



Aged Care
Standards and Accreditation Agency Ltd

Janolma Nursing Home

RACS ID 5868

10 Holland Street

GREENSLOPES QLD 4120

Approved provider: Clanwilliam Pty Ltd

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 9 December 2015.

We made our decision on 7 November 2012.

The audit was conducted on 9 October 2012 to 10 October 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

Janolma Nursing Home 5868

Approved provider: Clanwilliam Pty Ltd

Introduction

This is the report of a re-accreditation audit from 9 October 2012 to 10 October 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 9 October 2012 to 10 October 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:	Mark Rankin
Team member/s:	Magdalene Hingst

Approved provider details

Approved provider:	Clanwilliam Pty Ltd
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Details of home

Name of home:	Janolma Nursing Home
RACS ID:	5868

Total number of allocated places:	36
Number of residents during audit:	24
Number of high care residents during audit:	24
Special needs catered for:	Nil

Street/PO Box:	10 Holland Street	State:	QLD
City/Town:	GREENSLOPES	Postcode:	4120
Phone number:	07 3397 1003	Facsimile:	07 3847 2325
E-mail address:	admin@clanwilliam.com.au		

Audit trail

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

Interviews

	Number		Number
Facility Manager	1	Residents/representatives	7
Quality Systems and Human Resource Manager	1	Hospitality and Environmental Service Coordinator	1
Clinical Care Manager	1	Physiotherapist	1
Registered staff	2	Hospitality and services staff	3
Assistant in nursing	4	Client Services Manager	1
Activities Officer	1		

Sampled documents

	Number		Number
Residents' clinical files	5	Medication charts	10

Other documents reviewed

The team also reviewed:

- Activity calendar
- Audit schedule
- Behaviour chart
- Clinical practice guidelines
- Communication diary
- Continuous improvement log
- Diabetic monitoring care plan
- Drug register
- Evacuation procedures
- External service provider list
- Fire maintenance documentation
- Food fluid intake forms
- Handover sheet
- Hazard register
- Incident data analysis report
- Infection surveillance data analysis report
- Job descriptions
- Medication incident analysis report
- Meeting minutes
- Monthly observations

- Multi purpose forms
- Needle stick and/or sharps injury response guidelines
- Newsletter
- Pharmacy order instructions
- Physiotherapy referral form
- Police certificates
- Policies and procedures
- Pressure area care checklist
- Preventative maintenance programme
- PRN medication sign off and evaluation form
- Pump set up instruction
- Record of nurse implementation of complementary therapies
- Record of wound treatment
- Reportable incident folder
- Resident activity evaluation form
- Residential care agreement
- Residents' information package
- Restraint authorisation forms
- Shower list
- Signature log
- Social and leisure profile
- Staff roster
- Staff training and education records
- Surveys
- Wandering resident checklist
- Work routines
- Wound/ skin management plan

Observations

The team observed the following:

- Activities in progress
- Archive storage area
- Call bell system in use
- Chemical storage area
- Equipment and supply storage areas
- Evacuation signage
- Food preparation
- Hand washing facilities

- Interactions between staff and residents
- Living environment
- Manual handling equipment
- Meal service
- Medication administration
- Staff access to information (computers, policies and procedures)
- Staff room
- Storage of medications

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 a continuous improvement system to capture, implement and review quality improvements against the Accreditation Standards through their computerised management system. Multi purpose, comments and compliments forms are available to staff, residents and representatives, with verbal suggestions encouraged at meetings with management maintaining an open door policy. Improvements are captured and tracked on the continuous improvement plan; new suggestions and the progress of improvements are discussed at meetings with specific improvements added to the plan. The system is monitored with audits and reviewed by the Facility Manager (FM) and the Quality Systems and Human Resource Manager, with feedback given to those stakeholders who have made a suggestion. Staff and residents report knowledge of the process and access to opportunities for improvement. Residents report satisfaction with the level of access to staff and consultation on improvement activities.

Improvement initiatives implemented by the home in relation to Standard 1 Management systems, staffing and organisational development include:

- Management and staff feedback identified that specific policies and procedures were difficult to locate with one folder and that accompanying forms were difficult to find. Management has created a new policy and procedure folders with accompanying forms and documents located at the back of each folder for easy access. Staff commented positively on the new folders.
- Management identified that education sessions were limited to handouts and self learning packages and that staff wanted to be more involved in sessions. The organisation has purchased a new projector that enables both power point and video presentations to facilitate education sessions. Staff commented that the new sessions were more informative and interactive than previously.

