



Aged Care
Standards and Accreditation Agency Ltd

Jacaranda House Hostel

RACS ID 3054

125 McKean Street

BAIRNSDALE VIC 3875

Approved provider: Bairnsdale Regional Health Service

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 28 November 2015.

We made our decision on 26 October 2012.

The audit was conducted on 25 September 2012 to 26 September 2012. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

| Expected outcome | Accreditation Agency decision |
|-------------------------------------|-------------------------------|
| 1.1 Continuous improvement | Met |
| 1.2 Regulatory compliance | Met |
| 1.3 Education and staff development | Met |
| 1.4 Comments and complaints | Met |
| 1.5 Planning and leadership | Met |
| 1.6 Human resource management | Met |
| 1.7 Inventory and equipment | Met |
| 1.8 Information systems | Met |
| 1.9 External services | Met |

Standard 2: Health and personal care

Principle:

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

| Expected outcome | Accreditation Agency decision |
|---|-------------------------------|
| 2.1 Continuous improvement | Met |
| 2.2 Regulatory compliance | Met |
| 2.3 Education and staff development | Met |
| 2.4 Clinical care | Met |
| 2.5 Specialised nursing care needs | Met |
| 2.6 Other health and related services | Met |
| 2.7 Medication management | Met |
| 2.8 Pain management | Met |
| 2.9 Palliative care | Met |
| 2.10 Nutrition and hydration | Met |
| 2.11 Skin care | Met |
| 2.12 Continence management | Met |
| 2.13 Behavioural management | Met |
| 2.14 Mobility, dexterity and rehabilitation | Met |
| 2.15 Oral and dental care | Met |
| 2.16 Sensory loss | Met |
| 2.17 Sleep | Met |

Standard 3: Resident lifestyle**Principle:**

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

| Expected outcome | | Accreditation Agency decision |
|---|--|-------------------------------|
| 3.1 Continuous improvement | | Met |
| 3.2 Regulatory compliance | | Met |
| 3.3 Education and staff development | | Met |
| 3.4 Emotional support | | Met |
| 3.5 Independence | | Met |
| 3.6 Privacy and dignity | | Met |
| 3.7 Leisure interests and activities | | Met |
| 3.8 Cultural and spiritual life | | Met |
| 3.9 Choice and decision-making | | Met |
| 3.10 Resident security of tenure and responsibilities | | Met |

Standard 4: Physical environment and safe systems**Principle:**

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

| Expected outcome | | Accreditation Agency decision |
|---|--|-------------------------------|
| 4.1 Continuous improvement | | Met |
| 4.2 Regulatory compliance | | Met |
| 4.3 Education and staff development | | Met |
| 4.4 Living environment | | Met |
| 4.5 Occupational health and safety | | Met |
| 4.6 Fire, security and other emergencies | | Met |
| 4.7 Infection control | | Met |
| 4.8 Catering, cleaning and laundry services | | Met |



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Jacaranda House Hostel 3054

Approved provider: Bairnsdale Regional Health Service

Introduction

This is the report of a re-accreditation audit from 25 September 2012 to 26 September 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 25 September 2012 to 26 September 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of three 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: | Sylvia (Lynne) Sellers |
| Team members: | Cassandra Van Gray |
| | Gayle Heckenberg |

Approved provider details

| | |
|--------------------|------------------------------------|
| Approved provider: | Bairnsdale Regional Health Service |
|--------------------|------------------------------------|

Details of home

| | |
|---------------|------------------------|
| Name of home: | Jacaranda House Hostel |
| RACS ID: | 3054 |

| | |
|---|-----|
| Total number of allocated places: | 41 |
| Number of residents during audit: | 39 |
| Number of high care residents during audit: | 18 |
| Special needs catered for: | NIL |

| | | | |
|-----------------|-----------------------------|------------|--------------|
| Street: | 125 McKean Street | State: | Victoria |
| City: | Bairnsdale | Postcode: | 3875 |
| Phone number: | 03 5150 3414 | Facsimile: | 03 5150 3608 |
| E-mail address: | michele.gardner@brhs.com.au | | |

