Jacaranda Lodge
RACS ID 7132
55 Belgrade Road
WANNEROO WA 6065

Approved provider: Shire of Wanneroo Aged Persons Homes Trust Inc

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 08 December 2016.

We made our decision on 03 October 2013.

The audit was conducted on 03 September 2013 to 04 September 2013. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

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

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

Standard 2: Health and personal care

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

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

Standard 3: Resident lifestyle
Principle:
Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

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

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

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

Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Jacaranda Lodge 7132

Approved provider: Shire of Wanneroo Aged Persons Homes Trust Inc

Introduction

This is the report of a re-accreditation audit from 03 September 2013 to 04 September 2013 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44/44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 03 September 2013 to 04 September 2013.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Philippa Brittain
Team member:	Katherine Prochyra

Approved provider details

Approved provider:	Shire of Wanneroo Aged Persons Homes Trust Inc

Details of home

Name of home:	Jacaranda Lodge
RACS ID:	7132

Total number of allocated places:	65
Number of residents during audit:	60
Number of high care residents during audit:	18
Special needs catered for:	Residents with dementia and other related conditions

Street:	55 Belgrade Road	State:	WA
City:	WANNEROO	Postcode:	6065
Phone number:	08 9306 2311	Facsimile:	08 9306 1163

Audit trail

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

Interviews

	Number		Number
Director of nursing	1	Residents/representatives	12
Hostel manager	1	Occupational therapist	1
Quality coordinator	1	Therapy staff	1
Clinical nurse	1	Chef managers	2
Enrolled nurse	1	Laundry staff	1
Care staff	6	Cleaning staff	2
Physiotherapist	1	Maintenance staff	2

Sampled documents

	Number		Number
Residents' files	7	Medication charts	15
Summary/quick reference care plans	7	Medication self authorisation forms	6
Wound care charts	4	Dietary needs care plans	10
Resident agreement	1	Personnel files	10

Other documents reviewed

The team also reviewed:

- Activity programs
- Adaptive seating register
- Agency staff, volunteers, and external contractors site orientation checklists
- Allied health referrals
- Asset register
- Audits, surveys and audit schedule
- Cleaning schedules and information file
- Clinical monitoring records and treatment charts
- Clinical nurse care plan review matrix
- Clinical review key performance indicators
- Emergency medication system
- Fire emergency procedures
- Food and kitchen appliances monitoring temperatures, delivery worksheets and cleaning schedules
- Handover sheets and diaries
- Human resources, staff training matrices and training schedules

- Improvement file and improvement planner

- Infection control records and associated documents

- Laundry schedule and information file

- Maintenance records

- Material safety data sheets

- Medication incident file

- Medication refrigerator temperature and equipment monitoring records

- Meeting minutes

- Memoranda

- Menu and resident dietary information

- Newsletter

- Occupational health and safety (OHS) incidents and hazards

- Occupational therapy review schedule

- Performance appraisals

- Poison's license

- Police certificates and professional registration records

- Policies and procedures

- Position descriptions and duty statements

- Residents' and staff information handbook

- Resident restraint authorisations

- Rosters

- Therapy information evaluation of activities and attendance records

- Therapy staff resource file

- Volunteer file.

Observations
The team observed the following:

- Activities in progress

- Archiving storage area

- Charter of residents' rights and responsibilities

- Chemical storage

- Emergency location maps, evacuation pack and fire exits

- Equipment and supply storage areas

- Infection control outbreak kit and personal protective equipment

- Information for re-accreditation visit displayed

- Interactions between staff and residents

- Internal and external complaints information

- Living environment

- Meal and refreshment services
- Notice boards, signage, and resident and staff displayed information
- Oxygen storage
- Polling booth information
- Residents' general appearance
- Storage and administration of medications
- Suggestion/feedback box
- Waste disposal systems.

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 uses the organisation's systems and processes to pursue continuous improvement across all four Accreditation Standards. The manager oversees the continuous improvement process and improvement opportunities are identified via residents, representatives and staff ideas, suggestions, audits, incident reports, hazard reports, comments, and complaints, surveys and meetings. Improvements requiring ongoing action and monitoring are included in the continuous improvement plan. Staff reported they are involved in continuous improvement and provide their suggestions to the manager for action. Residents and representatives stated they are aware of continuous improvement and are satisfied with improvements being made at the home.