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 to address regulatory compliance, identifying updates to legislation, regulatory requirements, professional standards and guidelines through involvement with professional bodies and industry memberships. Policies are written and reviewed organisationally with management communicating the information to staff using meetings,

memoranda and staff training sessions. Minutes of meetings are available to staff to ensure accurate knowledge, as are copies of policy, procedure; professional guidelines and legislative requirements for example police certificates and reportable assaults. Compliance is monitored through observation by the FM, key personnel, incident reporting, audits and via the home's computerised management systems. Staff report information regarding regulatory compliance is communicated via memos, meetings and education sessions.

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 to ensure that management and staff have appropriate knowledge and skills to be effective in their roles through education and ongoing staff development. Education needs are captured using an analysis of identified needs, staff requests and staff appraisals with education programs implemented by management. Staff is informed of mandatory education and training records are kept on site, with attendance at mandatory sessions monitored by the FM. Additional education opportunities are available to staff on a range of topics such as computer skills, chemical safety and documentation, designed to parallel mandatory training requirements. Evaluation of education is conducted via staff feedback to monitor the education and staff development program.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Residents/representatives have access to internal and external mechanisms to raise issues at the home. Initiators of comments and complaints are responded to and these are entered where appropriate in the home's improvement plan. Residents/representatives are able to raise issues with management using written documentation and at meetings. Residents are informed of the internal and external comments and complaints mechanisms on entry to the home through verbal and written communication such as the Residents Handbook and at resident meetings. Information is on display internally at the entrance of the home. Residents/representatives report they are familiar with the mechanisms to raise complaints and are satisfied that issues are resolved 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

Management incorporates their documented philosophy, vision, mission and guiding principles into the home's daily activities. These statements are available to residents/representatives, staff and other interested parties via a variety of information

documents and during orientation. The home's philosophy and objectives are displayed at the entrance to the home.

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 human resource policies and a formal recruitment system that includes advertising internally, interviewing, appointment and orientation of staff. Police certificates, evidence of qualifications, reference and registration checks form part of the recruitment process and maintained on their credential log. Residents' changing care needs, staff availability and skill mix are monitored and form the basis for staff rostering. Employment contracts, position descriptions, the orientation process and participating in education sessions ensure new staff members are aware of the requirements of their positions. A range of strategies are used to manage staff performance and include a probationary period, ongoing performance reviews, annual staff appraisals, competency checks and supervision of staff. Residents/representatives are satisfied with the responsiveness of staff and the care they receive.

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 systems and processes to ensure that a stock of appropriate goods and equipment is available. Input from residents and staff through meetings are included in the processes of maintaining and introducing new equipment. Storage for equipment and goods is available at the home with staff able to access storage areas. Stock levels are ordered and monitored by key personnel and are rotated and monitored for expiry dates. Preventative maintenance schedules monitor equipment useability, including daily monitoring through corrective maintenance request books by the Maintenance Officer (MO). Faulty equipment is identified, removed from service and replaced or returned to suppliers for replacement. Staff are satisfied with the stocks of appropriate goods and equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has processes and procedures to ensure information is managed in a secure and confidential manner, including restricted access to service information, resident and personnel files, locking of storage areas and offices and restricted password access to computers. Clinical information is updated to guide care delivery needs of residents with organisational back-up systems in place to prevent loss of information. Information is communicated to staff via meetings and meeting minutes, memoranda, notice boards,

handover processes, communication books and residents' clinical files. Staff have position limited access to electronic information. Management communicates with residents/representatives via newsletters, resident meetings and one-to-one discussions. The home has policies in place for archiving and destroying documents both on and off site. Residents/representatives and staff are satisfied with information management provides to them.

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

External service agreements are reviewed organisationally and by the home's manager. The home has contracts with external services including, but not limited to food suppliers, allied health professionals, continence products, medical and chemical supplies. Feedback from identified key personnel is provided to management to ensure quality services are maintained; feedback on external services is also provided via resident and staff meetings. Service providers are supervised by relevant personnel when conducting services at the home with contractor sign in books located at the entrance to the home. Allied health professionals are consulted as required to ensure residents' needs are reviewed regularly. Staff and management are satisfied with the external services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

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

Improvement activities implemented by the home in relation to Standard 2 Health and personal care include:

- It was identified by nursing staff that during tea trolley rounds that alternative for residents with specific nutritional needs was not easily identifiable by catering staff. A new dietary needs folder for residents has been created that hangs from the trolley with alternatives for residents if they refuse what is being offered. This information is linked to their nutrition and hydration needs and if changes occur then these forms are updated accordingly by the registered nurse. Nursing staff commented positively on the folder in that it now ensures residents are receiving correct food and drink in the event an alternative is requested.
- Previously behaviour monitoring was entered onto the electronic care system with registered staff using the information to update resident care plans. However it was identified that not all areas of the form were being utilised and that monitoring was difficult in that the form was difficult to locate in the system. A new Behaviour Management Intervention Report is now paper based with staff filling in details over three days. Registered staff review and submit to the Facility Manager for monitoring. Key staff commented positively on the use of the new form.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's systems and processes to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

In relation to expected outcome 2.2, management maintains and monitors the systems to manage residents' care planning in accordance with the *Quality of Care Principles 1997*, protocols for medication management, and the reporting of unexplained absences as set out

in the *Accountability Principles 1998*. Staff feedback demonstrated knowledge of their legislative responsibilities under Standard 2 expected outcomes.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s systems and processes to manage the ongoing education program.

In relation to Standard 2 Health and personal care, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to health and personal care. Examples include nutrition and hydration, wound management, specialised care needs, oral care and infectious disease. Staff feedback demonstrated their clinical and care knowledge and responsibilities under Standard 2 expected outcomes.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive clinical care appropriate to their individual needs and preferences. The home has processes in place to assess residents’ clinical care needs on entry to the home using computerised assessment tools. Care plans are developed from the information that is gathered and recorded; these include instructions from the medical officer and other health professionals. Changes to clinical care needs are communicated to staff at handover between shifts and to residents/ representatives either informally or at a formal meeting. Outcomes of care are monitored by registered nurses through regular review and evaluation of assessments and care plans, feedback from residents and staff, clinical audits and analysis of clinical data. Staff practice is monitored for compliance with the home’s procedures. Residents are satisfied with the clinical care provided.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Residents’ specialised nursing care needs are identified and met according to their individual needs and preferences by qualified nursing staff. Focus assessments are undertaken on entry to the home and as the need is identified. Referrals to allied health professionals occur where appropriate and specific care plans are developed. Care plans describe the specialised care required and include instructions from the medical officer and other health professionals. Results show that care plans and resident outcomes are reviewed and evaluated regularly by registered nurses and or the relevant health professionals; staff practices are monitored for consistency with the care plan. Residents who require specialised nursing care are satisfied their needs are being met.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents are referred to allied and other health professionals in accordance to their identified needs and preferences. The home has processes to access health professional services such as physiotherapy, speech therapy, audiology and dietitian both internally and by external appointments. Relevant information is provided to health professionals using referral or transfer forms and instructions from health professionals are incorporated into the care plans and communicated to staff at handover. Staff will assist with the organisation of transport to facilitate residents’ access to external appointments when required. Nursing staff are aware of the referral processes and residents are satisfied that referrals to health professionals are made when required.

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 are satisfied that their medication is managed safely and correctly. The home has processes for the ordering, storage, administration, recording and disposal of medications. Qualified staff administers medications using a unit dose system. Controlled drugs are administered by nursing staff according to medical officers’ instructions, recorded on the relevant register and stored securely. Emergency medication is available through an imprest system; ‘as required’ medications are given by registered nurses, and the reason for administration, dose and effectiveness are recorded. If a resident wishes to administer their own medication they are assessed and their ability to do so is documented and monitored. Medication management is monitored through observation of staff practice, reviews by the pharmacist and medical officer, internal audits and identification and management of any medication errors.

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 reported they are as free from pain as possible. The home has processes in place that ensure residents’ pain is identified and assessed on entry to the home and on an ongoing basis. A multi-disciplinary approach to pain management is utilised. A specific assessment tool is available for those residents who are unable to communicate their own levels of pain. Information gathered is utilised to develop and document strategies in individual care plans by qualified staff and include both pharmaceutical and non-pharmaceutical measures for pain management. Staff document the effectiveness of implemented strategies and report incidents of experienced pain to the registered nurse. The home monitors the effectiveness of their processes through regular review and evaluation of assessments, care plans and progress notes, as well as seeking individual feedback from residents.