Audit trail

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

Interviews

| | Number | | Number |
|---|--------|---|--------|
| Director of clinical nursing and corporate services | 1 | Residents/representatives | 7 |
| Manager aged care (acting) | 1 | Volunteers | 3 |
| Clinical care coordinator/registered nurse | 1 | Environmental services coordinator (acting) | 1 |
| Quality and education coordinator | 1 | Maintenance | 1 |
| Registered nurses | 2 | Hospitality and environmental safety staff | 4 |
| Enrolled nurse | 1 | Associate director corporate services | 1 |
| Care staff | 2 | Administration assistants | 2 |

Sampled documents

| | Number | | Number |
|--|--------|--------------------------------------|--------|
| Residents' clinical files | 4 | Personnel files | 4 |
| Clinical care plans | 4 | Medication charts | 5 |
| Blood glucose level charts | 2 | Wound management charts | 5 |
| Observation and weight charts | 5 | Incident reports | 3 |
| Resident agreements | 3 | Resident leisure and lifestyle files | 3 |
| Resident leisure and lifestyle assessments | 3 | | |

Other documents reviewed

The team also reviewed:

- Activity program
- Advanced care plan directives and statement of choices
- Allied health referral forms
- Annual essential measures report
- Annual resident satisfaction survey
- Audit schedule and audits
- Behaviour charts
- Care plan consultation documentation
- Cleaning procedures, schedule and sign off sheets
- Clinical assessments
- Clinical communication diary

- Clinical indicator data and analysis
- Comment and complaint management documentation
- Communication diaries
- Comprehensive customer reports
- Continuous improvement plan, improvement agenda and meeting minutes
- Contractor contracts
- Dangerous drugs registers
- Diabetic management plans
- Diversional therapy communication book and duty lists
- Drug and resident refrigerator temperature records
- Duty lists
- Education calendar, session attendance and evaluation records
- Emergency management plan and emergency response manual
- Equipment and supply storage areas and faulty equipment procedure
- Financial care plans
- Fire and emergency equipment log book records and invoices
- Food safety plan
- Handover sheets
- Hazard identification, reporting, risk assessment and control
- Human resource documents including orientation checklists
- Kitchen cleaning schedules and records, temperature checks
- Mandatory reporting of elder assault policies and guidelines
- Material safety data sheet folders
- Meals and drinks report form
- Medical and nursing progress notes
- Medication management reviews
- Meeting minutes
- Memorandum folder
- Menu
- Missing persons policy and guidelines
- Nurses board registration records
- Outing suggestions by residents
- Pain charts
- Palliative care documentation
- Pathology reports
- Pharmacy medication reviews
- Police certificate and statutory declaration registers

- Policies and procedures
- Position descriptions
- Preventative maintenance schedule and records
- Privacy information
- Provision of allied health services for high care residents
- Quality indicator collection forms
- Regulatory compliance folder
- Reportable incident registers
- Resident activity participation and evaluation records
- Resident dietary and nutrition requirement records
- Resident fall statistics and data
- Resident handbook
- Resident list
- Resident menu choices and drinks lists
- Residents' information package and surveys
- Restraint documentation
- Rosters and shift staffing structure
- Security check and sign off email
- Self medication assessment
- Shower lists
- Specialist referrals and reports
- Staff education and competency training records
- Staff education calendar
- Staff handbook
- Staff task folder sign off sheet
- Staff training needs statistics
- Storage of medications
- Task folders
- Urinary and bowel charts
- Vitamin D policy, notice and statistics
- Volunteer pack
- Volunteer promotion notice
- Ward 'champion' list.

Observations

The team observed the following:

- Activities in progress
- Archives

- Bed height marker
- Blood and body spill kit
- Call bell system in operation
- Charter of residents' rights and responsibilities on display
- Chemical storage and material safety data sheets
- Chemotherapy spill kit
- Cleaning in progress and cleaners storage areas
- Clinical stores
- Comfortable furnishings
- Comments and complaints forms and lodgement box
- Display boards and noticeboards
- Emergency evacuation plans displayed
- Emergency response kit
- Equipment and inventory storage areas
- External complaint information
- Fire detection systems and equipment
- Gastroenteritis outbreak kit and information charts
- Hairdressing salon
- Interactions between residents, representatives and staff
- Internal and external living environment
- Kitchen and food service areas
- Laundry
- Lunch time meal and snack service
- Medical stores
- Mobility and lifting equipment including ceiling hoists
- Nurses stations
- Podiatry services in progress
- Secure medication storage
- Specialised equipment
- Suggestion boxes
- Wound products.