Examples of current or recent improvement activities related to Standard 1 are described below.

- Management reported the organisation recently recruited a quality coordinator and a new office and workstation has been created at the home for the newly recruited position.

- The manager identified residents' eating/drinking care plans were not easily accessible to staff. As a result, eating and drinking preference files are now available in each house area. The files contain residents' eating/drinking care plans and any specific instructions from the dietician or speech pathologist. Management reported and documentation and observations confirmed residents are receiving the correct dietary requirements.

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

Organisational systems and processes are used to assist the home to identify and comply with relevant legislative requirements, changes to regulatory requirements, legislation and professional standards and guidelines. Central office update policies and procedures and sends information on regulatory changes to the manager who communicates these to staff through memoranda, training sessions and at meetings. The home has a process for ongoing monitoring of police certificates for new and existing staff, and staff reported they supply police certificates as required. Residents and representatives have access to brochures and information regarding the Aged care complaints scheme and reported they were informed an accreditation audit was to take place.

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

Team's findings
The home meets this expected outcome

The home's education program ensures management and staff have appropriate knowledge and skills to perform their duties effectively. A mandatory training program is available and a site specific orientation is developed based on residents' needs including competencies, staff performance appraisals, incident monitoring, audit results and feedback from residents and representatives. New staff are required to complete mandatory training and site specific orientation on commencement of employment. A staff training matrix is used to monitor staff attendance, and the training sessions are scheduled throughout the year. Staff reported that they have appropriate training to enable them to perform their roles effectively.

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

- Accreditation overview

- Effective communication

- Mandatory training.

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

Each resident, their representative, and other interested parties have access to internal and external complaint mechanisms. Residents and representatives receive information regarding feedback mechanisms via the resident handbook, meetings, and posted information. Feedback forms are available, along with a secure suggestion box and brochures regarding external complaints mechanisms and advocacy services. The manager logs and follows up complaints and concerns and these are included in the continuous improvement plan when appropriate. Staff reported they assist residents to access and complete forms, and management are approachable and responsive to feedback. Residents and representatives stated the manager and staff are responsive to any comments and complaints and are available if they wish to raise an issue.

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's values are documented and displayed in the home. Residents and representatives receive a handbook and admissions/welcome pack which explains the organisation's values. On commencement of employment new staff receive information on the organisation's values during orientation and in the staff handbook. Staff, residents and representatives reported their awareness and knowledge of the mission of the organisation.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has appropriately skilled and qualified staff to deliver services in accordance with residents' needs. The manager determines staffing levels through review of resident care needs and feedback from residents, representatives and staff. The home uses organisational and site-specific processes to recruit and retain staff, and monitor staff police certificates, and professional registrations. A buddy program provides new staff with additional support from an experienced staff member. Management monitors staff performance via feedback and reporting mechanisms, internal audits and performance appraisals. Staff have access to policies and procedures, and job descriptions outline responsibilities for each role. Staff reported they have sufficient time to carry out their duties. Residents and representatives stated they are satisfied with the responsiveness of staff and their level of skill to meet residents' needs.

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 home has adequate supplies of stock and equipment to enable the delivery of quality services. Designated staff are responsible for stock control and rotation processes, and there is an ordering process to ensure there are sufficient goods. A planned and reactive maintenance program ensures equipment is regularly checked and is in a serviceable and safe condition. Equipment is stored for accessibility and staff are trained to use the equipment safely and correctly. Staff reported repairs are made in a timely manner and management is responsive to requests for additional goods or equipment. Resident's and representatives stated goods and equipment are provided by the home and are accessible for the delivery of services to meet residents' needs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Management and staff have access to accurate and appropriate information to help them perform their roles. Processes facilitate the collection, analysis, and dissemination of information related to resident care, business, and operational issues and management uses this information to monitor service delivery. Staff reported they have access to, and use of, accurate and appropriate information to perform their roles in the delivery of resident care. Information is stored securely and processes maintain the security of computer-based and hard copy information. Staff reported their responsibility in relation to privacy of information. Residents and representatives stated they have access to information via meetings, newsletters and an annual family meeting to assist them to make decisions about residents' care and lifestyle.

