



Aged Care
Standards and Accreditation Agency Ltd

James Barker House

RACS ID 3513

78 Ryan Street

FOOTSCRAY VIC 3011

Approved provider: The Salvation Army (Victoria) Property Trust

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 20 June 2015.

We made our decision on 27 April 2012.

The audit was conducted on 2 April 2012 to 3 April 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

James Barker House 3513

Approved provider: The Salvation Army (Victoria) Property Trust

Introduction

This is the report of a re-accreditation audit from 2 April 2012 to 3 April 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 2 April 2012 to 3 April 2012.

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

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

Assessment team

Team leader:	Dawn de Lorenzo
Team member:	Jennifer Clarke

Approved provider details

Approved provider:	The Salvation Army (Victoria) Property Trust
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Details of home

Name of home:	James Barker House
RACS ID:	3513

Total number of allocated places:	60
Number of residents during audit:	43
Number of high care residents during audit:	43
Special needs catered for:	Nil

Street:	64 Buckley Street	State:	Victoria
City:	Footscray	Postcode:	3011
Phone number:	03 9283 4000	Facsimile:	03 9283 4055
E-mail address:	janet.marinov@aus.salvationarmy.org		

Audit trail

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

Interviews

	Number		Number
Management	4	Residents	9
Clinical consultant RN	1	Chaplain	1
Enrolled nurses	5	Laundry staff	2
Care staff/Lifestyle staff	6	Cleaning staff	2
Catering staff	2	Maintenance staff/Administration assistant	2

Sampled documents

	Number		Number
Residents' files	6	Medication charts	10
		Personnel files	9

Other documents reviewed

The team also reviewed:

- Audit schedule and results
- Building certification documents
- Continuous improvement plan
- Duty statements
- Education calendar and records
- Emergency procedures manual
- External suppliers' contracts
- Food safety plan
- Handover sheets
- Improvement forms (complaints) register
- Incident reports
- Job descriptions
- Memoranda
- Minutes of meetings
- Monthly activity planner
- Monthly news letter
- Occupational health and safety manual
- Police check and mandatory training register
- Policies and procedures
- Preventative maintenance schedule
- Recruitment policies and procedures
- Resident infection register/surveillance folder
- Residents' information handbook
- Residents' information package and surveys
- Roster
- Staff handbook

Observations

The team observed the following:

- Accreditation assessment notices
- Activities in progress
- Aged care complaints investigation scheme pamphlets
- Archive rooms
- Cleaning in progress
- Equipment and supply storage areas
- Evacuation packs with resident transfer lists
- Fire extinguishers/hoses/alarms/panel/blankets
- Flip charts at nursing stations regarding the procedures for outbreaks/emergencies
- Gastroenteritis kit
- Infectious waste containers
- Interactions between staff and residents
- Lifestyle calendar
- Living environment – internal and external
- Maintenance requests book
- Material safety data sheets
- Meal service
- Medication round
- Menu board
- Noticeboards
- Nursing stations
- Oxygen in use signage
- Pan rooms
- Personal protective equipment in use/hand hygiene facilities
- Resident interaction with animals and birds
- Resident smoking areas
- Site maps
- Spill kits
- Staff notice board
- Staff room
- Storage of medications
- Suggestion box
- The charter of residents' rights and responsibilities
- Vision mission and aim statement

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home actively pursues continuous improvement in management systems, staffing and organisational development through a framework that has many mechanisms for identifying areas of improvement. Management encourages residents, their representatives, staff and other stakeholders to contribute to the continuous improvement process through individual verbal and written feedback, attending meetings and participating in surveys. The home has a self-assessment method of reviewing its performance through internal and external audits. Management implements improvements in a structured manner and monitors the impact of the change on the residents and others. The home evaluates actions used to amend or adapt programs of improvement to ensure success. The home provides feedback to residents, their representatives, staff and other stakeholders through providing information and also providing training to staff.