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 operates the same continuous improvement systems, processes and procedures across all three residential aged care services.

The home has processes and procedures to identify opportunities for continuous improvement. The home operates a continuous improvement committee which meets on a monthly basis. Inputs into the home's continuous improvement system include initiatives raised as a result of the home's audits, surveys and staff meeting minutes. Management are responsible for reviewing matters in conjunction with relevant senior personnel. The home operates an electronic continuous improvement data base for monitoring and tracking matters to their satisfactory conclusion. Staff demonstrated a good understanding of continuous improvement processes and procedures.

Examples of recent improvements include:

- Identified as a result of feed back received from staff regarding their inability to complete documentation and attend to resident care needs in a timely manner, the home has increased clinical care and leisure and lifestyle staff appointments and hours, as follows:
 - The appointment of two clinical care coordinators, Monday to Friday.
 - The appointment of a leisure and lifestyle coordinator.
 - An additional 12 care hours per shift added to each of the three units, resulting in a 36 hour per day increase.

Management stated they will monitor the outcomes of these increases, although there has been good feedback from residents, representatives and staff.

- The conduct of a staff training needs analysis has resulted in the development of an education calendar. The two newly appointed clinical care coordinators facilitate the training. Management stated there has been good feedback from staff regarding this initiative citing the acquisition of additional skills and knowledge which meets their needs.

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, with the support of corporate structures, has a system to identify relevant legislation, regulatory requirements and professional standards and guidelines across all four

Accreditation Standards. Jacaranda House Hostel is part of a public sector organisation receiving notification of legislative and regulatory changes through the Department of Health, peak bodies, legislative update services and Government communiqués. The home's management and corporate structures identify relevant regulatory compliances; these are actioned through the audit and risk committee. The organisation reviews and amends policies and procedures in response to legislative changes and informs staff through notification of policy amendments, memoranda, education sessions and meetings. Staff stated management inform them about their regulatory compliance responsibilities. The human resource department ensure the currency of police certificates and applicable statutory declarations for staff, contractors and volunteers. Residents, representatives and staff were notified 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

Management ensure staff have the knowledge and skills to effectively perform their roles through the provision of a comprehensive orientation program supported by an ongoing educational and training program. Management identify staff training through a training needs analysis, performance review systems and current resident needs. Information on upcoming education sessions is available to all staff via a six monthly calendar, memoranda and fliers on noticeboards. Staff participate in a wide variety of educational opportunities, such as mandatory training, electronic learning packages, competency education, formal and informal education sessions, questionnaires and external qualification opportunities. The training program provides staff with constant opportunities to maintain essential knowledge and skills and continually identifies educational opportunities.

Recent examples of education and training relating to Standard 1 include:

- assessing the Standards
- continuous improvement
- elder abuse
- team leader orientation.

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

The home has formal and informal comments and complaints processes accessible to residents and representatives, staff and visitors. Information about internal comments and complaints processes and independent external complaints resolution is communicated to stakeholders through the resident agreement and resident and staff handbooks; brochures are displayed within the home. Management provide suggestion boxes to lodge confidential concerns, and resident, representative and staff meetings provide a forum to raise issues of concern. Records show and interviews confirm management respond in a timely manner, and maintain confidentiality of individual complaints. Residents and representatives are

aware of the internal and external complaint processes and are satisfied management address complaints appropriately.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has documented its mission, vision, values and motto statements and a commitment to quality. Consistent information is contained in staff and residents handbooks, respite care brochures, orientation material and education sessions. Management's commitment to quality is demonstrated through results in improved outcomes and satisfaction for stakeholders.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Management demonstrated there are sufficient numbers of appropriately skilled and qualified staff to provide resident care and services. The organisation bases their recruitment process on skill requirements outlined in position descriptions. Interviews and reference checks are completed and management provide a comprehensive orientation for all new staff. Management include resources to support staff through position descriptions, duty lists, policies and procedures, handbooks and education. Relevant staff maintain a database and monitoring procedure for police certificates, statutory declarations and professional registrations. Management use documented processes to monitor staff performance including observation, performance appraisal, individual discussion and competency testing. There are processes to manage planned and unplanned leave and adjustment of staffing levels occurs to meet resident care needs. Staff reported they have sufficient time to perform their roles and are satisfied with current staffing arrangements. Residents and representatives stated they were satisfied with the 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