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

Externally sourced services are provided in a way that meets the needs and goals of the home. Organisational policies and procedures are followed in relation to the provision of external services, and contracts for services are coordinated by central office. Management systems define requirements related to the engagement, conditions and review of external service providers. Onsite contractors provide information to the organisation on their insurance arrangements, professional registration requirements, and provision of a police certificate. The quality of services are monitored via various feedback mechanisms. Staff, residents and representatives reported satisfaction with the standard of externally sourced services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to Continuous improvement in Standard 1 – Management systems, staffing and organisational development for an overview of the home's continuous improvement system.

Examples of recent or current improvement activities related to Standard 2 are described below.

- The home identified the dietician used by the external catering company was not always available to review residents' needs. In response, management recently sourced a local dietician. Management reported residents will now be seen in a more timely manner and residents reported they receive the appropriate diet.

- Management identified the need to purchase additional equipment for the safety and comfort of residents in the palliative care stage. Observation confirmed residents using the new electric beds, chairs with pressure relieving functions and residents reported they felt safe and comfortable.

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

Systems and processes identify and ensure the home has ongoing regulatory compliance in relation to residents' health and personal care. Registered nurses oversee initial and ongoing assessment of residents who require high level of care. Monitoring of nursing and allied health staff professional registration occurs. Medications are stored and administered in accordance with relevant guidelines. The home monitors any changes in legislation and alerts staff through meetings or memoranda. Staff reported they attend appropriate training to their positions and responsibilities.

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 Education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

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

- Continence management
- Dementia training
- Medication update
- Pain management
- Management of symptoms
- 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 has systems and processes to ensure residents receive appropriate clinical care through regular assessments, care planning and evaluation. Clinical and allied health staff conduct assessments when residents enter the home and annually thereafter. The resident's family provide further information and general practitioners review the resident throughout their stay. The home monitors residents' clinical care outcomes through scheduled six monthly and as required reviews of care plans, clinical audits, and resident/representative feedback. Staff report significant changes in residents' care needs to the attending general practitioners. Each clinical shift conducts a handover, and staff report, record and monitor clinical and behavioural incidents. Residents and representatives stated their satisfaction with the health and personal care provided to residents provided 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

Registered nurses, in collaboration with other qualified staff, assess, plan, manage and review specialised nursing care. Clinical staff access nurse specialists to provide additional advice and support. Residents with complex care needs are discussed at team meetings to enable all staff to give feedback into management strategies. Specialised nursing care plans and the integrated progress notes record strategies recommended by specialist nurses. Monitoring of specialised nursing care occurs through care plan reviews, audits, and feedback from residents and representatives. Residents and representatives stated satisfaction with the provision of specialised nursing care.

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

The physiotherapist and occupational therapist review all residents when they enter the home. Staff refer residents to external allied health professionals such as speech pathologist,

dietician and podiatrist as required. Access to audiologists, optometrists and a dental service are available either as visiting services or in the community. A psycho-geriatrician and allied counsellors visit the home when required. Documentation of assessments and prescribed treatments occurs, and staff enter specific information in care plans. Residents and representatives stated they are aware of the availability of allied health professionals.

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

Team's findings
The home meets this expected outcome

Clinical staff and medication competent personal carers administer medications from original and multi-dose packaging. Resident identification is clear. A scheduled monitoring system addresses identified deficits, and there are documented processes to guide staff if medication administration errors occur. An independent pharmacist reviews medication charts on a regular basis, providing the attending general practitioners and the home with a report. Residents who wish to manage their own medication are assessed as safe to do so. All medications are administered safely, stored securely and there is a safe disposal system. Residents and representatives stated the administration of residents' medication is managed safely and correctly.

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

Team's findings
The home meets this expected outcome

The identification of each resident's past history and presence of pain occurs during the initial assessment phase using validated assessment tools. Pain management strategies are reviewed if there is a change in residents' cognition levels, clinical status, when there is a new episode of reported pain, and when 'as required' pain relief is administered over a period of time. Alternatives to medication such as limb massage, scheduled repositioning, hot/cold therapies, and individualised diversional strategies are used. Pressure relieving equipment is available, and the home has access to specialised pain management nurses for additional support and advice. Residents and representatives stated they are satisfied with the home's management of residents' pain.

