



Aged Care
Standards and Accreditation Agency Ltd

James Brown Hostel

RACS ID 7081

171 Albert Street

OSBORNE PARK WA 6017

Approved provider: Amana Living Incorporated

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 17 November 2015.

We made our decision on 16 October 2012.

The audit was conducted on 10 September 2012 to 11 September 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

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

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

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

James Brown Hostel 7081

Approved provider: Amana Living Incorporated

Introduction

This is the report of a re-accreditation audit from 10 September 2012 to 11 September 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 10 September 2012 to 11 September 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:	Alison James
Team member:	Jacqueline Gillespie

Approved provider details

Approved provider:	Amana Living Incorporated
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Details of home

Name of home:	James Brown Hostel
RACS ID:	7081

Total number of allocated places:	64
Number of residents during audit:	61
Number of high care residents during audit:	30
Special needs catered for:	Nil identified

Street:	171 Albert Street	State:	WA
City:	OSBORNE PARK	Postcode:	6017
Phone number:	08 9349 5099	Facsimile:	08 9349 9033

Audit trail

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

Interviews

	Number		Number
Centre operations manager	1	Therapy staff	1
Quality operations manager	1	Occupational safety and health consultant	1
Compliance coordinator	1	Catering staff	1
Care manager	1	Cleaning staff	1
Registered nurses	1	Administration assistant	1
Care staff	9	Chaplain	1
Physiotherapist	1	Maintenance staff	1
Occupational therapist	1	Residents/representatives	12

Sampled documents

	Number		Number
Residents' assessments, progress notes and care plans	7	Medication charts	7
Resident agreements	5	Personnel files	7

Other documents reviewed

The team also reviewed:

- 'Let me decide' (advance medical directions)
- Activity planner
- Audits and surveys
- Bowel charts
- Cleaning schedules
- Comments, complaints and compliments file
- Communication diaries
- Continuous improvement file, plan and action sheets
- Diabetic management plans
- Dietary preference file
- Education and training attendance records
- Emergency procedure file
- Family conference records
- Fire and emergency file, fire location maps, fire monitoring and equipment testing records
- Handover sheets
- Incidents and accidents

- Infection control file including monthly data
- Kitchen cleaning records
- Material safety data sheets
- Medication fridge temperature checks
- Menu
- Minutes of meetings
- Newsletters
- Nutritional drinks list
- Observation charts
- Policies and procedures
- Position descriptions and duty statements
- Preventative maintenance schedule and records
- Referrals to health specialists
- Refrigerator, cool room and freezer temperature spreadsheets
- Regulatory compliance file with police check spreadsheet
- Residents' information package and handbook
- Risk assessments for smoking/alcohol
- Schedule eight register
- Staff medication competency list
- Weight charts
- Wound care plans.

Observations

The team observed the following:

- Access to internal and external complaints and advocacy information
- Activities in progress
- Chemical storage
- Cleaning in progress
- Equipment and supply storage areas
- Interactions between staff and residents
- Laundry
- Living environment
- Main kitchen and serving kitchen
- Maintenance shed
- Meal and refreshment services
- Medication administration
- Notice boards, posted notes and displayed brochures
- Outbreak kit, spills kit and grab bag

- Palliative care trolley
- Signing in register
- Storage of medications
- Suggestion box
- Visiting animal companion.

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 and monitor performance across all four Accreditation Standards. The centre operations manager oversees the improvement process. Issues are raised via feedback from residents, representatives and staff, audits and survey results, accident incident and hazard reports, comments and complaints. Action plans are utilised to record ongoing actions and monitoring of the improvement process and evaluations. Staff reported they are involved in the improvement process and management is receptive to their suggestions and feedback. Residents and representatives advised they are aware of continuous improvement processes and are satisfied with the improvements taking place.

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

- The new electronic clinical care management system was introduced in August 2011 following training for staff on the new system. All aspects of the program are in use and staff advised the system is easy to use and they are able to record more information relating to resident care than with the previous system. Staff advised additional computers have been supplied so all staff can have access to the information they require to look after the residents. The system is to be evaluated by corporate staff in December 2012.
- Management and staff have identified the difficulty in locating specialised equipment such as electric beds or air mattresses when required. A white board has been established on which staff record the equipment in all rooms so they can easily identify where the equipment is located. Staff advised it is much easier to find equipment and it reduces the time and frustration searching for things, resulting in more available time to carry out their duties. The improvement is scheduled to be evaluated in December 2012.