Examples of recent improvements relating to Standard one include:

- Management identified the incident recording system was too generic. They have introduced a new system which is easier for staff to use and provides more individualised information. Management said the new system is working well and staff we interviewed confirmed this.
- Management identified the committee and meetings structure needed to be improved to ensure various meetings were scheduled appropriately. They finalised a new meetings' calendar and management said this new schedule will provide more continuity.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home's management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards and guidelines. The home notifies residents and their representatives of accreditation audits through signage and meetings. Management ensures all relevant individuals working in the home have a current criminal record check which they have passed. Current staff also have relevant statutory declarations. The home subscribes to various online legislative services to ensure they receive notification of changes in legislation. They also receive information from various government agencies. Management are responsible for the overall communication and implementation of regulatory compliance changes and notify staff and others through meetings, memoranda, noticeboards and handbooks as appropriate. The home's

organisational management develop or modify policies and procedures to ensure alignment with any changes. The home monitors staff compliance through the continuous improvement system, regular audits and observation of practices.

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 and staff have appropriate skills and knowledge to perform their roles effectively in relation to management systems, staffing and organisational development. Management select staff through a comprehensive recruitment process and offer a mentoring program for new staff to assist with orientation. The home encourages staff to take responsibility for their own professional development by informing staff of relevant courses available and supporting them as needed. Management have an annual education calendar for staff to complete mandatory training and re-offers the courses to staff that were unable to complete the course as initially scheduled. The home has facilities on site available to ensure effectiveness of education sessions and uses feedback from staff to improve the sessions. Staff said they were satisfied with the education opportunities offered in the home.

Examples of recent education relating to Standard one include:

- computer training
- financial training
- telephone system training
- bullying and harassment

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Residents, their representatives and others have access to internal and external complaints mechanisms. The home informs residents and others about their complaints system through handbooks, brochures and meetings. Management have continuous improvement forms available for the use of residents and others to lodge comments and complaints, and provides a locked box for these forms which is emptied daily. The home also encourages residents and others to verbalise complaints either directly to management or in meetings. The home puts comments and complaints into their continuous improvement system. Residents said they are aware of how to lodge complaints and are satisfied they can do so without fear of retribution. Management said they provide feedback to residents, their representatives or others as appropriate.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

Management has documented the home's vision, values, philosophy and objectives which is on display in the home. They have also included this statement in both resident and staff handbooks.

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 sufficient to ensure delivery of services in accordance with these standards and the home's philosophy and objectives. The home reviews residents' needs through handovers, meetings and individual daily assessments and uses this information to determine the staff profile to both meet the needs of the residents and to ensure safety of staff. Management can regulate staffing numbers on a daily basis to provide for any extra resident needs that may arise or to provide for staff absentees. The home ensures all relevant staff have a current criminal record check which they have passed. The home monitors and maintains the skills of staff through education, performance appraisals and documented position descriptions which are updated regularly. The home uses temporary staff occasionally and has an orientation process for these staff as well as for permanent 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 home has stocks of appropriate goods and equipment for the delivery of quality service. The home has a master list of equipment which is updated regularly. The home currently has all new equipment for the new facility and staff have been educated regarding this equipment and its use. Management have stock re-ordering systems to ensure there are enough supplies on hand. Management consult with residents, their representatives and staff with regard to the purchase of new equipment. The home provides specialist contractors to ensure equipment is serviced appropriately according to the preventative maintenance program. The home has sufficient storage for 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 effective information management systems. Management, staff, residents, their representatives and others have access to current information, general activities and events of the home as appropriate through meetings, notices, posters and brochures. Residents and their representatives have access to information to assist them to make decisions about residents' care and lifestyle. Management and staff have access to accurate and appropriate information to help them perform their roles through meetings, notices, flipcharts, detailed care plans, memoranda, education, policies and procedures. The home ensures legislative reporting requirements are met in relation to such incidents as notifiable infections, resident assaults and absconding residents through regular review of its policies and procedures. The home stores information, including confidential material, correctly, and management and staff are able to retrieve information in a timely manner. The home and its central management back up all computerised information and appropriate staff have passwords for the electronic system. The home has locked storage areas for the archiving of 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 provides externally sourced services to meet the residential service's needs and quality goals and therefore the residents' needs. Management have a list of contracted suppliers and reviews all contracts on a regular basis to ensure the provision of optimum service. The home ensures all relevant individuals have a current criminal record check which they have passed. The home actively pursues resident feedback on the performance of contractors at resident meetings. Residents and staff said they were satisfied with the services provided by 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

The home actively pursues continuous improvement in the provision of health and personal care with the overall processes described in expected outcome 1.1 Continuous improvement. Staff and residents are encouraged to contribute to continuous improvement in the home in relation to health and personal care and said that management is responsive to their concerns and needs in the provision of health and personal care to the residents.

