Heathcote Health Low Care Service

RACS ID 3344
39 Hospital Street
HEATHCOTE VIC 3523

Approved provider: Heathcote 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 04 June 2017.

We made our decision on 08 April 2014.

The audit was conducted on 04 March 2014 to 05 March 2014. 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	Quality 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	Quality 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	Quality 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	Quality 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

Australian Government
Australian Aged Care Quality Agency

Audit Report

Heathcote Health Low Care Service 3344

Approved provider: Heathcote Health

Introduction

This is the report of a re-accreditation audit from 04 March 2014 to 05 March 2014 submitted to the Quality 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 Quality 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

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 04 March 2014 to 05 March 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 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:	Ann De Pellegrin
Team member:	Deanne Maskiell

Approved provider details

Approved provider:	Heathcote Health

Details of home

Name of home:	Heathcote Health Low Care Service
RACS ID:	3344

Total number of allocated places:	30
Number of residents during audit:	29
Number of high care residents during audit:	18
Special needs catered for:	N/A

Street:	39 Hospital Street
City:	HEATHCOTE
State:	Victoria
Postcode:	3523
Phone number:	03 5431 0900
Facsimile:	03 5433 3049
E-mail address:	admin@mchealth.vic.gov.au

Audit trail

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

Interviews

Category	Number
Management and administration staff	8
Clinical, Care and lifestyle staff	10
Allied health and visiting practitioners	2
Residents and representatives	10
Hospitality, maintenance and safety staff	9
Volunteers	2

Sampled documents

Category	Number
Residents' files	6
Summary/quick reference care plans	6
Medication charts	6
Resident agreements	2
Staff files	9
Service agreements	4

Other documents reviewed

The team also reviewed:

- Audits, third party audits and inspection reports

- Care reviews, clinical charts, observations and reportable limits

- Change of rostered shift form

- Cleaning schedules and records

- Comments and complaints records

- Communication records and diaries

- Continuous quality improvement plan

- Education register and training records

- Emergency management folder

- Data and trend analysis

- Dietary needs, preferences and resident drink list

- Drug of addiction register

- Equipment assessment and evaluation records

- Family/resident consultation records

- Food safety program, drafted new program and associated records

- 'Heathcote Health' quality of care report and calendar

- Human resources records and resources

- Incident log records

- Infection control guidelines and charts

- Information handbooks/pack – resident, contractor, staff,

- Lifestyle assessments, plans and reviews

- Lifestyle calendar and attendance records

- Mandatory reporting register

- Maintenance system records – reactive and preventative

- Material safety data sheets

- Meeting minutes and schedule

- Menu and dietitian review

- Orientation checklists

- Pest control program and records

- Police certification and statutory declaration data base

- Policies and procedures

- Professional registration data base

- Regulatory compliance monitoring records, updates and certification

- Residents diet book

- Risk assessments and authorities

- Rosters – master and working

- Safety signage in use

- Specialist and allied health referrals and recommendations

- Survey results.

Observations

The team observed the following:

- Display of information brochures and feedback forms

- Equipment and supply storage areas

- Evacuation maps, fire-fighting equipment and evacuation kits

- Generator, water tanks and helicopter pad

- Handover in confidential area

- Living environment - internal and external

- Meal service

- Notice of re accreditation visit by the Quality agency on display

- Noticeboards, memoranda and newsletters

- Personal protective equipment and waste disposal

- Residents engaged in activities and with volunteers

- Resident shop and post box

- Staff assisting with residents with daily tasks

- Storage and administration of medications

- The 'Charter of residents' rights and responsibilities' displayed

- Visiting specialists and general practitioners communicating with staff.

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

Heathcote Health has established systems to actively pursue continuous improvement supported within an organisational risk management framework. Management and staff identify improvements from a variety of opportunities including stakeholder comments, meetings, quality activities, incidents, observations, strategic plans and the changing needs of residents. Management and staff respond to improvement opportunities at the time and may record them onto improvement forms with action taken and satisfaction recorded.

Management mostly record projects and multiple action improvements on the continuous improvement plan. Management and the clinical care and safety committee drive and evaluate the system in an ongoing manner with an improvement for the month highlighted and displayed in the home. Regular reporting of results are made available to all parties and involves a consultative approach through regular meetings, newsletters, memoranda and satisfaction surveys. Staff, residents and representatives confirm continuous improvement occurs and they know how to make suggestions for improvements.