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 organisation receives notification from government departments and peak bodies regarding changes to relevant legislation, regulations and guidelines and has systems for monitoring compliance requirements. Policies are changed or new policies written in response to changes in aged care legislation. The home has a process for ongoing

monitoring of police certificates for new and existing staff and staff reported they provide police certificates as required. Statutory declarations are completed when required and visas monitored. Contractors' regulatory requirements are monitored on an annual basis with the renewal of contracts. Internal and external complaint processes are provided to all residents, representatives and staff. Staff reported they are made aware of any relevant changes through various mechanisms such as meetings, memoranda, policies and training. Residents and representatives reported they were informed of the re-accreditation audit.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

Residents and representatives reported staff have sufficient skills and knowledge to attend to residents' needs. Training needs are identified at appraisals, through surveys, at meetings, by analysis of residents' care needs and observation of staff practices. Training is provided to staff via a combination of mandatory and elective training, tool box training, self-directed learning packages and external education programs. Records of attendance and training evaluations are maintained. Staff advised they receive appropriate education to enable them to perform their duties effectively.

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

- Complaints
- Customer service
- Documentation
- Equal employment opportunity/bullying/cultural diversity
- Several staff are completing Certificate IV, enrolled and registered nurse training
- Use of electronic data bases
- Use of the hoist.

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, representative and other interested parties has access to internal and external complaints mechanisms. Information regarding complaints mechanisms, including advocacy services and the external complaints department, is provided verbally and through displayed brochures; 'How can we help' forms are included in the resident information pack. A secure suggestion box is available to lodge any completed forms. Management follows up comments and complaints and these are added to the plan for continuous improvement when appropriate. Staff reported they assist residents to access and complete forms if needed and management is responsive to any feedback. Residents and representatives reported they have access to complaints processes and management are available if they want to raise any issues.

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 mission, values and philosophy of care are on display in the home and documented in organisational manuals, staff and resident handbooks. The mission, values, philosophy of care and organisational culture is reflective of the home's commitment to provide quality aged care. Staff, residents and representatives reported their awareness and knowledge of the organisation's mission and vision.

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

Residents and representatives interviewed reported there are sufficient numbers of appropriately skilled and qualified staff at the home. Organisational systems are established for the recruitment, selection and orientation of new staff; staff appraisals are undertaken prior to permanency and annually thereafter. Staffing levels and performances are monitored via feedback and reporting mechanisms and internal audits. New staff are orientated to the organisation and home's processes through a centralised and on-site orientation program and are supported by working with a senior staff member until they are familiar with the home's routines. Staff complete self directed learning packages over the first few weeks to consolidate learning requirements. Staff have access to policies, procedures, position descriptions and duty statements outlining responsibilities for each role. Staff reported they generally have sufficient time to carry out their duties.

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. The home's corrective and preventative maintenance programs ensure all equipment is regularly checked, repaired/serviced or replaced. Training is provided for staff to use equipment safely and correctly and toolbox education is implemented when new equipment is purchased. Designated staff are responsible for the order and rotation of stock to meet residents' needs. Staff reported repairs are carried out in a timely manner and management is responsive to requests for additional goods or equipment. Residents and representatives stated goods and equipment are provided by the home and are accessible 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. 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 delivery of resident care. Information is stored securely in locked offices and processes maintain the security of computer-based information. Staff are aware of their responsibility in relation to privacy of information. Residents and representatives stated they have access to information via meetings, newsletters and family conferences 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

Staff, residents and representatives reported satisfaction with the standard of externally sourced services. The organisation's policies and procedures are followed in relation to the provision of external services and contracts for services are coordinated by the organisation. Contracts for external services include specific key performance indicators, insurance arrangements, professional registration requirements and contractors have current police certificates. A preferred supplier list is maintained if staff are required to contact external service providers. The quality of services is monitored via various feedback mechanisms. All contractors are asked to sign in the register when visiting the home.

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

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

In relation to Standard 2 Health and personal care, staff record resident falls, skin tears and medication incidents and this information is then collated and analysed for trends. Residents and staff are satisfied the organisation actively promotes and improves residents' physical and mental health.