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

Team's findings
The home meets this expected outcome

Staff consult residents and representatives to plan care reflecting individual wishes and cultural beliefs to ensure the maintenance of comfort and dignity of terminally ill residents. Registered nurses reassess the resident's needs when they enter the palliative phase of care, in collaboration with the family, attending general practitioner and, if requested, palliative care specialists. A palliative care plan is implemented during the palliative phase and includes resident preferences such as meals and drinks, nursing care required and reference to the resident's final wishes. The home has access to specialised equipment for consistent administration of pain relief, and other specific medications to minimise anxiety

and nausea. Chaplaincy/pastoral care and external counselling services are available to enhance resident and relative support.

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

Team's findings
The home meets this expected outcome

During the initial assessment, residents' nutrition and hydration needs, food preferences, food allergies, intolerances/special diets, swallowing difficulties and weight management requirements are noted. Staff use this information to develop individual care plans. Residents have access to a dietician and speech pathologist when required. Staff direct specific and relevant dietary information to the catering staff, and a range of texture modified meals and adaptive crockery and cutlery are available for all meals and refreshment times for those who need them. Residents are weighed frequently according to a validated protocol, and registered nurses and the general practitioners monitor unplanned weight loss/gains. Nutritional supplements enhance residents' nutritional status when required. Residents and representatives stated their general satisfaction with the quality and quantity of meals, and associated support needs for residents.

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

Team's findings
The home meets this expected outcome

Residents undergo a review of their skin integrity when they move into the home. Clinical staff identify risks to skin integrity and the potential for pressure injury. Residents with diabetes, peripheral vascular disease, reduced mobility, receiving palliative care, post-surgery, or who are frail, receive specialised care. Staff use appropriate protocols to support wound care management and the home has access to clinical nurse specialists. The home formally monitors skin tears. Registered nurses prescribe specialised pressure relieving practices/equipment and formalised repositioning regimes, and emollients and barrier creams are used. Residents and representatives reported residents' satisfaction with the provision of skin care management.

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

Team's findings
The home meets this expected outcome

Residents urinary and bowel continence needs are assessed on moving to the home and a care plan is developed. Bowel elimination is monitored daily and interventions are documented. A range of interventions are used to manage residents' continence needs including appropriate equipment, scheduled toileting and suitable continence aids. Infections are monitored via the infection control log and strategies implemented as necessary. Staff reported they have appropriate training and supplies to manage residents' continence needs effectively. Residents and representatives reported they are satisfied residents' continence is managed effectively.

2.13 Behavioural management

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

Team's findings
The home meets this expected outcome

On moving to the home, residents undergo behaviour management assessments during the initial phase, six monthly and when behaviours change. Care plans are developed from assessment information, documented staff observations over a defined period of time, information from adult mental health professionals and family feedback. The home has protocols in place to manage the need for restraint. Residents who exhibit challenging behaviour are managed using individualised diversionary tactics. When indicated, family conferences are conducted to assist families to understand their relative's behaviour and relieve anxieties. Therapy staff use individual diversional and reminiscing therapies and music to moderate residents' challenging behaviours. Staff stated their understanding of mandatory reporting requirements. Staff were observed interacting in a therapeutic manner with all residents. Residents and representatives stated the behaviours of other residents do not impact on residents' privacy.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings
The home meets this expected outcome

On moving into the home, the physiotherapist, occupational therapist and registered nurses assess the residents' mobility, dexterity and rehabilitation needs to maximise individual independence. The physiotherapist supports residents with prescribed individualised physiotherapy programs, and therapy staff incorporate gentle exercise into various activities throughout the week. Specialised equipment is used to assist residents to improve balance and strength. Staff report, monitor, analyse and action all incidents related to residents' falls and near misses. Residents and representatives stated their satisfaction with the exercise program available to residents throughout the week.