The management team of Jacaranda House Hostel order goods and equipment through Bairnsdale Regional Health Service supply department in accordance with their delegation policy. Designated staff maintain an ordering system to ensure availability is ongoing. The finance department records all assets onto a centralised register. There is a stock rotation process for perishable items and goods are stored in clean and secure areas. Staff trial and evaluate new equipment before purchasing items. The maintenance department follow a preventative maintenance schedule to ensure equipment is kept in good working order and

staff enter day to day maintenance requests in to an electronic system. We observed adequate supplies of stocks, goods and equipment throughout the home. Staff and representatives stated there are sufficient goods and equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has systems to ensure stakeholders have access to current information on the processes and activities of the home. Management provide residents and representatives with information on entry to the home, including a handbook, information pack and resident agreement. Processes to keep staff informed include current policies and procedures and guidelines, handbooks, memoranda, scheduled meetings, noticeboards and position descriptions. Designated staff routinely collect and analyse key data and results are made available to staff. Management ensure staff and resident information is maintained confidentially and secure and electronic systems have restricted access and password protection. There is regular back up of computerised information. Archived material is stored securely pending destruction according to legislated requirements. Residents and representatives stated the home keeps them informed and they have access to relevant information.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home ensures externally sourced services are provided in a way that meets the homes' and resident needs and preferences. A list of approved contractors and suppliers is maintained and service agreements with suppliers, external trade persons and contracted service providers are available. External services comply with legislative requirements with documentation to evidence arrangements. Any issues relating to service provision are addressed through routine reviews undertaken locally and centrally. Staff, residents and representatives stated they are satisfied with the services provided by external contractors.

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.

The home routinely collects and reviews resident incident and infection related data. The outcomes of the clinical audits, in conjunction with feedback received from staff regarding resident care needs, contribute to the home's continuous improvement system.

Examples of recent improvements include:

- Management stated whilst the home routinely gathers clinical data, this information was rarely actioned. As a result the home established falls, infection and medication management 'champions'. The 'champions' are clinical staff members with an interest in each of the areas. The 'champions' routinely attend meetings with Bairnsdale Regional Health Service hospital colleagues to benchmark resident incidents. Management stated there has been a reduction in resident falls, infections and medication errors as a result of this initiative.
- Identified as a need by the homes falls 'champion', the home has developed a resident Vitamin D policy. The home has reviewed a range of residents and those benefiting from Vitamin D supplements referred to their general practitioner. Consultation has also occurred with the resident and their representative. In addition to supplements, leisure and lifestyle staff escort residents out doors on a routine basis. Management stated the home would continue to monitor the outcomes, although there has been good feedback from residents and their representatives regarding this initiative.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

The home has a system to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident health and personal care. Registered nurses oversee residents' clinical needs and management monitors the credentials of registered and enrolled nurses. Nursing staff effectively manage safe medication administration and storage. Missing person's information and documentation is available, as required.

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 a description of the home’s education and staff development processes.

Staff have the knowledge and skills to provide health and personal care to meet residents’ needs. Staff reported a high level of satisfaction with the health and personal care education offered by the home.

Examples of recent education and training relating to Standard 2 include:

- basic life support
- blood sugar competencies
- medication competencies
- nutrition and hydration
- oral and dental care
- palliative care
- person centred care
- wound management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home demonstrated residents receive appropriate clinical care relevant to their care needs. An initial entry process provides baseline information on a resident care summary plan, with further comprehensive assessments completed during the first month detailing residents’ needs and preferences. Care consultation occurs with residents, representatives and general practitioners to determine and agree on gathered information. The electronic care documentation system automatically generates care plans after completion of assessments and staff evaluate and review residents’ care needs monthly. Qualified nursing staff oversee clinical care of residents alongside designated enrolled nurses as team leaders. Monitoring of clinical care and staff practices occurs by supervision and observation, competencies, staff appraisals and incident report outcomes. Staff reported they have access to appropriate information regarding residents’ clinical care through handover, assessments, specialist reports, progress notes and care plans. Residents stated staff provide ongoing information about their clinical care and they generally receive care within a timely manner.