Examples of recent improvements in relation to Standard two include:

- Management identified the home's alcohol program required an update to ensure best care for the residents. A nurse consultant has reviewed the policies and procedures and amended these in consultation with management to reflect requirements. The home now has a procedure in place for each resident as appropriate with updated care plans to reflect individual needs. Management has added staff education sessions to the education calendar. Management said, and staff we interviewed confirmed the alcohol program is clear and reflects each resident's care requirements.
- Management identified the residents' care plans did not capture their needs clearly. The home has introduced person-centred care plans which capture the resident's history and background as well as documenting specific care needs. Management and staff stated, and we observed, that these care plans were individualised to each resident.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care with the overall processes described in expected outcome 1.2 Regulatory compliance. Staff have relevant qualifications and current registrations. Qualified personnel manage specific care planning activities and tasks. The home demonstrates it follows laws and guidelines in relation to medication management. The home has individualised processes to ensure it complies with laws regarding absconding residents.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills required for effective performance in relation to health and personal care with the overall processes described in expected outcome 1.3 Education and staff development. Staff said they are satisfied with education in the home and get enough information to do their jobs effectively. Residents said they are satisfied staff have appropriate skills and knowledge in relation to their clinical and personal care.

Examples of recent education relating to Standard two include:

- diabetes management
- cardiopulmonary resuscitation
- continence training
- thickened fluids management
- sensory loss

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive appropriate care which meets their capabilities and preferences. The home has an ongoing review and evaluation system for identifying residents’ personal health and care needs. An individual care plan is developed from medical, allied health and personal information gathered from the resident on entry to the home. The registered nurse reviews and evaluates the resident’s care plan regularly. Monitoring of clinical outcomes occurs through internal assessment processes, clinical data and staff observation. The monitoring of staff practices occurs through the quality system and compliance with the home’s policies, procedures and protocols. The review of care plans and staff interviews show care needs are consistent with documentation and updated as required. Residents stated their care needs are discussed regularly and they are happy with the quality of care provided.

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

Appropriately qualified staff provide residents’ specialised nursing care needs. A specialised care plan guides staff in the delivery of residents’ care. Registered nurses oversee the provision of specialised care such as wound care, diabetes management and indwelling catheters. The review of documentation confirms that registered staff provide specialised care needs in accordance with instructions from medical and/or allied health professionals. Staff feedback and the review of documentation indicate resources and internal auditing together with education support staff in the delivery of specialised care. There is sufficient

equipment and supplies available to perform specialised care needs. Residents confirmed their specialised care needs are met.

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

Care staff refer residents to appropriate health professionals in accordance with their identified capabilities and preferences. The review of documentation together with staff, resident and representatives’ feedback indicates referrals to allied health professionals occur to improve resident outcomes. Documentation and interviews with residents and representatives indicates referrals to specialists occurs and includes; pathology services, medical specialists, optometrists, physiotherapists, dieticians, dentists, audiologists, speech pathologists, wound consultants, mental health team’s and complementary therapies. Residents stated they are satisfied with the referral process and support provided by the home to access 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