Examples of continuous improvement related to Standard 1 include:

- In response to staff feedback and suggestions, management introduced and offered portfolio roles to staff who have specific skills and interest such as continence and infection control. Those staff further attended relevant workshops, seminars or other education sessions related to their role and who now provide onsite support to staff. Management said informal feedback from staff has been positive with staff now raising questions and provided one-on-one training by portfolio staff while working. Management said the portfolio staff are planning to formalise education and training sessions as identified and enthusiastic about the up-skilling opportunity.

- Following a discussion on roster changes and the consideration of staff skill level and experience, management introduced a change of shift form. Key staff document the change and the designated replacement staff with management reviewing the change before confirmation. Documentation shows and management said the change has ensured the appropriate staff and skill mix are rostered in consideration to resident clinical care needs, staff skills, experience and attributes. Documentation shows staff appreciative of experienced and skilled staff in all shifts in managing resident behaviours.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home's management team identifies relevant legislation and regulatory requirements to ensure compliance with professional standards and guidelines. Management receives regulatory information via regular updates from a variety of sources including legal update services and peak bodies. Management discusses any relevant regulatory compliance at the home's regular meetings, alters policies and procedures, issues newsletters and memoranda and individual letters where necessary to ensure all stakeholders are informed. Staff complete regular audits to monitor regulatory compliance regarding management systems, staffing and organisational development, in addition observations by management and competencies are completed. Staff confirm management informs them about changes to professional guidelines, legislation and regulations applicable to their role.

Examples of responsiveness to regulatory compliance relating to Standard 1 include:

- Management maintain a current staff and volunteer police register, including statutory declarations as appropriate.

- The home has a continuous improvement system.

- Management has a system in place to monitor the currency of professional registrations.

- Notification of accreditation audits to stakeholders.

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 organisation has systems to ensure management and staff have appropriate knowledge and skills to perform their roles effectively and in relation to Standard One. Corporate office and management develop an annual education calendar with other education and training opportunities provided. This may be as a result of mandatory and regulatory requirements, quality activities and monitoring, staff feedback and residents' current and changing needs. A range of delivery methods includes in house and external sessions, seminars, workshops, aged care channel, competency evaluation and self-directed learning. Key personnel maintain attendance records with a data base of education completed and sessions mostly evaluated. The organisation supports and encourages professional development and responsive to staff requests and needs. Staff hold portfolio's in areas of their special interest and/or prowess and are responsible for the monitoring of that care domain. Management and staff stated they are satisfied with the learning opportunities offered to them. Residents and representatives said they are satisfied with the knowledge and skills of staff.

Examples of recent and planned education and training related to Standard 1 include:

* bullying and harassment

* coaching

* culture and teamwork

* equipment use and training

* mandatory reporting

* quality improvement

* risk management.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Residents, representatives and other interested parties have access to internal and external complaint mechanisms. Residents and/or their representative receive information of the internal and external complaints process through entry information, the resident handbook, display brochures and at meetings. Comment and complaint forms and a feedback box are accessible to stakeholders and staff trained in assisting residents to raise their concerns or follow though. Management has an open door policy providing stakeholders opportunities to raise issues or concerns. Follow up occurs to provide an initial response to the complainant

with ongoing actions as required. Staff, residents and representatives said they are aware of the processes to raise concerns or complaints and satisfied with the timely response they receive.

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

Management has documented its mission, purpose and values statement which includes the organisation commitment to quality. Management displays these statements prominently in the home and repeats them in a range of internal documents and their website.