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

The home demonstrated appropriately qualified nursing staff identify and meet residents’ specialised nursing care needs. Registered nurses assess residents for any specialised care requirements on entry and continue to observe, monitor and evaluate prescribed treatments. Referrals to specialists occur in consultation with general practitioners and include areas such as palliative care, dialysis treatment, diabetic management and wound consultancy. Clinical management plans reflect strategies recommended from specialist services. Staff confirmed and we observed there is access to specialist equipment. Residents stated they received consultation regarding their complex care needs and they are satisfied with the care provided.

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

Qualified nursing staff ensure referrals occur to health specialists as residents’ needs become apparent through an initial assessment and regular reviews. The home supports and assists residents to attend external appointments at the collocated Bairnsdale Regional Health Service hospital including a dentist, audiologist and specialist doctors. Visiting health specialists include a physiotherapist, speech pathologist, occupational therapist, mental health community nurse, podiatrist and dietician. Communication to relevant stakeholders occurs regarding outcomes from health professional recommendations. Residents stated consultation and services provided by visiting health specialists occurs in a timely manner.

2.7 Medication management

This expected outcome requires that “residents’ medication is managed safely and correctly”.

Team’s findings

The home meets this expected outcome

The home demonstrated effective systems to ensure safe and correct management of residents’ medication in accordance with regulatory requirements. Qualified staff administer medications from a sachet system and document administration through paper based charts. We observed medication charts incorporating dated photographs, resident allergies and indicating special considerations for administration. An accredited pharmacist facilitates annual medication reviews, with recommendations forwarded to general practitioners. Reporting and analysis of medication incidents occurs in a timely manner, with discussions quarterly at a medication advisory committee meeting. Staff reported satisfaction with pharmacy services and residents stated they generally received their medications on time.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home demonstrated residents are as free from pain as possible. Prior history, charting and an assessment conducted on entry identifies pain management concerns. Ongoing monitoring of pain continues to occur through use of verbal and non verbal assessment tools. A variety of treatments and strategies assist with residents’ pain management, such as massage, heat packs, slow release pain medication, exercise, positioning and walking. Staff explained pain management treatments provided. Residents stated staff attend to their concerns in a timely manner and they are satisfied with their pain management.

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

Qualified nursing staff provided examples of how they maintain terminally ill residents’ comfort and dignity. On entry or when appropriate staff obtain a ‘statement of choices’ for advanced care planning from residents and representatives regarding residents’ requests for end of life care. This information remains at the front of each resident’s file to ensure staff have current details of residents’ wishes. As residents become terminally ill implementation of their documented instructions occurs, in conjunction with a palliative care pathway. We observed appropriate equipment and resources to facilitate palliative care and maintain residents’ comfort and dignity. An external palliative care team supports the home as necessary, providing recommendations for the delivery of complex care to residents. The acknowledgement of residents’ spiritual and cultural beliefs takes place and local clergy and social workers will assist with on site emotional support to residents and representatives upon request.

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

The home demonstrated residents receive adequate nourishment and hydration. On entry staff record residents’ individual dietary requirements and preferences in consultation with residents and representatives. Care plans reflect relevant strategies to ensure residents receive adequate nourishment and hydration and support with assistive devices. A risk rated tool provides guidance to staff regarding weight management; monitoring of residents’ weights occurs monthly and is recorded in the tasks folder. General practitioners receive information on significant anomalies regarding weight loss or gain. Residents have access to a variety of fluids and fortified supplements throughout the day. Regular referrals to the speech pathologist and dietician take place when required and plans of care reflect recommendations. Residents stated they have regular access to food and drinks and are generally satisfied with the variety, options and quantity provided.

2.11 Skin care

This expected outcome requires that “residents’ skin integrity is consistent with their general health”.