Medications are stored safely and managed in accordance with legislation. The medication management system includes a resident assessment, a medication plan and an internal and external review process to capture any changes. The medication chart records the residents’ special considerations, the level of assistance required to administer medications and their allergies. The review of documentation and interviews with staff confirm the monitoring of staff practices through competency assessments, auditing and the review of incident reports. The medication advisory committee meets regularly and reviews all data related to medication incidents. We observed staff following the home’s procedures when administering medications. Residents stated that they are satisfied with the manner in which their medication is managed.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Residents are as free as possible from pain. Residents’ pain levels and management strategies are assessed on entry to the home and then as needed. A specific assessment tool captures the pain levels of residents who are not able to communicate their needs. Care plans identify the location, intensity, triggers and effective interventions for the pain. Nurses record pain evaluations and resident’s response to planned interventions in the progress notes. The review of care plans and discussions with staff demonstrate alternatives to pain medication are used such as heat packs, repositioning and the application of rubs. The chaplain and lifestyle staff provides counselling and spiritual care to further assist with managing anxiety, emotional and physical pain. Residents confirmed pain relief interventions are effective.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Residents have terminal care directives and preferences discussed on entry to the home and as required. Care needs and wishes are reassessed with the resident and or representative annually and as the resident's condition changes. When indicated, residents’ terminal care wishes and preferences guide staff in the delivery of care. Registered nurses manage and direct care through the handover process and progress notes. Palliative care consultants, counselling services and spiritual representatives provide expertise and support for residents and their representatives who require palliation. The home monitors its performance in this area through the quality system. The chaplain conducts a memorial service within the home when a resident passes away.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents receive adequate nutrition and hydration. Processes are in place for identifying, assessing and reviewing residents’ nutrition and hydration status. Clinical indicators such as weight loss and swallowing difficulties trigger referrals to the resident’s medical doctor, the speech pathologist or dietician. Strategies are in place for residents with weight loss or swallowing difficulties such as food charting, nutritional supplements, as well as changes to food and fluid textures. The review of documentation confirms resident information on dietary preferences, cultural needs, medical requirements and the need for assistive devices is transferred to the catering department. Meals are well portioned with refreshments available throughout the day. Residents are happy with the improvement of the quantity, quality and choice of the meals 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

Residents’ skin integrity is consistent with their general health. Staff observe and assess residents’ skin integrity on entry to the home to identify residents that may require additional interventions. Residents’ skin integrity is assessed using a risk rating tool and monitored through staff observation, care reviews and the incident reporting system. Registered nurses oversee the care and evaluation of wounds and a wound consultant is accessed as required. Residents stated interventions are implemented to improve skin integrity such as the use of creams, repositioning, pressure relieving equipment and food supplements. The review of documentation indicates staff reposition, massage and monitor residents’ skin integrity. Staff attend manual handling training, and work practices are supported through the provision of lifting equipment to maximize residents’ skin integrity. Residents are satisfied with the manner in which their skin integrity is maintained.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

Care staff assist residents in managing their continence needs effectively. There is an ongoing review and evaluation system for identifying residents’ continence needs. Residents are assessed on entry to the home and as required. The process includes charting residents’ urinary and bowel continence over a three to seven day period and evaluating the results to develop a continence care plan. Care plans include toileting times, continence aid types, triggers for residents with chronic urinary tract infections, and bowel management interventions. Staff are aware of the triggers to reassess residents’ continence needs. The monitoring of staff practice occurs through education, auditing and the review of infection rates. Staff stated there are adequate supplies of continence aids available. Residents stated they are happy with the systems for managing continence.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Residents with challenging behaviours are managed effectively and safely at the home. Systems are in place for identifying, assessing and monitoring residents with challenging behaviours. Residents are assessed over seven days with strategies recorded on their care plans. Documentation reviewed indicates risk assessments are conducted and plans developed in partnership with the resident to ameliorate the behaviour. Appropriate action is taken for re-directing or implementing interventions. Staff interviews confirmed they are aware of resident’s behavioral triggers and effective interventions. Mental health teams are accessed to improve resident outcomes. Staff are aware of processes to follow in the event of an unexplained resident absence. We observed staff engaging with residents and redirecting them when necessary. Residents stated they are generally satisfied with the manner in which staff assist them in their behavior management.