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

- An increase in medication errors resulted in management and pharmacy reviewing the information provided to staff. Pictures of the individual medications used are now recorded on the residents' profile and a description is recorded on the medication pack. Staff advised the additional information helps in identifying the drugs when they give them to the residents so they are confident they are assisting the residents with the correct medications. Documentation shows the number of medication incidents has reduced as a result.
- Management has identified the need for specific training for the palliative care committee to support them in their role. Four staff attended external training and information from the training is being compiled for use by other staff members. A palliative care trolley has been assembled with suitable equipment to meet residents' care and sensory needs. Advanced medical directions and instructions on equipment use are available for those residents who wish to remain in the home during the palliative process. Management advised an evaluation will take place when they have managed residents' palliation.

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 are in place to identify any changes and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines about residents' health and personal care. A monitoring system is used to check professional staff registrations. Residents receive specified care and services appropriate to their identified needs. Staff reported they are provided with relevant training across a range of positions and responsibilities and advised they are aware of mandatory reporting requirements.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

See 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.

- Advanced medical directives
- Behaviours of concern
- Better oral health
- Bowel management
- Colostomy care
- Continence
- Diabetic management
- Dysphagia
- Effects of drug and alcohol abuse
- First aid
- Management of Parkinson’s disease
- Medication competency training
- Oxygen management
- Pain and medication
- Palliative care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents and representatives interviewed stated they are satisfied residents receive appropriate clinical care. They reported they are consulted about their clinical care needs and preferences on moving to the home, annually, or sooner if the need arises. The home uses a multi-disciplinary approach including input from the registered nurse, general practitioner, physiotherapist and occupational therapist to assess each resident. A care plan is developed and guides staff in the provision of care for each resident. Care plans are reviewed six monthly or sooner if the resident’s care needs change. Staff interviewed reported they are advised of changes to residents’ care via handover, progress notes and the communication diary.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

Residents and representatives stated they are satisfied residents’ specialised nursing care needs are identified and met by appropriately qualified staff. They reported they are consulted about any specialised care needs and preferences. Qualified staff assess, implement strategies and monitor residents identified with specialised nursing care needs, including diabetes, catheter care, oxygen management, chronic wounds, pain management and challenging behaviours. Specific nursing care needs are identified on the resident’s care plan and outline the resident’s specialised nursing needs, including recommendations from the general practitioner and other health specialists. Clinical and care staff reported they are encouraged and supported to attend education and training to maintain their knowledge and skills.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents and representatives reported they are satisfied residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences. A multi-disciplinary team, including the registered nurse, general practitioner, occupational therapist and physiotherapist, contributes to each resident’s care plan and identify the need for input from other health professionals. The home has access to a dietician, dentist, speech pathologist, mental health services, external wound care specialists and pharmacist. Following a consultation with the resident and/or their representative, a referral is arranged. Resident care plans include recommendations from external health specialists and are communicated to staff via handover and the communication diary.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Residents and representatives reported they are satisfied residents’ medication is managed safely and correctly. The home has established systems and processes for the safe storage, administration, documentation and disposal of medications. Medication competent staff assist residents with their medications using a multi-dose blister pack administration system. Residents’ medication profiles contain information relevant to their medication administration and an up-to-date photograph for identification. The registered nurse or care manager follow up with any medication incidents and these are analysed monthly to identify any trends. Care staff reported they complete a medication competency two yearly to maintain their knowledge and skills.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Residents and representatives interviewed reported they are satisfied residents are as free as possible from pain. They reported they are consulted about their pain management and are offered a variety of pain management options. The home has a structured approach to assess, monitor and communicate each resident’s pain management needs using verbal and non-verbal cues. Residents’ pain is alleviated by using alternative therapies such as gentle exercise, wax baths, heat packs and diversional therapy; ‘as required’ medications are given as prescribed. Staff assess and evaluate the effectiveness of pain management interventions and follow up if required.

