



Aged Care
Standards and Accreditation Agency Ltd

James Scott Wing Nursing Home

RACS ID 8412

N E Soldiers Memorial Hospital 8 Cameron Street

SCOTTSDALE TAS 7260

Approved provider: The Tasmanian State Government

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 1 August 2015.

We made our decision on 8 June 2012.

The audit was conducted on 8 May 2012 to 9 May 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 Scott Wing Nursing Home 8412

Approved provider: The Tasmanian State Government

Introduction

This is the report of a re-accreditation audit from 8 May 2012 to 9 May 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 8 May 2012 to 9 May 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:	Angela Scarlett
Team member:	Gerard Velnaar

Approved provider details

Approved provider:	The Tasmanian State Government
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Details of home

Name of home:	James Scott Wing Nursing Home
RACS ID:	8412

Total number of allocated places:	30
Number of residents during audit:	28
Number of high care residents during audit:	28
Special needs catered for:	N/A

Street:	N E Soldiers Memorial Hospital 8 Cameron Street	State:	Tasmania
City:	Scottsdale	Postcode:	7260
Phone number:	03 6352 5519	Facsimile:	03 6352 5537
E-mail address:	sue.bucher@dhhs.tas.gov.au		

Audit trail

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

Interviews

	Number		Number
Management	4	Residents/representatives	10
Enrolled nurses	2	Diversional therapy/volunteers	3
Nurse aides	3	Cleaning/laundry staff	3
Kitchen staff	3		

Sampled documents

	Number		Number
Residents' files	9	Medication charts	8
Personnel files	4		

Other documents reviewed

The team also reviewed:

- Activities calendar
- Audits and schedule
- Blood pressure levels folder
- Catheter change charts
- Cleaning procedures and duty statements
- Compliments folder
- Drug alert stickers on medication charts
- Electrical equipment test and tag records
- Emergency evacuation drill reports
- Equipment maintenance records including repair forms
- External appointments for residents
- Fire safety maintenance records
- Fire, evacuation and emergency management plan
- Food safety program and records
- Form 56 maintenance statement
- Gastro enteritis kit for aged care folder
- Incident forms electronically
- Infection control data
- Isobar communication sheet
- Job descriptions
- Laundry procedures and duty statements

- Maintenance schedule and checklists
- Management 2012 folder
- Material safety data sheet register
- Minutes of meetings
- National observation chart
- Newsletter
- Nurse registration check register
- Orientation package for staff
- Police check register
- Policies and procedure manuals
- Probation reports
- Professional development assessments
- Qualification records
- Quick action fire safety guide
- Recruitment policies and procedures
- Resident admission checklist
- Resident agreements
- Resident dietary requirement forms
- Resident handbook
- Resident newsletters
- Resident social profiles
- Residents' information package and surveys
- Restraint checking chart
- Self assessment report
- Six week menu
- Social cultural, spiritual and actives assessments, care plans and evaluations
- Staff contact list
- Staff orientation pack, records and handbook
- Staffing rosters
- Stock imprest lists
- Training calendar and records
- Weight charts
- Wound care charts and wound register.

Observations

The team observed the following:

- Activities in progress
- Anti embolic stockings in use

- Equipment and supply storage areas
- Home cat
- Interactions between staff and residents
- Internal and external living environment
- Kitchen
- Laundry
- Lifting equipment
- Lunch time service
- Maintenance work in progress
- Medication round
- Mobility aids in use
- Newspaper girl delivering papers
- Nurse call pendant
- Oxygen in use signs
- Resident receiving massage
- Schedule 8 medication checking book
- Secure medication room
- Sharps containers
- Specialised beds
- Storage areas
- Student nurses in the home.

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 has an effective quality system that identifies, actions and evaluates continuous improvements across all four accreditation standards. Information is collected through comments, complaints and suggestions from staff, residents and representatives, regular audits, incident reports and planning. Items are logged onto the continuous improvement plan, with progress monitored. Evaluation is evident, with staff gathering information that allows management to gauge effectiveness on any given improvement. Continuous improvement is a regular standing agenda item at meetings and dissemination of relevant information is through memoranda, noticeboard displays and in newsletters. Residents, representatives and staff were aware of the various avenues to make comments, complaints and suggestions and confirmed they were encouraged to contribute to continuous improvement at the home.