Team’s findings

The home meets this expected outcome

The home ensures residents’ skin integrity is consistent with their general health. A risk rated assessment tool allows for identification of information and concerns. Care plans provide effective strategies for prevention, reduction and the frequency of skin trauma and breakdown. Consultation and reviews with residents and representatives occur regularly to keep them informed. Generally, the monitoring of care staff practices through observation and qualified staff supervision ensures reporting of any anomalies. Staff confirmed resources and equipment are always available and accessible for the provision of residents’ skin care and wound management treatments. Monthly reporting occurs on clinical data in relation to pressure ulcers and wound infections. Residents stated they receive appropriate skin care and treatments provided by staff.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home demonstrated effective management of residents’ continence. Charting and assessments commence on entry to determine specific needs to formulate individual toileting programs. Care plans indicate the level of staff assistance and continence aids required. Monitoring and reporting of urinary tract infections occurs monthly. Ordering and administration of prescribed treatments takes place as directed by general practitioners. Staff assist and promote preventative measures in relation to bowel management. Staff reported ongoing availability of continence aids. Residents stated they receive assistance with their continence management and staff attend to hygiene needs in a respectful 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

The home demonstrated effective management of the needs of residents with challenging behaviours. Past history information, behaviour charting, discussion with representatives and assessments assist with identification of behaviours of concern. Residents demonstrating challenging behaviours reside within a secure unit of the home. Care plans reflect identified concerns and causes of behaviours and generalised strategies for use in order to guide care. Referrals to the community mental health services for support occur as required. A restraint policy and mandatory reporting procedures are available to staff. We observed staff attending to residents in the secure unit with a kind and caring manner. Representatives stated staff provide care to residents with behaviours of concern with a skilful and compassionate approach.

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

The home's practices assist in promoting effective measures to achieve optimum levels of mobility and dexterity for residents. The physiotherapist provides assessments and reviews of residents' mobility, dexterity and rehabilitation requirements, generally within a timely manner. Staff assist in promoting independence through walking, passive movement and exercise programs. Discussion occurs regularly at the continuous improvement committee meeting to review reports on falls. Various types of walking aids, transfer and lifting equipment are available to encourage residents' mobility and assist with a safe working environment. Staff reported they attend annual manual handling training. Residents stated they are satisfied with staff support and access to exercise programs.

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

The home demonstrated processes to ensure the maintenance of residents' oral and dental health. On entry an oral and dental assessment is completed and consultation with residents and representatives identifies past and current information related to residents' oral health. Care plans reflect assistance required to attend to oral hygiene and appropriate care strategies. A local dentist provides support to the home to address oral, dental and mechanics anomalies. Toothbrush replacement takes place three monthly and staff confirmed regular supply of oral care products occurs. Residents stated staff routinely assist and support them with their oral and dental care.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

The home's systems allow for identification of residents sensory losses and effective management. Care plans reflect assessed outcomes with strategies to guide staff practices regarding sensory abilities and losses impacting on residents. Information also included provides details on communication strategies and the care of various aids. Assistance occurs for residents to attend internal and external appointments with an audiologist and optometrist. We observed large print books and television screens and the use of flash cards occurs when necessary. Residents stated staff provide assistance with the fitting and care of specific aids on a routine basis.

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

The home assists residents to achieve natural sleep patterns. Completion of charting and an assessment identifies causes or disturbances that may impact on residents’ sleep. Information documented in care plans reflects resident requirements regarding rising and settling preferences and indicates effective strategies. Comfort measures included into residents’ settling routines occur, with alternatives to sedation for inducing sleep such as warm drinks and snacks, heat packs and massage. Residents stated they felt safe and secure at night and generally slept well.

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.

Residents and their representatives stated they were satisfied with the opportunities to provide suggestions and receive feed back regarding the homes improvement initiatives.

Examples of recent improvements include:

- The home has recently engaged a number of volunteers, via the local Bairnsdale Regional Health Service hospital, to support residents on a one to one basis and to promote access to the wider community. The home conducts a luncheon event, on a three monthly basis to recognised volunteer contribution.
- The home has established a men’s group, offering male specific activities, supported by a male volunteer. Activities include outings, chats, playing pool and reminiscing. Management stated male residents, who have typically self isolated, have commenced joining the group with good results.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

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 offer an agreement to residents and representatives on entry to the home and inform them about their right to privacy and confidentiality. There is a system for mandatory reporting of elder abuse.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of the home's education and staff development processes.