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 organisation has processes to ensure they recruit appropriately skilled and qualified staff to deliver quality care and services to residents. These include recruitment, selection and orientation processes with new staff attending an induction program and provided a buddy or supernumerary shifts as required. Position descriptions and duty lists are current and define individual responsibilities. Management monitor and adjust staffing allocations. Rosters show adequate staffing levels and skill mix maintained at all times with a registered nurse on duty or accessible on all shifts. Bank and permanent staff mostly cover planned and unplanned leave. The organisation offers various traineeships, graduate nurse placement and leadership programs in supporting staff with ongoing professional development and learning opportunities. Audits and observations ensure staff practice and knowledge is maintained and enhanced. Staff state management supports them in their role and are satisfied with current staffing levels and human resource management. Residents and representatives said they were very satisfied with staff skills, knowledge and attitudes and with staffing levels within care and support services.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Management ensure stocks of appropriate goods and equipment are available to provide quality service delivery. Maintenance staff and contractors maintain and service all equipment through a scheduled and preventative maintenance program. Designated staff order clinical, continence, housekeeping and catering supplies through preferred suppliers using effective

stock assessment and rotation processes. All supplies are stored in clean and secure areas in the home. Management purchase items of equipment after trial, following evaluation and feedback from relevant staff, health professionals or consultants. Qualified staff conduct electrical testing and tagging according to a schedule. Staff and residents said they were satisfied with the availability of goods and equipment and confirm staff complete maintenance requests 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 effective information management systems that assist management and staff to perform their roles and to provide care to residents. Mechanisms such as handover, meetings, memoranda, communication books, electronic and hard copy information including policies, procedures and guidelines convey information to staff and health professionals.

Information handbooks and displays, newsletters, meetings and minutes, care consultations and informal interaction support the provision of information to residents, representatives and visitors. Electronic and paper based documentation is stored securely and accessed only by authorised staff. Management backs up daily electronic information with processes for archiving and document destruction. Information privacy and confidentiality principles apply and monitoring of the information management system occurs through audits, observation and stakeholder feedback. Staff said they receive appropriate and sufficient information generally to support their roles and responsibilities. Residents and representatives confirm they are satisfied with the level of information provided and their ability to access information as required.

1.9 External services

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

Team's findings

The home meets this expected outcome

The organisation demonstrates they source external services to meet residential requirements and service goals. Management has procedures for establishing contracted services and requirements with regular reviews of their performance and compliance.

Management and staff monitor services with input from stakeholders with discussion at relevant and quality meetings. Regular evaluation of suppliers and contractors occur with input from staff and management. Relevant staff have access to the external services providers list which show contact numbers and services provided. Staff, residents and representatives confirm satisfaction 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

The home pursues continuous improvement related to residents' health and personal care with the overall system described in expected outcome 1.1 Continuous improvement.

Policies and procedures guide staff in their practice and results from scheduled audits, incident and infection reporting, data analysis and meetings inform the continuous improvement system of improvements. Staff state they contribute to the continuous improvement system. Residents and representatives confirm the home is responsive to changes in resident care needs.

Examples of improvements in Standard 2 Health and personal care include:

- Ongoing monitoring of incidents identified an increased number of medication signature omissions occurring. Following discussions and staff feedback, this resulted in various changes including a packaged medication administration system, one record book for all medications, several new medication trolleys and a specific room for the storage of medication supplies and equipment. Documentation shows that since the changes, incidents have reduced significantly. Management said staff feedback has been positive, particularly in having one medication book instead of two different recording systems, having more appropriate equipment and storage areas has made the process more-user friendly. Management said the change has ensured correct and legal demonstration of medication administration and ensured residents receive their medication as per their general practitioner advice.

- Staff feedback regarding inconsistencies in resident's dietary information resulted in a review of processes for updating dietary information including kitchen and dining areas. A discussion with staff occurred resulting in the development of resident diet book available in the kitchen and on food trolleys. A registered nurse now ensures all dietary information is approved and signed off and administration staff update all associated records. Management said although they plan formal evaluation. Staff documented feedback shows positive comments and residents receiving the correct modified meal or fluids as changes occur on the day.

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 identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident health and personal care. Systems to ensure and monitor compliance are in place. For a description of the system, refer to expected outcome 1.2 Regulatory compliance. Staff confirm management informs them about changes to professional guidelines, legislation and regulations applicable to their role.

Examples of responsiveness to regulatory compliance relating to Standard 2 include:

- Medications are stored and administered according to legislated processes and guidelines.

- Registered nurses plan and supervise the delivery of specialised nursing care and ensure clinical guidance and support for staff is available 24 hours a day.

- Policies, procedures and reporting guidelines are in place relating to any unexplained resident absence.

