the use of duress alarm, and how to access information and equipment in response to an emergency. Residents and representatives have access to information of what to do in case of an emergency through welcome packs and visual posters.

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 management team and dedicated clinical staff coordinate the home's effective infection control program. Policies, guidelines, a food safety program and outbreak kits are available in the home to assist staff. Staff log residents' infections electronically, and trained staff carry out treatments as instructed by the general practitioner and as per the residents' wound management plans. Management delivers a monthly report that includes an analysis and trends to improve care. Equipment and signage are utilised to lessen the risk of infection. The home routinely conducts infection control audits with focus on environment, linen handling management and hand washing. Mandatory training includes infection control and staff were able to provide examples of infection prevention strategies. Residents and representatives reported satisfaction with the home's infection control program.

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

Systems and processes for catering, cleaning, and laundry enhance the residents' quality of life and meet the residents' needs. A catering service delivers 'cook chill' meals to the home

and kitchen staff make up the nourishing snacks and drinks on-site. The menu, that the home changes three times a year, provides meal choices and alternatives, and changes to the menu occur in response to residents' feedback. The home has two dining rooms and provides residents with a dining experience that includes table settings and foods of interest being served to the residents. Scheduled task lists and duties in their provision of services guide laundry and cleaning staff, and the maintenance program has a provision for high cleaning services. Care staff assist with cleaning and laundry services as required. There is a marking and sorting system to prevent loss of linen and clothes. All hospitality services encompass the home's food safety and infection control requirements, and management monitors for quality via feedback, audits and surveys. Residents and representatives reported satisfaction with the food, cleaning and laundry services provided to residents.