Examples of improvements in Standard one include:

- Following a complaint, changes made to the admission checklist included the requirement for a signature from both the registered nurse and resident or representative to ensure communication had been effective. Staff expressed satisfaction with the new process and said communication was improved during the admission process.
- The director of nursing noticed inconsistencies with the purchasing of new equipment at the home. Management wanted to ensure all new equipment met the national standards, and that safety was considered. The new process requires maintenance to oversee and approve new equipment. Management said the purchase of equipment, with various groups involved with its final sign off has created harmony amongst the staff and equipment meets safety standards.
- Following a directive from human resources and the director of nursing, managers are required to have a plan to address those staff with excess annual leave hours. Management said the impact has seen staff taking annual leave, thereby creating a reasonable work/life balance with staff not over tired.

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 has systems that identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. The director of nursing and nurse unit manager receive information on changes in legislation from federal, state, and local government agencies, industry peak bodies and via a range of industry publications. Policy and procedure amendments occur in line with any changes. Management informs staff and other stakeholders of changes through correspondence, memoranda, emails, meetings and training. Management monitors compliance through the internal audit system, the analysis of quality indicator data and feedback from staff and other stakeholders. The home ensures that staff, volunteers and contractors comply with police check requirements and nursing staff have current registrations.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has systems that ensure management and staff have the skills and knowledge to perform their roles in an effective manner. The orientation program aligns to each staff category and covers the essential tasks and function that staff and management perform. Management and staff participate in mandatory annual training and competency assessment covering key aspects of service provision. A great majority of staff participate in the training provided by an external on line educational organisation. The home promotes other opportunities for learning and development such as attendance at better practice conferences and electronic learning. Training sessions are also organised in response to staff feedback, resident and organisational requirements. Management maintains training records for all staff. Staff confirm high levels of satisfaction with the home's training program. Recent examples of Standard one education includes management roles, complaints management and train the trainer.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home provides residents and representatives information regarding the mechanism to access internal and external complaints. There is discussion between residents, representatives, and management prior to entry regarding complaint management at the home. It is also documented in the resident's handbooks. External complaints and advocacy brochures are available and posters are on display. Internal feedback forms are available in various areas of the home and a suggestion box is accessible. Management has regular meetings with staff, residents and representatives to provide an opportunity to raise any issues or concerns. Complaint data feeds into the continuous improvement system.

Residents, representative and staff were aware of the process and documentation confirms matters were actioned appropriately and in a timely manner.

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

James Scott Wing follows the documented adjoining hospital's statements for mission, vision, values and philosophy of care. These statements define the home's commitment to delivering quality care and services. The home displays these statements and includes them in information packages supplied to residents, representatives and staff. Management monitors the home's management systems. Managers meet and report to senior management regularly on operational matters.

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 systems to ensure sufficient and appropriately skilled and qualified staff are available for service delivery in accordance with the aged care standards. Staff are employed on merit, require designated qualifications, and experience for the roles they fulfil. Management conduct probation reviews and annual professional development assessments in conjunction with staff. Management plan and adjust staffing levels according to resident and organisational needs, including for shorter periods when resident acuity increases due to well-being issues. Staff said they have sufficient time to provide for the care and other support of residents. Residents and representatives were satisfied with the numbers and skills of 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's systems ensure that goods and equipment are readily available to meet the home's quality service delivery requirements. The home's budget planning allows for purchase of required stock, the maintenance and replacement of equipment, and the upkeep of internal and external facilities. Designated staff monitor and replenish clinical, administrative, and other stock. Staff rotate relevant stock to ensure freshness and reduce wastage. Maintenance staff attend to preventive maintenance according to a periodic schedule and complete corrective maintenance as required. Store areas around the home are well stocked. Staff confirm adequate stocks of goods and equipment were available to provide for the services they deliver.

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

Staff and management access policies and procedures to guide work practices. Management are producing process charts to enhance this process. Clinical and other service delivery information is gathered and analysed to support the provision of quality care and support. Nursing staff regularly review residents' care with input provided by relevant stakeholders. The home provides key information to residents, representatives, staff and other stakeholders through meetings, training, newsletters, emails, notice boards, handovers, direct correspondence and less formal means. Resident and other files are securely stored and computer data is password protected and backed up. Residents and representatives said they were well informed. Staff were aware of their responsibilities regarding confidentiality.