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

The organisation demonstrates there are systems in place to ensure all clinical and care staff have appropriate skills to allow them to perform their individual roles effectively. For a description of processes relating to education and staff development refer to expected outcome 1.3 Education and staff development. Designated staff monitor and evaluate staff knowledge, competencies and observations of practise. Management and staff said they are satisfied with the educational and professional development opportunities available in relation to the care they provide. Residents said staff have the appropriate skills and knowledge to care for them adequately.

Examples of education and training attended by staff in relation to Standard 2 include:

- basic life support

- behavioural management

- continence seminar

- medication management and competencies

- healthy eating/diabetes

- palliative care

- pressure injuries.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

Registered nurses, enrolled nurses and care staff complete initial and ongoing assessments according to documented schedules and their scope of practice. Registered nurses review care needs of residents and review care plans appropriately. Nursing staff initiate reassessment of residents in response to changes in resident health status and refer residents to general practitioners, specialists and appropriate allied health practitioners as needed. Nursing staff document care consultations after consulting with individual residents or their representatives. Residents and their representatives confirm satisfaction with how nurses provide care to residents.

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

Nursing staff complete specialised nursing care assessments on residents and provide care according to their knowledge, experience and scope of practice. General practitioners, consultants and specialists review residents with specialised care needs as necessary with recommendations documented on care plans and communicated to appropriate staff.

Registered nurses and enrolled nurses confirmed they provide this care to residents as needed. Residents and their representatives stated they are satisfied with the availability of nurses and how they provide care and state that the residents see specialists when needed.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

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

2.7 Medication management

This expected outcome requires that "residents' medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

Registered nurses and enrolled nurses administer medications to residents according to their scope of practice, legislation, regulations and documented procedures. Registered nurses, general practitioners and pharmacists regularly review residents' use of medications including the use of analgesics and sedation type medicines. Each resident has an individual care plan describing their needs and preferences relating to medication management.

Management of the home monitor the administration and storage of medications through audits and the home's incident reporting system. Residents and their representatives stated they are satisfied with how nursing staff administer and manage medications.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

Nursing staff and residents' general practitioners monitor and review residents on an ongoing basis to ensure appropriate management of resident discomfort and pain. Staff stated and documentation review confirms a variety of pain relief interventions are available to residents based on individual resident assessments and specialist/allied health recommendations.

Residents and their representatives stated staff are prompt to identify residents experiencing discomfort and provide interventions in a timely and kind manner.

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

Registered nurses and residents' general practitioners encourage residents to express their individual wishes regarding palliation on entry to the home. Nursing staff, general practitioners and visiting palliation services monitor and review residents on an ongoing basis as appropriate. Staff update and review care plans relating to palliation. Staff stated and observations confirm appropriate equipment and resources are available and used to assist in maintaining resident comfort and dignity during this phase of illness.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

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

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

Staff assess residents for risks relating to skin integrity and care plans are available to care staff to guide them in providing care. Management of the home ensures staff are able to access appropriate pressure relief equipment, protective garments, wound products and diet supplements based on residents' assessed needs. Dietitians, podiatrists and wound consultants review residents as needed. Staff confirmed access to pressure relief equipment and wound products. Appropriately skilled staff attend to and document wound care.

Residents and their representatives confirm staff assist residents with hygiene and skin care.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Staff assess each resident for their continence needs and preferences on entry to the home and on a regular basis. The home provides residents with appropriate continence aids based on the resident's individual needs. The home provides equipment including raised toilet chairs and handrails to assist residents in maintaining their independence where possible.

Staff confirmed they have access to equipment and knowledge of each resident's individual needs relating to continence management and assist residents to maintain their dignity.

Residents and their representatives stated they are satisfied with how staff manage and assist residents with continence care in a caring and dignified manner.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

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

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all residents".

Team's findings

The home meets this expected outcome

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

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

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

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

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

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Staff assess residents for their individual needs and preferences relating to rest and sleep to assist residents to maintain or achieve natural sleep patterns. Residents receive supper and hot drinks throughout the evening according to their wishes. Residents' individual preferences for settling routines including their choice of clothing and rising and settling times are included in residents' care plans. Staff stated they provide refreshments to residents according to resident preferences and needs and that texture modified options are available at all times. Residents stated they are not disturbed unnecessarily overnight and that staff provide assistance as needed

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home pursues continuous improvement related to resident lifestyle, with the overall system described in expected outcome 1.1 Continuous improvement. Monitoring of resident and representative satisfaction occurs through formal and informal feedback. Regular stakeholder meetings provide opportunities for residents and representatives to raise concerns and to discuss any issues related to residents' lifestyle. Residents indicated their satisfaction with the opportunities for input into the lifestyle services at the home.