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 palliative care needs are maintained in accordance with their advanced medical directions. Advanced medical directions are discussed with the resident and/or their representative on moving to the home or if preferred, as the need arises. When required, the care manager or registered nurse develops a specific palliative care plan to guide staff with the resident’s personal care, comfort and pain management. The registered nurse monitors the effectiveness of the care interventions and pain management and the home has access to external palliative care specialists when required. The home has access to appropriate equipment to ensure the comfort and care of palliative residents. Staff reported how they support the resident and their families throughout the palliative process and pastoral care is provided for residents and their families at their request.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents and representatives reported they are satisfied residents receive adequate nourishment and hydration. They reported they are consulted about their dietary preferences, likes, dislikes and any specific cultural requirements on moving to the home. This information is communicated to relevant staff. Residents are weighed on moving to the home and monthly thereafter unless directed otherwise by the general practitioner. Nutritional supplements are commenced for residents identified as having significant weight loss and are referred to the dietician if weight loss continues. Modified diets are prepared by the kitchen for residents identified as having swallowing difficulties and following assessment by the registered nurse or speech pathologist; modified cutlery and crockery is utilised for residents to maintain their independence. Staff were observed assisting residents with their meals as required.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Residents and representatives stated they are satisfied residents’ skin integrity is consistent with their general health. The home has processes to ensure residents’ skin integrity and associated health risks are identified on moving to the home. Where a risk of skin integrity is identified treatment and nursing interventions are implemented. A range of equipment is available, including pressure cushions, foam booties, protective bandaging and emollient creams. Incidents involving residents’ skin integrity are reported and a wound care plan is commenced overseen by the registered nurse. The home accesses external wound care specialists as required. Staff reported they monitor each resident’s skin integrity during personal care and report any concerns to the registered nurse or care manager.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

Residents and representatives reported residents’ continence is managed effectively. Residents’ urinary and bowel needs are assessed on moving to the home and a care plan is developed. Bowel elimination is generally monitored daily and interventions documented. A range of methods are used to assist residents maintain their continence, including scheduled toileting, appropriate equipment and suitable continence aids. Infections are monitored and analysed monthly to identify any trends. Staff stated they have adequate supplies and training to manage residents’ continence needs 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

Residents and representatives reported they are satisfied the needs of residents with challenging behaviours are managed effectively. Residents’ challenging behaviours are assessed on moving to the home and a care plan is developed identifying strategies to manage and minimise challenging behaviours. Referrals to mental health specialists are arranged in consultation with the resident and/or representative and general practitioner and recommendations are implemented and monitored for effectiveness. Staff reported appropriate measures to manage and minimise challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Residents and representatives reported they are satisfied with the home’s approach to optimising residents’ mobility and dexterity. The physiotherapist and occupational therapist assess each resident’s mobility and dexterity on moving to the home. A care plan is developed and includes individual exercise programs carried out by the physiotherapy assistant who monitors and records each resident’s progress. Staff reported they encourage residents to maintain their mobility and dexterity by participating in the home’s activity program, which includes exercises and activities focusing on sensory needs and fine motor skills. Handrails were observed throughout the home and residents are encouraged to use appropriate equipment and mobility aids to promote and maintain 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

Residents and representatives stated they are satisfied residents’ oral and dental health is maintained. They reported they are consulted about their oral and dental health on moving to the home and are offered a free dental check annually or are assisted to attend the dentist of their choice. Residents’ oral and dental needs are assessed on moving to the home and a care plan is developed. Staff reported the care plan guides them in how to assist each resident manage and maintain their oral and dental hygiene and appropriate equipment is available.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

Residents and representatives reported residents’ sensory losses are identified and managed effectively. Resident care needs in relation to all five senses are identified on moving to the home. A care plan is developed guiding staff with strategies to manage each resident’s sensory losses and maximise their independence and interactions during activities of daily living. Residents have access to and are referred to allied health professionals, including an optometrist, audiologist, physiotherapist and occupational therapist. This is undertaken in consultation with the resident and/or their representative and the general practitioner. Activities are modified for residents with physical, sensory or cognitive impairments. Staff reported ways they assist residents to manage their 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

Residents and representatives stated they are satisfied residents are able to achieve natural sleep patterns. They reported residents are consulted about their preferred settling and waking routines and when unable to sleep are offered alternatives such as a warm drink, snack or medication if prescribed. On moving to the home, each resident’s sleep pattern is assessed to identify any sleep disturbances and interventions are documented in the resident’s care plan. Residents are encouraged to participate in the home’s activity program, providing mental and physical stimulation to promote a natural night’s sleep. Staff reported strategies to assist residents with sleep include provision of extra blankets, offering of warm drink or snack, assistance with toileting or pain management.