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 physiotherapist, lifestyle and care staff team assist residents in maintaining their mobility and dexterity at optimum levels. There is an ongoing review and evaluation system for identifying residents’ mobility and dexterity levels. The program offered focuses on maximising functionality through exercise, walking and balance programs which has resulted in measurable outcomes. The physiotherapist assesses the resident’s capabilities and interventions required to promote and maintain their mobility and dexterity. Care staff assist and supervise residents undertaking their individual exercise programs. A falls risk assessment is a component of the assessment process. Residents identified as a high falls risk have strategies recorded on their care plans such as hip protectors, high low beds, increased monitoring and environmental reviews. Staff stated policies and procedures are in place for falls management, and the physiotherapist and doctor review residents after an

incident. The home has mobility and dexterity aids available and these were observed to be in good working condition. Residents are happy with the management of their mobility and dexterity.

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

Care staff effectively manage residents’ oral and dental health. Staff assess and regularly review residents’ oral and dental needs. The resident’s care plan identifies the type of oral care required, their preferences and the resident’s capabilities of undertaking this task. Documentation reviewed indicates staff observe residents and their ability to maintain their oral hygiene and update care plans accordingly. Residents are encouraged to visit their own dentist and, when required, staff assist residents in accessing dental services. Staff confirmed their knowledge of residents’ oral care needs and residents stated they are satisfied with the level of assistance provided.

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 care team manage residents’ sensory losses effectively. Staff assess residents’ sensory abilities such as vision, hearing, communication and language on entry to the home. Documentation confirms the regular review of residents’ sensory needs. Care plans have documented strategies to improve residents’ sensory losses. Consultation with health professionals such as optometrists and audiologists occurs to improve resident outcomes. The lifestyle schedule provides sensory and tactile programs to further enhance residents’ sensory stimulation. Residents stated they are happy with the assistance staff provide to improve and enhance their senses. Residents were observed interacting with the animals and birds in the home.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Residents are able to achieve their natural sleep patterns. Care staff chart residents’ sleep behaviours and patterns over seven days. Care plans record the residents’ sleeping preferences and routines. Night staff regularly review residents sleep patterns and update care plans. The promotion of natural sleep patterns are maintained through individual settling times, reassurance, environmental considerations, as well as providing warm drinks and/or snacks. The review of documentation indicates that residents who are unsettled overnight have interventions recorded for triggers such as pain, behaviour and continence. Residents stated the home is generally quiet at night, their preferences respected and they generally sleep 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

The home actively pursues continuous improvement in resident lifestyle with the overall processes described in expected outcome 1.1 Continuous improvement. Staff and residents are encouraged to contribute to continuous improvement in the home in relation to resident lifestyle. Residents and staff said management is responsive to their concerns and needs in the provision of resident lifestyle.

Examples of recent improvements in relation to Standard three include:

- Management identified the need for staff with more drug and alcohol expertise to better understand residents with this history. The lifestyle coordinator received formal training in drug and alcohol abuse and conducts sessions in the home to help educate other staff. Management said and staff confirmed this has helped staff to understand residents with drug and alcohol problems.
- Management identified more recreational amenities were needed in the home and with the move to the new facility they have acquired such items as a juke box, billiard table and shuttle board. Management said and residents confirmed they enjoy these new amenities.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines in regards to resident lifestyle with the overall processes described in expected outcome 1.2 Regulatory compliance. The home ensures staff are educated regarding the compulsory reporting of assaults. The home gives residents and/or their representatives information on resident rights and responsibilities, services provided and the complaints’ schemes on entry to the home.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills required to perform their roles in relation to resident lifestyle with the overall processes described in expected outcome 1.3

Education and staff development. Staff said they are satisfied with education in the home. Residents said staff have appropriate skills and knowledge in relation to resident lifestyle.

Examples of recent education relating to Standard three include:

- elder abuse
- privacy and dignity
- emotional support

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Staff support residents in adjusting to life in a residential community prior to entering the home, upon entering the home and on an ongoing basis. Management provide residents with information including a handbook and admission package on orientation to the home. Assessment and care planning of residents' emotional support needs and preferences occurs on entry to the home and on an ongoing basis. Residents receive additional support from the chaplain, and psychogeriatric and aged care assessment teams are utilised as required. We observed staff to be supportive and to use a caring approach with residents. Residents expressed satisfaction with the care and support provided to them.