Examples of improvements in relation to Standard 3 Resident lifestyle include:

- In response to resident feedback, management arranged for a letter box for residents to access and refurbished a section of the living area into a shop. The local supermarket provides support for shop supplies with residents and/ or volunteers assisting in the service and maintaining of the shop. Although recently opened, residents commented they enjoyed going to the shop and meeting up with their friends and appreciate the convenience of posting their letters. Management said formal evaluation is ongoing.

- A staff suggestion to assist residents when out on bus activities resulted in the trial of fold down standing machine. Following feedback from staff and residents regarding transfer, safety aspects and flexibility of the standing machine, management purchased the aid. Documented feedback shows residents supported in mobility transfer in awkward and narrow access areas and has enabled more seating space on the bus where before, wheelchairs took seat places.

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 relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident lifestyle and there are processes to ensure compliance. For a description of the system, refer to expected outcome 1.2 Regulatory compliance. Staff confirm management informs them about changes to professional guidelines, legislation and regulations applicable to their role.

Examples of responsiveness to regulatory compliance relating to Standard 3 include:

- Management has processes in place to guide the documentation of incidents of suspected elder abuse and maintains a register of mandatory reporting incidents. Staff demonstrate their understanding of their reporting requirements.

- Management offer an agreement to each resident or their nominated power of attorney on entry to the home.

- Residents receive information on their rights and responsibilities, security of tenure, privacy and consent issues in their handbook and residential agreement.

- The home displays posters of the Charter of residents' rights and responsibilities.

- There are policies and procedures to ensure maintenance of residents' privacy and confidentiality.

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

The organisation promotes continuing education to ensure staff and volunteers have the skills and competencies relative to residents' lifestyle. For a description of the system used for education and staff development, please refer to expected outcome 1.3 Education and staff development. Management, staff and volunteers said they are satisfied with the range of education topics provided and particularly enjoy those related to resident lifestyle.

Examples of education and training attended by staff in relation to Standard 3 include:

- lifestyle workshops and networking

- 'montessori principles'

- privacy and dignity

- volunteer training

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home supports residents in adjusting to life in the home and on an ongoing basis. Assessment of residents' emotional support needs and preferences occur upon entry to the home and staff develop care plans to communicate resident needs. Review of residents' emotional support needs occurs on a regular basis by nursing and lifestyle staff who update care plans as required. Volunteers and local community organisations also visit the home and provide one to one support based on resident preferences. Residents and their representatives confirmed their satisfaction with the initial and ongoing emotional support residents receive at the home.

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 and visiting services encourage and support residents to achieve maximum independence, maintain friendships and participate in the life of the community within and outside home. Initial and ongoing assessment and care planning processes identify, assess

and plan for residents' physical, social, cognitive and emotional needs. Strategies to maximise independence include regular exercise programs, freedom of movement within the home, taking residents for walks, to local clubs and community events. Residents and their representatives confirmed they are satisfied that residents' independence is supported by 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

Management and staff recognise and respect each resident's privacy, dignity and confidentiality. The organisation has a privacy policy featured within staff and volunteer education and orientation. Management and staff identify residents' privacy and dignity preferences during the entry phase with regular review this information. Residents and/or their representatives sign various consent forms as required. Management and staff store confidential information appropriately with restricted access only to areas and generally where staff require access to resident care information. Quiet areas are available for residents to meet privately with visitors. Staff described privacy principles when assisting and caring for residents. We observed staff knock and wait for a response before entering a resident's room, calling residents by their preferred names and generally considerate when undertaking clinical care needs. Residents and representatives expressed satisfaction with the level of respect shown to residents.