2.15 Oral and dental care

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

Team's findings
The home meets this expected outcome

On moving to the home, registered nurses review the residents' oral and dental care needs. Care plans document individual preferences for cleaning natural teeth, dentures and other care, and residents receiving a high level of care have a choice of toothbrushes. Referrals to the general practitioner and speech pathologist occur if the resident has swallowing difficulties. Staff have received training in the management of residents' oral hygiene. Residents' oral care is specialised during palliation, and additional care given when a resident has inhaler/nebuliser therapy. Dentists visit the home, and staff support residents to attend dental services in the community. Residents and representatives stated their satisfaction with oral and dental care and assistance provided to residents.

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

Team's findings
The home meets this expected outcome

Staff conduct a formal assessment of residents' five senses when residents enter the home, and the care plan nominates individual strategies to manage needs. Residents are referred to allied health professionals in the community for optical and audiometric services when required. Resources such as large print books, talking books and access to a multi-sensory room are available to meet residents' sensory losses. Staff offer simple massages, relaxing music and cooking activities to further stimulate senses. During palliation, additional care ensures the enhancement of sensory care. Residents and representatives stated their satisfaction with the identification and management of residents' sensory losses.

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

Team's findings
The home meets this expected outcome

On moving to the home an assessment of the resident's sleeping and rest patterns occurs, and a re-assessment occurs if sleep patterns are disturbed. In consultation with the resident and/or representative, care plans nominate individual rising and settling times and other specific rituals. The home promotes the use of alternatives to medication where possible. Staff consider life histories, pain management, continence care, immobility and behavioural management when assessing disturbed sleep patterns and planning individual strategies to enhance sleep. Residents and representatives reported residents sleep well, and stated their satisfaction with the attention provided by night staff.

Standard 3 – Resident lifestyle
Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

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

Team's findings
The home meets this expected outcome

Refer to Continuous improvement in Standard 1 – Management systems, staffing and organisational development for an overview of the home's continuous improvement system.

Examples of recent or current improvement activities related to Standard 3 are described below.

- The physiotherapist identified several residents who were not attending the exercise classes in the home, and/or would benefit from the provision of specialised equipment to assist them to improve their balance and lower limb strength. In response, the physiotherapist designed new assistive equipment to enable residents to develop strength and mobility and better balance whilst being able to hold onto side rails for confidence. The physiotherapist reported, and documentation confirmed, several residents who were resistive to the traditional exercise approach used by the home had started using the new equipment with the physiotherapist supervision, and their exercise tolerance had increased.

- Staff identified several residents were not attending activities, preferring instead to stay in their rooms and watch television. To make the therapy program more attractive to these residents, activities and competitions based on television game shows were introduced. Therapy staff reported, and attendance sheets confirmed, the new activities are popular with a different cohort of residents to those attending the traditional activities.

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

Residents are informed about their rights and responsibilities in information provide to them when they move into the home, and the Charter of residents' rights and responsibilities is on display at the home. The service provides each resident with a resident agreement outlining fees, level of care and services, and tenure arrangements. Staff sign an employment contract and a confidentiality statement on commencement of employment. Policies and procedures are in place for the compulsory reporting of resident assault and unexplained absence. Staff are informed of changes in legislation relevant to resident lifestyle through training, memoranda and meetings, and there is a process for the 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 Education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

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

- Dementia therapy

- Occupational therapy workshops.

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

Team's findings
The home meets this expected outcome

Management provide new residents with information regarding the home's services, an orientation and welcoming process, and encourage family and friends to visit. Therapy staff introduce residents who are new to the home to other residents who have similar interests. After a settling-in period, relevant staff conduct assessments to identify residents' social and emotional needs, and clinical and therapy staff develop residents' individual programs and review care plans. Clinical and therapy staff refer residents to allied health professionals as required, and volunteer and activity programs further assist residents to meet their emotional needs. Residents and representatives reported the emotional support provided meets residents' needs and preferences.