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

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

In relation to Standard 3 Resident lifestyle, resident meetings and resident surveys are used to gather suggestions. Feedback is regularly recorded and evaluated from all lifestyle and care activities. Staff contribute to improvements to resident lifestyle through surveys and training. Staff encourage and support residents and others to provide feedback and suggestions.

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

- Management identified the library and games room were under utilised as neither area was very inviting. As a result, the two rooms have been changed around. Old fittings and fixtures have been disposed of, the rooms have been painted and soft furnishings arranged. The darker rooms are now the games area with pool and snooker tables and the lighter room fitted with bookshelves and comfortable chairs to encourage use as a library. Resident feedback indicates the rooms are far more user friendly and the library is well used.
- A computer has been donated to the residents at the home and the residents have requested internet connection. An application for broadband use was successful and a broadband computer kiosk is being installed. Cabling was fitted in early September 2012. Training for residents will commence when the hardware and software are in place and an evaluation will be carried out when completed.

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 when they move to the home, and the Charter of residents’ rights and responsibilities is on display. The service provides each resident with a resident agreement outlining fee and tenure arrangements. Residents and representatives are notified of any changes to services, fees and charges. There are policies and procedures for the compulsory reporting of resident assault or unexplained absence.

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

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

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

- Elder abuse
- Person centred care.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Residents and representative stated each resident receives support in adjusting to life in the new environment and on an ongoing basis. The home has processes to ensure each resident is supported on moving to the home and on an ongoing basis. Residents' emotional care needs are identified during the initial assessment process and continue to be monitored as residents adjust to living within the home. In consultation with the resident and their representative, information is gathered regarding their background, individual interests and requirements. Care plans are developed that guide staff interactions and these are reviewed six monthly or more regularly if required. Residents are encouraged to personalise their rooms with photographs and mementos from home and families and friends are welcomed to the home by staff.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents and representatives reported residents are assisted to maintain their independence and participate in the life of the community within and outside the home. The home has processes to ensure regular assessments of residents' needs in achieving maximum independence. Relevant staff assess and review each resident's level of ability to participate in activities of daily living. Care plans include considerations for residents' sensory, mobility and cognitive needs when promoting independence. Outings to places of interest and visits from local community groups are organised as part of the home's activity program. Staff reported and we observed staff to assist residents to participate in activities at the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Residents and representatives reported staff are respectful and maintain residents' privacy, dignity and confidentiality. The home has processes to ensure each resident's right to privacy, dignity and confidentiality is recognised and respected and this information is documented in the resident information pack. The home's environment promotes privacy and each resident is accommodated in a single room with a kitchenette and en suite bathroom; there are small lounge and external areas available for residents and their visitors. Staff practices are monitored and feedback mechanisms ensure residents' privacy, dignity and confidentiality are maintained. We observed the staff interacting with residents in a respectful manner. Staff described strategies to support residents' privacy and dignity during personal care.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents and representatives interviewed stated residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. They reported they are consulted about past and current interests and staff encourage them to attend and participate in activities occurring in and around the home. A personal profile is completed prior to or on moving to the home to identify each resident's past and current interests. A range of internal and external activities are developed as part of the home's activity program and include modified activities for residents with cognitive, sensory or physical impairment. A copy of the home's activity planner is displayed on noticeboards around the home and therapy staff record each resident's attendance and participation at activities.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents and representatives interviewed reported staff foster individual interests, customs, beliefs and cultural and ethnic backgrounds. They reported they are consulted about their beliefs and events of importance are celebrated as well as other cultural days, including Christmas, Easter, ANZAC day and other days of significance. Residents' individual interests, customs and beliefs are identified on moving to the home and a care plan is developed. Staff reported they refer to the resident's care plan for guidance on each resident's cultural and spiritual needs.

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

Resident and representatives reported satisfaction with the opportunities provided to residents to make choices and decisions about their care and lifestyle. They reported they are consulted during the care planning process and on an ongoing basis. Residents have a choice of general practitioner, time they wish to attend to personal care, choice of meals, activities they wish to attend and a choice to vote. Internal/external complaints, resident/relative meetings, family conferences and surveys provide residents and their representatives with opportunities to express their views. Staff reported the residents choice not to attend activities is respected.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents and representatives we interviewed reported residents have secure tenure within the home and understand their rights and responsibilities. They reported they are provided with information prior to moving to the home and are consulted about the care and services provided. Management supply an information pack to new residents outlining the care and services provided, fees and charges, security of tenure and the Charter of residents' rights and responsibilities. Documentation reviewed confirms residents or their representatives are advised of changes to care and services.