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 majority of suppliers servicing the home operate under state-wide contracts through the Tasmanian Department of Health and Human Services. Criteria for service delivery are included in these contracts. Locally based contractors have access to an orientation booklet, sign in and out of the home, inform senior staff of their presence and are subject to police check requirements. The director of nursing monitors and addresses any poor performance of locally based contractors. Staff confirm general satisfaction with the home's current contractors and suppliers.

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 has an established continuous improvement system that shows ongoing improvement in resident health and personal care. For a description of the home's system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

Examples of continuous improvement in Standard two include:

- The nurse unit manager became concerned for a resident in palliative care and maintaining comfort for the resident. A comfort mattress, which was designed particularly for pain relief, was trialled at the home. The resident expressed satisfaction with the mattress and said it was comfortable. Staff were satisfied that the resident was comfortable. Following the trial, the bed was purchased by the home.
- Following a staff suggestion regarding the requirement to improve communication with medical staff, a new communication tool was trialled and eventually implemented. The tool had been used in primary health and was successful there. The feedback from medical staff was satisfaction with the tool's use.
- Following feedback from a managers meeting, a new national observation chart was implemented at the home. It includes perimeters for reporting to medical staff and also includes a pain score. Staff said the new observation chart was beneficial and they had embedded it into their everyday practice.

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 that identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines in relation to health and personal care. Refer to expected outcome 1.2 Regulatory compliance for a description of these systems. Policies and procedures detail regulatory requirements regarding health and personal care. Administration staff ensure the currency of nurses' qualifications. Registered nursing staff are on-site or accessible from the co-located hospital to provide for the needs of high care residents and to render first aid. Nursing staff monitor medication management practices through the internal audit and incident reporting system. Management inform care and nursing staff about changes regarding health and personal care regulatory issues.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has systems to monitor and improve the knowledge and skills of staff so they perform their care related roles effectively. Refer to expected outcome 1.3 Education and staff development for a description of these systems. Recent education in relation to standard two includes first aid management, palliative care, stoma care, wound care and care documentation requirements.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

Staff assess all residents on entry to the home and on a scheduled regular basis thereafter. Formulation of a nursing care plan occurs after a settling in period with observation and assessment at its core with a registered nurse overseeing the plan. Regular evaluation is undertaken and the nursing care plan changed accordingly as required. A general practitioner assists staff with formulating actions of care for residents. Staff have opportunities for education to assist them in the care of the resident. We observed documentation examples of re assessment of care needs when required. Residents and representatives said they were satisfied with the care they receive and staff skills at the home.

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' specialised care needs are met by qualified staff. An assessment of needs is undertaken on entry to the home by a registered nurse. Documentation of these needs occurs on the individualised nursing care plan for each resident. Monitoring of residents occurs on a regular basis and more formally evaluated as part of an organised schedule for review. The general practitioner assists staff in the identification of specialised care needs and attends to residents as required. Staff said they have opportunities for training which includes specialised care needs. Residents and representatives said they were satisfied with the care received and staff were appropriately equipped to undertake such care.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents are referred to appropriate specialists as required. Needs are assessed and preferences taken into account when referrals are made by staff to outside health practitioners. Physiotherapists and podiatrists are available for consultation at the home after assessment on entry to the home. Staff said referrals are prompt to other services due to the close proximity of the hospital. Residents and representatives said staff made appointments for the residents and they were satisfied with the communication and organisation regarding these referrals.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has specific processes to ensure residents’ medication is managed safely and correctly. Medication charts identify all medications including dosage, ingestion route, frequency of administration and were all signed by the attending doctor. Staff were observed checking orders, distributing medications and finally signing off as each resident’s medication was taken. The home engages an external pharmacist to review medication charts annually and to provide feedback to the local medical practitioner. Staff medication management competencies are assessed each year or more regularly if required. Residents were satisfied with the way their medications were managed within the home.

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

Staff at the home are committed to ensuring all residents are as free from pain as is possible. Assessments for pain levels occurs on entry to the home and as pain presents in the resident. Medication charts indicate whenever necessary medication is given and a reassessment occurs to ensure effectiveness. The use of alternative pain relief measures, such as massage, warm drinks and distractions help the resident achieve this relief. The general practitioner is available for consultation regarding the on going pain relief requirements and interventions. Residents said they were satisfied their pain relief was adequate and staff were helpful in the achievement of such.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Staff at the home are well equipped to attend to the comfort, dignity and care of terminally ill residents and their families. There are processes and procedures to look after residents. Development of a palliative care nursing care plan occurs in conjunction with residents and representatives. An advanced care directive is requested for completion shortly after entry to the home and we observed documentation to confirm this practice. Staff said management supported them when caring for a resident in palliation and could access counselling if required. Representatives said they were satisfied with the care given to the resident requiring palliative care.