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 are encouraged and supported to participate in a wide range of interests and activities. Staff complete lifestyle assessments for each resident on entry to the home and develop a lifestyle care plan in consultation with residents and their representatives. Staff regularly review lifestyle care plans. Staff inform residents of the varied activities available through the display of the monthly calendar and verbally advise residents of the day's activities. Lifestyle staff and management obtain feedback on the program via meetings, direct feedback, surveys, observations and through review of lifestyle participation records. Residents and their representatives confirmed they are satisfied with the lifestyle program and confirm the support of residents to participate in a range of activities at the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home values and fosters resident's individual interests, customs, and beliefs and recognises resident's cultural and ethnic backgrounds. Staff identify resident's cultural and spiritual needs through the assessment process on entry to the home. Lifestyle staff liaise with local churches to provide services at the home based on resident requests and interest. There are 'special' days held throughout the year to celebrate the cultural backgrounds of residents and staff have access to culturally specific services via the internet and a cultural care kit to assist in meeting individual cultural needs as required. Residents and their representatives confirmed staff respect resident's individual cultural needs and preferences.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Management demonstrate the rights of each resident and/or their representative to make decisions and exercise choice and control over the resident's lifestyle are recognised and respected. The home uses consultative processes to obtain information from residents and representatives including surveys, resident meetings and feedback. Monitoring processes include care plan, lifestyle and audit reviews. Staff encourage and assist residents to participate in decisions about the services provided to them and to make choices based on their individual preferences. Residents said they are satisfied with their participation in making decisions and choices about their care needs and other issues that affect their daily life.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Management has policies and procedures in place supported by individual resident agreements to ensure residents have secure tenure within the home and that residents are aware of their rights' and responsibilities. Management provides each resident and/or their representative with an explanation and information about security of tenure and residents' rights and responsibilities. Staff discuss with residents or their representative any need to move rooms and any change in care status. Residents and their representatives confirmed that residents have secure tenure within the home and are aware of their resident's rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home pursues continuous improvement related to the physical environment and safe systems, with the overall system described in expected outcome 1.1 Continuous improvement. Management undertake regular workplace inspections and environmental audits. Together with staff training, equipment, resource information and safety representatives, these strategies promote and ensure safe work practices and a safe and secure environment for all. Staff outlined procedures for hazard and incident reporting and stated they are actioned promptly with results fed back to staff. Residents confirmed they are happy with the comfort and safety at the home.

Examples of improvements in Standard 4 Physical environment and safe systems include:

- In response to a fire in the building in 2013 and partial evacuation of residents and staff within the home, management reviewed the incident and introduced changes as per recommendations by the local fire authorities. These include:

- The evacuation kit at the emergency cupboard now includes another type of hand held communication device, back up batteries with a checklist developed of the contents of the kit and which, night shift staff routinely check.

- The emergency fire panel now displays a list of key staff contact numbers within the building, emergency numbers, maintenance and management contact numbers.

- Supplies of bottles water, biscuits and other backup supplies are now available in an outdoor storage area in the event of an evacuation and routinely checked.

- Increased focus on emergency education particularly for volunteers and contractors with associated handbooks and induction checklists updated to re- iterate emergency procedures.

Management said they plan to introduce mock evacuation in areas of the building to minimise any disruption to resident care and will continue to evaluate and monitor the effectiveness of changes introduced.

- A review of contingency plans and electrical failure resulted in a government grant to update the old generator to a newer type. Recently installed, staff identified the new generator can provide electricity for up to three days instead of hours, has a self-starting mechanism and within seconds of the emergency system activated. Management said the generator provides the ability for residents with specialised care to remain in a safe and familiar environment and are considering applying as a municipal emergency site.

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

The home has a system to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to the physical environment and safe systems and there are processes to ensure compliance. For a description of the system, refer to expected outcome 1.2 Regulatory compliance. Staff confirm compliance with safe working practices within the home.

Examples of responsiveness to regulatory compliance relating to Standard 4 include:

- A food safety program is in place and the catering service has current third party and local council food safety certificates.

- Monitoring and maintenance of fire and safety regulations occurs and the home has a current 'Annual essential safety measures report'.

- Chemical storage is secure and current material safety data sheets are available.