Management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of resident lifestyle. Management identifies education needs in relation to resident lifestyle through communication with lifestyle staff and residents, audits, incident reports and meetings.

Examples of recent education and training relating to Standard 3 include:

- caring for people with dementia
- caring for people with dementia the living environment
- palliative care.

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

Leisure and lifestyle staff provide support to residents on entry to the home and on an on going basis. Information provided by residents and/or their representatives assists completion of an assessment and the formulation of a care plan. Staff review plans of care on a monthly basis as part of the home's 'resident of the day approach'. Residents' family and representatives are encouraged to be involved in the home and assist with resident emotional needs. Staff confirmed they are confident in providing emotional support for residents. Residents stated they feel supported.

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

The home encourages residents to maintain and maximise their independence and abilities across a range of aspects of their daily life. Residents' needs are assessed and individualised care plans are developed, documenting strategies to maximise independence such as physiotherapy, exercise programs and gardening. The home encourages representatives, friends and volunteers to maintain their individual interests, participate in outings, have control over their financial matters where appropriate, and maintain their civic responsibilities. Staff provided examples in maximising resident's independence and residents stated they have access to a range of mobility aids relevant to their needs. Residents confirmed they are satisfied their independence is encouraged, supported and respected.

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 their representatives are informed of the home's commitment to maintaining privacy, dignity and confidentiality. A written agreement and resident handbook provide information for residents on entry to the home regarding their privacy and confidentiality. Staff confidentiality agreements allow access and use of information in identified circumstances, with consent. Residents personalise their rooms according to their preferences. The home provides secure storage of resident files and information. We observed staff knocking on residents' doors prior to entry and using residents' preferred names during conversation. Residents confirmed staff are respectful of their privacy and dignity at all times.

3.7 Leisure interests and activities

This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's findings

The home meets this expected outcome

The home provides a variety of one to one and group leisure interests and activities. Residents participate in activities according to their preferences five days per week. Assessments identify residents' prior and current interests and preferences in consultation with residents and their representatives. The program includes activities consistent with residents' needs and considers physical, cognitive, sensory and communication aspects that may limit residents' participation. Residents contribute to the program through forum meeting attendance and survey results. Monitoring for the effectiveness of activities occurs through participation and evaluation records. Residents expressed their satisfaction with the support provided to enable the diverse range of activities.

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 has processes and procedures to identify resident's customs, beliefs and cultural backgrounds. Each resident's needs and preferences are identified and promoted on entry to the home and on an ongoing basis. Support for individual interests and customs is enhanced through continuing links with representatives and the wider community. A range of spiritual services and events are available to residents. Australian holidays are recognised and celebrated. Leisure and lifestyle staff promote days of importance to residents such as Anzac and Melbourne Cup day celebrations. Residents stated they are satisfied the home meets their cultural and spiritual needs and respects and values their customs and beliefs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Staff identify resident choices and preferences on entry to the home and on an on-going basis. Residents are able to exercise choice across a range of their care, well being and services, including sleep and settling, activities of daily living, food and beverage options and leisure activities. Residents and their representatives are encouraged to provide feedback regarding these matters via formal mechanisms such as forums, improvement forms and surveys. Residents confirm they participate in decisions regarding the range of services provided and are able to exercise choice in their daily activities.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home provides information on security of tenure to residents and their representatives during the initial inquiry stage and within the residential service agreement. The resident agreement and handbook provides information on the home's security of tenure provisions. Any potential changes affecting resident security of tenure occur in consultation with the resident and or their representative. Residents confirmed they are aware of their rights and responsibilities within the home, the complaints processes and feel secure in the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

The home has a system that shows ongoing improvements in the area of physical environment and safe systems.

Examples of recent improvements include:

- As a result of feedback received from residents and their representative regarding the physical environment, the home has:
 - Painted all internal areas,
 - Replaced carpets and floor coverings,
 - Installed infection control stations,
 - Purchased new resident furniture including dining tables.

Management stated they have received good feedback from residents and their representatives and residents appear ‘calmer and more relaxed’ as a result of the enhanced environment.