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

There is a system for evaluating nutritional and hydration needs of individual residents upon entry to the home. A care plan is developed to guide staff practice and reviewed regularly and more often when there are changes to a resident’s intake, weight or health status. Residents’ weights are monitored regularly and more frequently as required. There are referrals to the dietitian and medical personnel as required. Alternative food is available if the resident requests, with staff on hand to provide any such requests. Residents said they were satisfied with the meals provided by the home.

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

After moving into the home, residents undergo a systematic review of their skin integrity. Using a validated assessment, care staff conduct assessment to identify risks to skin integrity and potential for pressure injury. Documentation indicates a wound chart is commenced for wounds and regular monitoring of the wound’s ongoing progress occurs. Advice from the medical practitioner and the registered nurse is sought when required. Staff said they have opportunities for education on wound management. We observed adequate supplies of wound dressings in storage with staff confirming the availability of such supplies. Residents said they were satisfied with the care at the home.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure management of residents’ continence needs occurs effectively. This includes assessment on entry to the home and if required bladder and bowel management programs. Implemented plans assist staff practice in the management of residents with continence needs. A designated staff member with an infection control portfolio undertakes the task of recording all urinary tract infections and the measures implemented to treat and prevent further episodes of infections. We observed staff assisting residents with toileting requirements. Residents were satisfied staff attend to their needs in a timely manner.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

All residents undergo behavioural management assessments during the entry phase, annually and if behaviour changes. Development of care plans occurs from assessments, staff observation, family input and the general practitioner. The home has clear protocols in place to manage the need for restraint. We observed clear documentation including observation sheets when a resident is subject to restraint. Diversional therapy staff have individual diversional therapies in place and residents have access to a range of living spaces for relaxation. Staff said they were aware of the behaviour management strategies for individual residents. Residents and representatives said they were satisfied with the manner in which behaviour issues were managed at the home.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home has systems to assess, monitor and review residents’ individual mobility and dexterity needs. The physiotherapist completes a physiotherapy assessment to determine the level of assistance the resident requires and creates a plan for staff to follow. The resident’s needs are reviewed regularly by the physiotherapist to ensure accurate assistance and use of equipment occurs. The diversional therapy programme includes exercises developed with the physiotherapist. The team observed residents walking freely throughout the home with the use of assistive devices as required. Residents said staff assist them with movement and dexterity needs as required.

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' oral and dental health is maintained at the home. Residents are assessed on entry to the home for their oral and dental care needs. A care plan is developed and documents individual preferences. Oral and dental issues are reported to the medical officer if required and external appointments to dentists are arranged. Registered nurses regularly evaluate oral and dental care plans and changes made as required. Residents said staff encourage them and assist them where required in the maintenance of their oral and dental care needs.

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

Completion of assessments of residents' sensory losses occurs as part of the entry assessment period at the home by both nursing and diversional care staff. A care plan is formulated to identify interventions to assist staff help residents maintain quality of life. Regular review and evaluation of care plans occurs as part of the review system at the home and is overseen by a registered nurse. Staff said they are aware of the sensory losses of each resident and the care required. We observed a sensory garden and a sensory room for residents to enjoy. Residents said they were satisfied with the care they receive from staff.

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

Practices at the home assist the residents to achieve quality sleep. Residents are assessed on entry to the home to help identify their natural sleep patterns. Sleep assessments are completed to determine the natural sleep patterns of the individual resident. Formulation of a care plan occurs and is overseen by the registered nurse who oversees the care following the sleep assessment. Residents said night staff help them achieve sleep by offering comfort measures or attending to pain requirements as the need arises. Residents said the home's environment at night was quiet and conducive to sleep.