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

The home has processes in place to ensure terminally ill residents’ comfort and dignity are maintained. Residents’ end of life preferences are identified where possible on entry to the home and confirmed with residents and or their representatives as end of life approaches. A multi-disciplinary approach to palliative care is taken, with collaboration between nursing and care staff, allied health professionals, medical officer and the resident and or their representative. Additional support and expertise is available through the community palliative care team. Care plans are reviewed frequently to reflect changing needs in physical and emotional care as well as pain management. Staff have access to equipment to assist with the provision of comfort such as pressure relieving mattresses, comfort chairs and syringe drivers. Complementary therapies may be accessed according to each resident’s preferences

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has a system and processes in place to assess and record residents’ needs and preferences in nutrition and hydration when they move into the home. Relevant staff are informed of the residents’ special dietary requirements, likes and dislikes, allergies and any assistance required with meal services. Residents’ weights are recorded when they move into the home and are monitored on a monthly basis or more frequently if it is required. Nutritional supplements, modified textures, as well as modified cutlery and crockery, are available for those residents who need them. Referrals to speech pathologists and dietitian are made when required. Staff are provided with education and training to ensure they are competent in assisting residents with swallowing difficulties. Residents stated they are satisfied that their nutrition and hydration needs are being met.

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 are assessed for potential and actual loss of skin integrity on entry to the home. Care plans identify strategies to reduce the risk of impaired skin integrity and to manage wounds should they occur. Strategies include regular repositioning and the use of specific assistive devices such as emollients, limb protectors and pressure relieving mattresses. Incidents involving damage to skin integrity are reported, monitored and analysed, with follow-up action taken as required. Staff are provided with education on maintaining residents’ skin integrity and confirm they have adequate supplies to provide consistent skin and wound care. Residents said they are satisfied with the assistance provided to maintain skin integrity consistent with their general health.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

Documentation confirmed staff assess residents’ bowel and bladder status when a resident enters the home and then used this information to develop effective continence management plans. Toileting schedules and aid allocation information assists staff to provide residents with individualised continence management. Nursing staff monitor the effectiveness of continence management through the care plan review process, progress notes, other documentation and observation. Continence aids are available to meet individual assessed needs. Residents are satisfied that staff manage their continence effectively and maintain their privacy and dignity when providing continence care.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home assesses residents for any challenging behaviours on entry. If behaviours are identified, staff implement individualised strategies that have been identified as being effective. Documentation supports the provision of effective management strategies with positive outcomes for resident’s noted. Staff said they could refer residents to external specialist services for ongoing behaviour management advice and support. Observations confirmed care and activities staff work together to develop effective behaviour management strategies for residents. Residents are able to freely mobilise in the internal environment. Staff were observed to be prompt to intervene and redirect residents if their behaviour had the potential to impact on others.

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

Staff provide care that promotes residents’ mobility and dexterity. Staff assess residents’ mobility capacity in consultation with a physiotherapist and individual exercises are devised to promote optimum mobility and dexterity. Staff conduct falls risk assessments when residents enter the home and review residents when required. Activities and nursing staff organise exercise programs and regular walks. Staff follow the homes’ policies and procedures when incidents occur and where residents have fallen; referrals are made to the medical officer and physiotherapist. Appropriate mechanical transfer equipment is available and staff said they have manual handling training and are provided with safe transfer techniques. Residents said and observation confirmed their mobility and dexterity is encouraged.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

The home has processes in place to maintain residents' oral and dental health. Staff at the home assist residents to arrange appointments with their own dentist or be referred to one as required. Referrals are made to a speech pathologist as needed. Care plans include details about each resident's oral and dental care needs and these plans are reviewed regularly by nursing staff. Residents said they are satisfied with the home's approach to managing their oral and dental care

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Residents have their senses assessed initially on entry to the home and then as required. Care plans record resident preferences in regard to wearing/using their sensory aids, as well as descriptions of the aids, details regarding their maintenance and level of assistance required. Following consultation with residents and representatives staff organise referrals to appropriate services for examination and review of sensory losses. Staff assist residents to access external services. Resident appointments are recorded and follow up is documented in their progress notes. Residents are satisfied with the effective sensory loss management provided.

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

Staff provides care to residents to assist them in achieving natural sleep. Assessments of residents' typical sleep patterns occur and are used in care plans to indicate residents' sleep needs and preferences. Staff monitor the residents' sleep routines overnight and report disturbed sleep patterns to registered staff for further review. Strategies used to promote restful sleep include settling routines, quiet environment, emotional support, pain management, warm drinks, repositioning, and night sedation. Staff described factors that can impact on residents' sleep including noise, confusion, pain, and continence issues. Residents said the home is quiet at night and they are able 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

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

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 encourage and support residents and others to provide feedback and suggestions.