- Key staff monitor and maintain the home's compliance with the Australian government infection control standards with outbreak reporting processes in place.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The organisation has an education program responsive to resident and staff needs in relation to the home's physical environment and safety systems. For a description of the system used for education and staff development, please refer to expected outcome 1.3 Education and staff development. Staff and volunteers attend annual and mandatory education with various consultants and safety monitors providing guidance, onsite training and assistance on matters relating to the environment and safety. Staff stated they are satisfied with the educational opportunities available in relation to the provision of a safe and comfortable environment.

Examples of education and training attended by staff in relation to Standard 4 include:

- chemical handling

- emergency evacuation

- food safety and refresher training

- occupational health and safety officer refresher

- manual handling/no lift

- infection control.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide a safe and comfortable environment for their residents. The building includes residential accommodation for low care and high care residents with acute hospital all under the same roof line. The home provides single bedrooms with ensuite with several rooms to accommodate couples. Staff encourage residents to personalise their rooms with small items of furniture and personal belongings. The home has aged appropriate furnishings and fittings, with comfortable temperatures maintained. All areas presented clean, uncluttered and well maintained with systems for the safety, security, maintenance and cleaning of the home. Residents have access to comfortable communal rooms, smaller private areas and/or outdoor covered areas to entertain visitors. Management monitors the safety and comfort of the living environment through environmental audits, resident and representative feedback and observation by staff. Residents and representatives said they are pleased with the internal and external living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The organisation has systems to provide a safe working environment consistent with policy and regulatory requirements. Processes that reinforce occupational health and safety include policy and procedure, meetings, hazard and incident reporting mechanisms, maintenance requests, risk assessments and audits of the environment. Staff have access to appropriate inventory, equipment, education and information resources to promote safe work practice.

The occupational health and safety committee meets regularly and comprises of staff drawn from various work areas. Meeting minutes demonstrate actions are taken as a result of feedback, discussion and reporting mechanisms. Staff expressed an understanding of work health and safety requirements and their involvement in reporting hazards and maintenance issues. Resident and representatives said staff work safely when caring for residents and/or working around the home.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff actively provide a safe environment and incorporate safety services and practices to minimise fire, security and emergency risks. Maintenance and specialist services regularly service and maintain emergency and fire-fighting equipment. Exits and egress routes are generally free from obstruction, exit signage illuminated and annual fire training regularly occurs. Staff have access to an evacuation kit and current resident evacuation list with documented emergency procedures such as bush fire threat, critical healthcare contingency plans, power failure and mostly other internal and external threats. The home has keypad security with perimeter doors checked at night. Management utilise stakeholder feedback, internal and external audits and inspections to identify risks. Staff received training in emergency response and expressed knowledge of evacuation procedures and generally other emergencies. Residents and representatives said residents feel safe and informed of what to do in the event of an evacuation.

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

Management demonstrate they have an effective infection control program in operation. Designated staff undertake infection surveillance and analysis of infection results occurs regularly. Assessment and monitoring of residents for the presence of infection occurs and general practitioners and nursing staff monitor response to treatment. Guidelines, mandatory

education, checklists, audits and observation of practice provide staff with information on effective infection control procedures. Staff have access and use personal protective equipment, appropriate waste disposal systems and procedures related to outbreak management. Management offer and encourage vaccination to residents and staff. A planned pest control program occurs regularly and environmental testing undertaken.

Hospitality staff are generally guided by procedures and guidelines related to food safety and infection control. Staff expressed knowledge of infection control guidelines.

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

Management has systems to provide hospitality services which, support residents' quality of life and enhance the working environment for staff. All meals are freshly prepared daily in line with the food safety program, menu rotation, dietitian review and residents' dietary or changed needs. Staff demonstrated processes in updating residents' dietary information and informing kitchen and service staff. Staff provide residents' with regular refreshments, snacks, supper and fresh fruit daily apart from meal times. Cleaning and laundry staff perform their duties guided by documented schedules and wear protective equipment when required. The cleaning program includes regular and specified cleaning of residents' rooms, living areas and staff work areas with additional cleaning requests attended to promptly. A contractor launders flat linen offsite with residents clothes laundered onsite. Labeling, ironing and mending services are available, as required. Staff put away resident clothes according to their preference and lost property managed and available for residents and families to view. Management monitor the hospitality services through observation, feedback mechanisms, internal and external audit processes and satisfaction surveys. Staff, residents' and representatives expressed satisfaction with the hospitality services provided at the home.