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 improvements in the areas of resident lifestyle. For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

Examples of improvements in Standard three include:

- Following a request from staff, a larger space was required for the office of the diversional therapy staff. When home renovations took place, a larger space was given to the diversional therapy team. The impact has been more storage space and residents can use the areas as well.
- Following an idea brought back to the home by the diversional therapist from a conference, a sensory room has been developed. It includes visual lights, doll therapy and a massage chair. Staff and family feedback has been positive.
- A need was identified by the nurse unit manager and the diversional therapist to have more volunteers in the home. Advertising in local newspapers occurred and new volunteers have been recruited. Some of the volunteers have special skills such as massage therapy. Staff have expressed appreciation for the inclusion of the volunteers into the home.

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 that identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident lifestyle. Refer to expected outcome 1.2 Regulatory compliance for a description of these systems. Policies and procedures detail regulatory requirements regarding resident lifestyle. Management monitor staff compliance with privacy and confidentiality requirements. The home provides all residents with an agreement covering issues such as security of tenure, rights and responsibilities and fees. Management inform residents and representatives about changes to resident lifestyle related legislation.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has systems to monitor and improve the knowledge and skills of staff so that they perform their resident lifestyle roles effectively. Refer to expected outcome 1.3 Education and Staff Development for a description of these systems. Recent education related to Standard three includes aggression management, compulsory reporting requirements, residents' rights and responsibilities. Two staff have recently attained the Leisure and Lifestyle Certificate 4 qualification.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Management and staff provide support to residents and their representatives when they first move into the home and throughout their stay. The nurse unit manager provides a tour of the home to help familiarise the resident to their new accommodation. Staff are on hand to provide information, care, understanding and a friendly ear to help deal with any issues as they arise. A pastoral carer visits the home to support residents and counselling services are available on referral. Staff assess residents' emotional support needs and implement strategies to manage these needs. Staff provide one to one assistance including chats, massages and simply being there for residents, particularly in palliative care situations. Residents and representatives express high levels of satisfaction with the emotional support they receive at the home.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Nursing and divisional therapy staff complete a lifestyle assessment that provides information on residents' capacity to undertake activities of daily living, and preferences for social and other lifestyle arrangements. Staff encourage residents to maintain links with the community and involvement with existing social groups such as the local day centre and senior citizens club. Residents are encouraged to maintain their financial affairs for as long as possible. Some residents participate in an exercise program to assist with their on-going mobility. Contractors installed a self-opening door to allow easy access to an external garden area at the request of one resident. Residents expressed satisfaction with their capacity to be independent in line with their preferences and support needs.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff respect residents' right to privacy and dignity at the home. All but two rooms allow for single accommodation and the shared rooms have facilities to enable privacy. Shared en-suites allow for privacy through the door locking mechanism. The home has sitting areas that provide for private space and include tea and coffee making facilities. Staff demonstrate practices, which support residents privacy and dignity. Staff discuss residents' needs within the confines of the nurses' station, or well out of earshot of other visitors or residents of the home. The staff orientation process covers privacy and dignity and confidentiality issues. Residents appear well groomed and said staff provide care and support in a respectful manner.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The diversional therapist and other staff encourage and support residents to participate in a wide range of group and individual activities. The diversional therapist through assessment and consultation compiles a personal profile of each resident. This provides staff with key information to assist in the support of the resident. A resident activities plan is also prepared from this information. Activity calendars reflect the core of residents' preferred activities with some changes every month to ensure variety. Residents experience cognitive and sensory stimulation with a sprinkling of craft, singing, games, massage, happy hour, musical events, bus outings and one-to-one sessions. Residents and representatives expressed very high levels of satisfaction with the home's activities 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

The home supports residents to maintain their spiritual and cultural beliefs and customs. Residents are able to attend a wide range of church services at the home. A pastoral carer visits the home every fortnight and provides assistance to residents. Some residents avail themselves to Reiki relaxation and stress reduction therapy. Residents can take part in themed cultural days and the discussion of different countries and cultures form part of the activities program. Residents attend many events of cultural significance such as Anzac remembrance, Easter and Christmas celebrations and memorial services. Residents and representatives expressed satisfaction with their opportunity to be involved in cultural and spiritual events that are of significance or interest to them.

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

Effective systems are in place to assist residents to participate in decisions and choices regarding their care and support. Care plans reflect residents' choices such as doctor, activities of daily living, care and lifestyle preferences. Staff review this information in conjunction with the resident or their representative every three months. Meetings, surveys and suggestion booklets provide residents with an opportunity to comment on services provided by the home. Residents with capacity maintain their voting rights and can either vote at the home or external polling booths. Residents confirm they can make decisions in relation to the care and support they receive.