- As a result of feedback received from staff and resident surveys regarding the lack of knowledge of fire and emergency procedures, the home has:
 - Nominated the quality coordinator to attend meetings and provide information regarding appropriate processes and procedures,
 - Reviewed, adjusted and distributed the evacuation policy and procedures.

Management stated there has been good feedback from staff who have indicated they ‘feel more comfortable’.

- Identified by management and security staff as an opportunity to increase security, the home has implemented an internal ‘lock down’ procedure. The procedure includes checking of doors and windows by the senior registered nurse on roster against a checklist. Bairnsdale Regional Health Service security personnel review the checklist. Management stated there has been a ‘decrease in unlocked doors’ as a result of this initiative.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

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. The home has a food safety program. Contractors regularly undertake maintenance of fire equipment. Chemical storage is secure and the chemical company provide current material safety data sheets.

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 a description for information about the home's education and staff development processes.

The home ensures management and staff have the appropriate knowledge and skills to effectively perform their roles in the area of physical environment and safe systems. Management identifies staff training needs in relation to the physical environment through mechanisms including feedback from staff and residents, environmental audits, investigation of reported incidents and hazards, risk assessments and meetings.

Recent education relating to Standard 4 includes:

- fire and safety
- food handling/food safety workshop
- infection prevention/hand hygiene
- manual handling.

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's management are working actively to provide a safe and comfortable living environment for residents. The home is light, well ventilated and kept at a comfortable temperature. The external environment is secure and well maintained. Management provide keypad entry and exit to the home. Residents have access to sufficient and appropriate equipment and furniture to promote a safe and comfortable living environment and are encouraged to personalise their rooms. Monitoring mechanisms include planned audits, hazard reporting, feedback processes, preventative and reactive maintenance schedules and a testing and tagging procedure. Residents and representatives stated they are satisfied management provides residents with a safe and comfortable 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 home has an occupational health and safety system that meets regulatory requirements and promotes a safe environment. The system includes an occupational health and safety committee, policies and procedures, incident reports and hazard alerts. Staff and resident safety is supported through regular staff manual handling training at induction and ongoing, risk assessments, preventative and corrective maintenance programs and environmental audits. Monitoring occupational health and safety performance occurs through incident and hazard analyses, staff feedback and observation. Staff confirmed they receive training in manual handling and stated management provides a safe working environment and a positive approach to occupational health and safety.

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 emergency management systems and works towards ensuring a safe living and working environment. Emergency and evacuation plans are on display throughout the home, with clearly signed emergency exits, which are generally free from obstructions. Compulsory fire training occurs for all staff; in addition the home conducts mock fire drills. The home has a contract with an external service provider to conduct scheduled inspections and maintenance of emergency equipment. The home is equipped with fire fighting equipment including break glass alarms, fire and smoke doors, smoke alarms, extinguishers, sprinklers and fire hose reels. Visitor sign in and out registers are located at the entrance to the home. Staff and residents confirmed they felt comfortable with the home's approach to security and the management of emergencies.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has systems in place to monitor and control infection. The home has documented procedures and processes ensuring staff have a knowledge and understanding of infection control. The home monitors their infection rates on a monthly basis and acts in accordance with documented procedures. Actions are recommended and implemented in response to analysis of infection data and include provision of additional education, equipment and review of individual residents to ensure appropriate interventions occur. There is adequate stock of personal protective equipment available and staff are able to explain the actions to take in the event of a suspected outbreak. Pest control services visit regularly. Staff demonstrated a good understanding of the infection control processes and procedures.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Food is prepared daily in the main kitchen of the collocated Bairnsdale Regional Health Service hospital and transported in hot boxes to the home's kitchenette. Assessment of residents' dietary requirements and preferences occurs on entry to the home and is reviewed regularly; the information is readily available to the catering staff. Residents report they have input into the menu selection and are satisfied with food choices offered by the home. Cleaning staff follow schedules and infection control cleaning policies. The home was clean, neat and tidy and staff stated they have sufficient time to complete tasks. Relevant staff launder residents clothing on site and an external commercial laundry service manages linen. Staff could describe correct procedures for use of chemicals and washing infectious laundry. Residents and representatives were satisfied with hospitality services provided at the home.