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 actively supports residents to achieve maximum independence and maintenance of friendships both internally and externally to the home. Identification of existing friendships and community links occurs within the first few weeks of the resident's entry and as their care needs change. The physiotherapist assesses residents, develops individual exercise programs and ensures assistive and mobility aids are appropriate. Residents exercise choices in their daily routines, menu choices, participation in activities and smoking and alcohol programs as appropriate. Residents have access to telephones and are encouraged to personalise their rooms. Visitors are welcome any time. All staff assist residents to maintain their independence through the activity program and daily routines. Residents confirmed they are encouraged and supported to maintain their independence within their agreed program in a clear and dignified manner.

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

Each resident's right to privacy, dignity and confidentiality is recognised and respected. The organisation provides resident and staff handbooks that contain information regarding

privacy, dignity and confidentiality. Policies and procedures and training highlight to staff the rights of residents to privacy, dignity and confidentiality within the home. Resident files are stored securely and access is strictly limited. Staff knock on residents' doors prior to entering, use the resident's preferred name and attend to care needs privately and discreetly. Residents expressed satisfaction with the way their privacy, dignity and confidentiality is recognised and respected by staff at the home.

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

On entry to the home, staff gather detailed information regarding resident's history, interests, experiences, and cultural and religious observations. Together this information contributes to the resident's individual lifestyle program. The home publishes and distributes a monthly activities calendar. Resident meetings, observation, verbal feedback and the level of participation contribute to developing and reviewing the activities calendar and individual programs. Residents confirmed they participate in a range of activities of interest to them and the home actively encourages their input into the leisure program.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents' individual interests, customs beliefs and cultural backgrounds are valued and fostered. Information gathered through the assessment process including language, cultural, spiritual needs informs staff of residents' needs and preferences. Special events of cultural and spiritual significance are celebrated. The chaplain conducts regular ecumenical services in the chapel and some residents attend services outside the home. Denominational ministers visit on occasion. Regular consultation with the residents, audits and meetings provide feedback. Residents confirmed the home is meeting their spiritual and cultural needs in a respectful manner.

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

The rights of each resident and/or their representative to make decisions and exercise choice are recognised and respected. Residents participate in decisions regarding their care and lifestyle preferences through the care plan reviews, meetings, complaints process and informal verbal feedback. Documentation reflects residents' choices in relation to their daily routines such as meals, participation in activities, care, clothing, health practitioners and cultural and spiritual needs. Residents have the right to make choices in all aspects of their care and services on entry and on an ongoing basis. Agreements in respect of leaving the

home, cigarettes and alcohol are entered into with individual residents as appropriate. Residents stated they are encouraged and supported in their choices and decisions regarding their agreements, care and 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

Residents have secure tenure within the home and understand their rights and responsibilities. Management provide residents with an orientation process that includes information on all fees and charges. The home provides resident agreements which are signed by the resident/representative. The home is committed to providing an environment that is free from harassment, retaliation and victimisation, and residents are encouraged to access independent sources of advice such as resident advocacy groups if needed. The home has regular resident meetings and a resident newsletter written by the residents. The home has the charter of residents' rights and responsibilities displayed throughout the home. Residents said they understand their rights and have a secure 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

The home actively pursues continuous improvement in the provision of a safe and comfortable environment with the overall processes described in expected outcome 1.1 Continuous improvement. Staff and residents are encouraged to contribute to continuous improvement in the home in relation to the physical environment and safe systems. Residents and staff said management is responsive to their concerns and needs in the provision of a safe and comfortable environment.

Examples of recent improvements in relation to Standard four include:

- Staff identified there were blind areas in the corridors which could be an occupational health and safety risk. The home purchased mirrors and placed these in the corridors so someone coming from another direction could be seen and thus avoid any collisions. Staff and management said these new mirrors work well.
- Management, staff and residents were concerned about the re-location to their new facility in January 2012. The home developed a transition plan which included orientation of both residents and staff to the new building prior to the move. Management advised both residents and staff of updates concerning the move at extra meetings held up to and after the re-location with residents and their belongings safely transferred to the new site in one day. They rostered extra staff on during this period to assist the residents in adjusting to their new environment. Management, staff and residents stated the move went smoothly and the residents have adjusted quickly to their new home.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems with the overall processes described in expected outcome 1.2 Regulatory compliance. The home has a building certification document. The home has guidelines for management of an outbreak and a food safety plan.