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

Designated staff meet with residents and representatives to discuss residential agreements. This includes information on security of tenure, fees, complaints, rights and responsibilities and services provision by the home. A resident handbook also provides residents and representatives with an easy reading guide to the home and its services. The nurse unit manager provides residents with clarification on any issue related to moving into the home after the initial interview. Management informs residents and representatives of any changes relating to fees or security of tenure, such as the impending change in ownership of the home. Resident and relatives expressed knowledge of this proposed change and a formal process of information sharing regarding the change is in place.

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 has a system that shows ongoing improvements in the area of physical environment and safe systems. For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

Examples of improvements in Standard four include:

- Following an agency visit and a recommendation from the team, education has been arranged for this year as a mandatory requirement for staff on a gastro enteritis breakout. The home has not had an outbreak for many years but thought preparation for a potential outbreak would be worthwhile. Gastroenteritis kits and information have now been included in the kitchen and for cleaning staff.
- Following a complaint, staff education on restraint documentation requirements has occurred for staff. Management said staff now know what to do in the documentation process of restraint management.
- The director of nursing decided a new security system was required for the home. The old system had become antiquated and needed an upgrade. A security company is now employed at night to check all doors. They also walk staff to their cars at night post shift completion. Management said staff were satisfied with the new arrangements.

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 that identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines in relation to the physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for a description of these systems. Policies and procedures detail regulatory requirements regarding Standard four. Building certification, food safety and fire and evacuation plans are current and in line with regulatory requirements. The home’s internal and external audit program monitors compliance with Standard four regulatory issues.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has systems to monitor and improve the knowledge and skills of staff so that they perform their safety, emergency, infection control and hospitality services roles effectively. Refer to expected outcome 1.3 Education and staff development for a description of these systems. Recent education related to Standard four includes fire drills, incident reporting, food safety, dysphasia management and gastroenteritis management.

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 actively works to provide a safe and comfortable environment to support the care needs of residents. The building and grounds are subject to an effective maintenance program. The location of furniture and other items in residents' rooms is relative to the residents' mobility and other potential safety risks. Sensor mats are available to help monitor residents at risk of falling. Management resolve issues identified during environmental audits or through the hazard reporting process. Reverse cycle air conditioning and heating provides for the comfort of residents during the changing seasons. A designated car park is available for disabled visitors. Management is in the process of replacing some lounge chairs that are in disrepair.

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 demonstrates the home has systems to ensure the safety of residents, staff and visitors. Staff receive occupational health and safety training and complete manual handling competency annually. Equipment is available to safely assist residents and risk assessments are completed to ensure overall environmental safety. Maintenance requirements, hazards and incidents are reported through an electronic incident reporting system and this leads to review. Staff are aware of the home's occupational health and safety system and said that they were consulted when purchasing new equipment. Staff also confirm they were satisfied management was active in providing them with 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

The home has systems to minimise emergency risks. Contractors maintain heat and smoke identification systems. Fire suppression systems consist of fire extinguishers, fire blankets, internal water hose reels and external fire hydrants. Staff participate in regular fire drills and have correct knowledge of the home's fire and evacuation emergency management procedure. Emergency exits are well marked. Maintenance staff test electrical equipment for safety. A diesel generator cuts in automatically should electricity supply fail. A new security system helps maintain security of the home. Chemicals are securely stored and information on chemical related first aid and other hazards is readily available.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

Management demonstrate an effective infection control program is operational at the home. There are staff with infection control as their portfolios. They collect the incidence of infections and treatments, with results reported at various staff meetings. The team observed washing areas and hand washing equipment throughout the home. Staff practices are monitored with competencies undertaken on a regular basis. Staff said they have regular education on infection control processes. Residents said they were satisfied with staff practices of hand washing and feel confident staff were knowledgeable in the area of infection prevention and control.

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

Nursing staff assess residents' dietary needs and inform the kitchen staff of individuals' needs and preferences. Management involve a dietitian in major reviews of the menu, and a six rotating menu is currently provided for residents. Kitchen staff prepare and distribute all meals and drinks in accordance with the home's food safety plan. Cleaning staff regularly attend residents' rooms, en-suites, communal and staff areas. Laundry staff launder residents' clothes and some bedding items on site, with general linen laundered externally. Resident and relatives confirm that the home is clean, and were satisfied with the laundry and catering services.