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 has processes to ensure regular assessment of residents' needs in achieving maximum independence. Relevant staff assess and review the residents' level of ability to participate in activities of daily living. Care plans include considerations of the sensory, communication and mobility needs of residents when promoting independence. The home encourages residents to maintain friendships and participate in the life of the community within and outside the home through outings and shared social events with the co-located independent units. The home consults with residents and their representatives about risks associated with activities, and balances risk taking with safety in decision-making to allow residents to remain independent. Staff described strategies to assist residents to maintain independence in all aspects of their lives. Residents and representatives reported they are satisfied with the assistance provided by the home in relation to residents' independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has processes to ensure each resident's right to privacy, dignity and confidentiality is recognised and respected and the admission package details these rights. The home's environment promotes privacy, including the provision for quiet indoor and outdoor areas for residents. The home provides residents' health and personal care services discretely, and uses feedback mechanisms and audits/surveys to monitor the effectiveness of residents' privacy and dignity. Staff described strategies for supporting personal and clinical care to protect the dignity and privacy of residents. Residents and representatives reported the home respects residents' privacy, dignity and confidentiality.

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

There are processes to encourage and support residents to participate in a wide range of interests and activities of interest to them. The occupational therapist assesses residents when moving into the home and as required, and the therapy team identify residents' leisure and interest needs with assistance from family members. The home develops and displays a focussed activity program to accommodate individual and group needs and other areas of care such as diversional and sensory therapy. There are planned sessions throughout the week to optimise residents' participation and encourage social interaction. Therapy assistants described ways to encourage residents to participate in activities and how they provide one-on-one activities for those residents who are unable, or who choose not to participate in group activities. Processes are in place to evaluate the residents' past/current interests and activity programs via residents' feedback, meetings, surveys/audits, and review of care planning and residents' attendance at activities records. Residents and representatives reported that residents are satisfied with the range of activities offered to them.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Staff assess residents' individual interests, customs, cultural and ethnic backgrounds when moving to the home. Clinical staff review and communicate this information to relevant staff via care plans and dietary sheets. A multi-cultural handbook and translation cards are available to guide staff. The home facilitates regular religious services, and residents who wish to access representatives of other denominations receive assistance as appropriate. The home celebrates religious, special events and cultural days of significance for staff and residents, and supports access to community associations as part of the activity program. Individual celebrations such as birthdays and wedding anniversaries are commemorated. A schedule of activities is available to residents for religious services and cultural celebrations.

Residents and representatives reported satisfaction with the cultural and spiritual support provided by the home.

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

Team's findings
The home meets this expected outcome

Management and staff encourage and support residents' individual choices and decisions. There are processes to assess residents' individual needs and abilities, preferences, wishes, consents and authorisations across all areas of care and service delivery when moving into the home and thereafter. The home conducts meetings and family conferences to provide residents and representatives with a forum to express views and participate in decisions about care and service. Authorised representatives make decisions on behalf of residents who are unable to act for themselves. Staff reported strategies for supporting residents' individual preferences, including choice of doctors, meals, refusal of care, or intervention and participation in activities. The home uses feedback mechanisms and audits/surveys to monitor the effectiveness of residents' choices and preferences. Residents and representatives reported that residents are supported to make choices in all aspects of 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

The home has processes to ensure residents have secure tenure within the home, and understand their rights and responsibilities. On moving to the home, residents or their authorised representatives receive a residential care agreement covering the residents' level of care assessed, exit criteria and extra services where applicable. The agreement includes information regarding complaint mechanisms and advocacy groups, financial aspects, residents' rights and responsibilities and associated schedules. The home uses a monitoring mechanism to ensure residents have signed a residential agreement and received appropriate information about security of tenure and rights and responsibilities. Residents and representatives are informed of residents' classification changes through formal correspondence and management consult with residents and representatives prior to room changes. Residents and representatives reported they are satisfied residents have security of tenure at 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 Continuous improvement in Standard 1 – Management systems, staffing and organisational development for an overview of the home's continuous improvement system.

Examples of recent or current improvement activities related to Standard 4 are described below.

- The manager identified there was a need to modify the fire evacuation procedure to reflect the changes of the new fire board. After updating the procedure regular fire drills were conducted. Evaluations of the fire and evacuation drills shows staff are following the home's fire and emergency procedures.

- Following feedback from residents the outdoor furniture was uncomfortable and difficult to move, management reported and observation confirmed the outside furniture has been replaced with light-weight furniture. Residents reported they enjoy using the new furniture and it has improved their comfort and safety when sitting outside.