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

Management and staff have appropriate knowledge and skills required for effective performance in relation to physical environment and safe systems, with the overall processes described in expected outcome 1.3 Education and staff development. Staff said they are satisfied with education in the home, in particular in regards to the new site and use of new equipment. Residents said they are satisfied staff have appropriate skills and knowledge in relation to providing a safe and comfortable environment.

Examples of recent education relating to Standard four include:

- chemical training
- fire and emergency
- occupational health and safety
- use of new lifting machines
- manual handling
- infection control

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management of the home is actively working to provide a safe and comfortable environment consistent with residents' care needs. The home has safe access to clean and well-maintained communal, private, dining and outdoor areas with sufficient and appropriate furniture. The internal and external environments are secure with comfortable temperatures maintained. Management has individualised reporting protocols in place regarding absconding residents; the home has a no restraint policy. The home conducts assessments on residents to identify their needs and preferences in regards to comfort and safety. The home has maintenance staff to monitor the safety of the facility including routine building and equipment maintenance. Staff said they observe practices which ensure the safety and comfort of residents. Residents said they have access to such aids as call bells and mobility aids and they are satisfied the home provides a safe and comfortable 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 is actively working to provide a safe working environment that meets regulatory requirements. Staff have input into the home's occupational health and safety system and an occupational health and safety committee meets regularly. The occupational health and safety staff representative has received appropriate training externally. The home conducts regular occupational health and safety inspections and audits. There are regular

assessments and reporting of risk and potential and actual hazards. Staff stated they are aware of and have input into the home's occupational health and safety system, and are satisfied management has provided a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide a safe environment to minimise fire, security and emergency risks. The home has procedures for detecting and acting on fire, security or other emergencies. Approved professional contractors carry out independent fire inspections as well as maintenance on all fire-fighting equipment. The home has documented emergency policies and procedures and provides regular education for staff in fire and evacuation. The resident transfer lists as well as the evacuation maps are current. Exit doors are free from obstruction and maintenance staff keep the egress routes clearly maintained. The home has a smoking policy with detailed individualised procedures for each resident who smokes. Staff said they have received fire and other emergencies training and know what to do in such an event. Residents said they feel safe in the home and have instructions on the back of their bedroom doors as to what to do in the event of a fire.

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 an effective infection control program and staff who act as the central point of responsibility for the program have received extra education. There are contingency plans for an outbreak which are available at each nursing station. The infection control coordinator collects data on infection rates, trends and outcomes to identify any infection control issues. The home has spill kits, yellow infectious waste disposal units and infectious outbreak kits with guidelines. The home provides facilities to implement standard precautions such as hand-washing sinks, alcohol foam and personal protective equipment. The home regularly audits the food safety program. Management said, and staff confirmed they receive infection control training including outbreak procedures and hand hygiene. Management said, and staff and residents confirmed the home offers influenza vaccine to all residents and staff.

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

External contractors provide all hospitality services. Resident meals are prepared and plated off site. The home operates a four week rotational menu which reflects residents' preferences, likes and dislikes, and dietary needs. A nutritionist has reviewed the current menu and management is actively working to address resident needs. The home has participated in a third party food safety audit. Resident meal satisfaction occurs through one to one feedback, resident meetings and surveys. Cleaning is undertaken throughout the week. A schedule of cleaning duties is in place, with equipment in good working order,

appropriate chemicals and a colour coded system in place. There is a system in place for the labelling and distribution of resident clothes. Residents' personal clothing and linen is laundered throughout the week. Residents commented they are satisfied with the cleaning and laundry services provided by the home and recognised that the management team is actively working to improve the catering services. Residents were observed to be enjoying their meals.