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

See 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.

- An inspection of the gardens at the end of summer highlighted the area was not appealing to residents or family members. A garden refurbishment program was undertaken to make the area more appealing. Broken furniture was removed, the unused aviary dismantled and with the help of external volunteers, walls painted in a contrast paint and potted plants, gravelled areas and seating installed. Before and after photographs and increased resident use indicate the improvements have been successful.
- Following negative feedback on the resident survey, management discussed with residents and staff how the dining room could be upgraded to make the dining experience more enjoyable. Walls were painted, staff purchased curtains and nominated staff organised the purchase of art work and a large figured clock. Management advised they will complete an evaluation of the activity now everything is in place.

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

There are systems and processes to identify and ensure the home has ongoing regulatory compliance relating to the physical environment and safe systems. The organisation ensures staff compliance via audits, quizzes and observation of staff practices. The home has access to the government gastroenteritis outbreak guidelines. Staff demonstrated awareness of their role regarding hazard, incident and accident reporting and manual handling procedures. Personal protective equipment is routinely supplied and material safety data sheets are readily available.

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

See 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.

- Armed intruders
- Chemical use
- Emergency evacuation and the grab pack
- Fire safety and fire warden training
- Infection control
- Laundry
- Manual handling
- Occupational safety and health.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home's management are actively working to provide a safe and comfortable environment consistent with residents' care needs. Residents are allocated single rooms consisting of a bedroom, kitchenette and en suite bathroom. The home is secure, clean, clutter and odour free and appears well maintained. Staff were able to describe the regular and preventative maintenance processes. Audits are conducted to ensure communal living, dining and external garden areas remain hazard free and safe for residents and others to use. Residents and representatives reported noise and temperature levels are comfortable and are satisfied residents are safe and secure.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management are actively working to provide a safe working and living environment that meets regulatory requirements. New staff attend orientation including health and safety, manual handling and fire and emergency procedures. There are processes to assess the physical environment, reporting of any risks, identification of potential and actual hazards and review of accidents and incidents. A staff member has recently nominated to act as a representative and will undertake a five day training program. Staff are knowledgeable in

occupational health and safety, how to report accidents, incidents and hazards and advised any remedial action is carried out promptly.

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 processes to provide an environment and safe systems of work that minimise fire, security and emergency risks. Fire fighting equipment is readily available and scheduled maintenance of all fire and emergency equipment is established and up-to-date. Fire and emergency training is provided to staff and attendance at these sessions is monitored. The fire and emergency procedure file and evacuation maps are clearly visible. Residents' current mobility needs are documented and accessible along with a "grab pack" in case of evacuation. Chemicals are appropriately stored with material safety data sheets. Staff interviewed demonstrated knowledge of the emergency procedures and the actions they should take in the event of a fire or another emergency.

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

Staff utilise the organisation's policies and procedures and an external consultant to direct and guide the home's approach to an effective infection control program. Audits are carried out as per the audit schedule and the home has established procedures to guide staff in managing infectious outbreaks. The home collects, collates and analyses infection control data monthly to identify trends and opportunities to reduce infections. Staff attend compulsory infection control training provided by the home. Some measures contributing to the effectiveness of the program include the provision of hand washing facilities, a food safety program, waste management and pest control measures. Staff demonstrated knowledge of infection control procedures and standard precautions. Residents and representatives reported satisfaction with the cleanliness of the home and the actions taken by staff to control the risk of cross-infection.

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

Catering, cleaning and laundry services are provided to assist residents and enhance their quality of life. On moving to the home residents' food preferences, cultural requirements, likes and dislikes and any special requirements are recorded. Meals are pre-prepared off-site and delivered to the home, where they are reheated according to pre-determined times and temperatures. Residents are encouraged to provide feedback on meal quality and services at resident meetings or via feedback forms and surveys. Cleaning staff use colour-coded equipment and follow documented cleaning schedules. Flat linen is sent off site and staff advised there are adequate supplies available. Residents' personal items are laundered at

the home. Residents and representatives reported residents are generally satisfied with the catering, cleaning and laundry services provided.