- Following feedback from staff and residents the bus was not clean a hand held vacuum cleaner was purchased. Staff reported they now clean the bus after outings, and residents reported they enjoy the outings and the bus is clean and fresh.

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

Systems and processes identify and ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Staff attend mandatory fire and occupational health and safety training. Regular fire and environment safety checks occur, material safety data sheets are stored with chemicals, and outbreak information is available. Occupational and environmental monitoring occurs routinely and actions are implemented as required. Staff follow the food safe program, and attend training in food safety. There are reporting mechanisms for accidents, incidents and hazards, and personal protective equipment is available for staff use.

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 Education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

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

- Chemical handling

- Fire safety and emergency training

- Infection control

- Manual handling

- Occupational health and safety

- Safe food 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 provides a safe and comfortable environment consistent with residents' care needs. Residents' accommodation is equipped to assist residents with independence, comfort, privacy and security. Residents are accommodated in single rooms with ensuite bathrooms, they are encouraged to personalise their rooms with furniture and mementos and have access to communal and private areas for social interactions and activities. The environment appears well-maintained, clean and clutter free, and temperature and noise levels are managed to the satisfaction of residents and representatives. Environmental audits and inspections are regularly undertaken and actioned. Residents and representatives expressed satisfaction with the safety and comfort of the 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

Management and staff are actively working to provide a safe working and living environment. Safety policies and procedures guide and direct staff and the orientation program include occupational health and safety (OHS). There are processes to assess the physical environment, reporting of risks, identification of potential and actual hazards and review of accidents and incidents. Chemicals are securely stored with material safety data sheets available at point of use. Management and the OHS representatives conduct workplace inspections, and deficits are documented and corrective actions are implemented.

Management meets regularly disgust incident reports, hazards and audit results. Staff reported they identify and report hazards and accidents and stated their working environment is safe.

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

There are systems and processes for detecting and acting on fire, security and other emergency risks and incidents. The home's fire detection, security, emergency procedures and plans are documented and accessible to staff, residents, and visitors. Staff attend mandatory training in fire and emergencies and are knowledgeable in their roles and responsibilities in the event of a fire or emergency situation. Approved professionals carry out regular independent fire inspections of the home's equipment. The home is secured each evening, and staff have access to duress alarms and security cameras. Residents, visitors and contractors sign in and out to alert staff to who is in the building. Residents and representatives stated residents are safe and secure in the home.

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

Team's findings
The home meets this expected outcome

Management, the quality coordinator and infection control representatives are responsible for the infection control program at the home. Processes identify, manage and minimise actual or potential infection control risks. Staff attend infection control training and have access to, and use, personal protective equipment as required. Information on resident infections is collated and analysed, and trends are identified and results communicated to management and staff. Monitoring occurs through environmental audits and surveillance. Some measures that contribute to the effectiveness of the program include the provision of hand washing facilities, vaccination programs for residents and staff, a food safety program and waste management. Staff reported the infection control training and information equips them to manage and minimise the risk of infection at the home.

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

Team's findings
The home meets this expected outcome

Systems and processes for catering, cleaning, and laundry enhance the residents' quality of life and meet the residents' needs. The home informs residents about hospitality services via the resident handbook, noticeboards and meetings, and there are provisions for feedback about such services. The catering contractor rotates a dietician endorsed menu that takes in account residents' preferences and choices and special dietary requirements. The seasonal menu provides hot meal choices and alternatives, and changes to menu occur in response to residents' surveys and feedback. The registered nurse oversees the meal mandate process to ensure the residents' dietary preferences and requirements are met. Cleaning services are

provided Monday to Friday by domestic staff who are guided by scheduled tasks and duties. Colour coded and delineated laundry protocols are in use for the prevention of contamination, and there is a lost property system that includes labelling, recording and sorting processes to prevent loss of linen and clothes. Hospitality services encompass the home's food safety and infection control requirements, and relevant staff monitor for quality via feedback, audits and surveys. Residents and representatives reported resident satisfaction with the food, whilst all reported satisfaction with cleaning and laundry services.