Improvement activities implemented by the home relation to Standard 3 Resident lifestyle include:

- It was identified that potential residents/families do not always view the facility prior to admission and find that it is sometimes not what they expect. To enable increased choices and improved decision making regarding their potential stay a new Resident and Relative Handbook has been updated to ensure accurate, relevant and clear information regarding care and services is presented to potential residents and families. Management feedback has identified that recent admission feedback identified that the new handbook is working well.
- Resident feedback during meetings identified that they would like more input into what was on the menu during their once a month party days run by the activities staff. Management has created a new party menu which contains a number of available items that residents can now choose from to include in this activity. Residents commented that this now enables them more choice over the available foods they can enjoy during this activity.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

In relation to expected outcome 3.2, management maintain and monitor the mandatory reporting register, residents’ privacy and ensure residents’ security of tenure in line with legislative requirements. Staff feedback demonstrated knowledge of their legislative responsibilities under Standard 3 expected outcomes.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's systems and processes to manage the ongoing education program.

In relation to Standard 3 Resident lifestyle, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to supporting residents' lifestyle requirements. Examples include dealing with dementia and emotional support such as grief and loss and accident and incident reporting. Staff feedback demonstrated their knowledge and responsibilities under Standard 3 expected outcomes.

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

The home has a system to ensure each resident receives emotional support adjusting to life in the home and on an ongoing basis. On entry all residents and their representatives receive orientation to the resident's new surroundings including a tour and are introduced to staff and other residents. Activities staff complete an assessment and care plan which includes the emotional needs of residents and review these regularly. The activities program provides individual time with residents. Residents personalise their rooms with their preferred personal effects. Staff communicate with residents on a daily basis in a receptive and empathic manner. Residents are satisfied with the emotional support provided in 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

The home encourages residents to achieve maximum independence and maintain community ties. Social, cultural and lifestyle care plans identify residents' needs to participate in specific interests, maintain their independence and retain ongoing community associations. Care and activities documentation and observations confirmed the fostering of residents' independence. Residents are encouraged and supported to participate in a range of individual interests in the home with assistance from staff. The home offers a range of mobility and dexterity aids to assist resident independence and residents have menu choices and complete surveys to ensure their input. Staff assist residents to be as independent as possible.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home recognises and respects each resident's privacy, dignity and confidentiality. The home has a privacy policy. Staff assist residents respectfully when attending to activities of daily living. Staff interviewed said they were aware of respecting resident privacy and dignity including knocking on doors when entering resident rooms and calling residents by their preferred names. Resident information is securely and appropriately stored. Staff provide privacy as required and treat residents with dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home encourages and supports residents to participate in a range of activities both in groups and on an individual basis. Activities staff complete an assessment in consultation with each resident and their representative to identify their interests, hobbies, background and lifestyle needs. This assessment forms the basis of the social, cultural and lifestyle care plan which is reviewed regularly. The monthly activities calendar includes theme days, special occasions and significant cultural days. Activities staff evaluate programs on an ongoing basis and consult with residents, representatives, and staff. Residents are satisfied with the range of activities offered in the home.

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 ensures residents' individual customs, beliefs and cultural backgrounds are fostered and valued. Lifestyle assessments and care plans document cultural and spiritual preferences. The home celebrates culturally and spiritually significant days and staff support and value residents' individual spiritual and cultural needs. Ecumenical and specific religious services are available. Residents are satisfied with the cultural and spiritual life in the home.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home supports residents to exercise choice and decision making over their lives while not infringing on the rights of others. Residents have input into the services they receive such

as preferred waking and retiring times, menus and preferred title and name. The home encourages residents and their representatives to provide feedback about care and services through meetings, surveys and consultation with management. Staff encourage residents to make their own choices and respect their decisions with daily living activities. Residents are satisfied with the range of choice and decision making available in the home.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has a system to ensure residents have secure tenure within the home and understand their rights and responsibilities. Before or on entry, the home provides prospective residents and their representatives with an information package. Management offers all residents a residential care agreement which includes information on care and services in the home. Management consults with residents and their representatives if there is a change to specified care and services. The Charter of Residents' Rights and Responsibilities along with external complaint and advocacy information is provided on entry to the home and is on display. Residents feel safe and secure in the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 4 Physical environment and safe systems, audits, hazard and incident reports, resident and staff meetings and resident surveys are used to gather suggestions. Feedback is regularly recorded and evaluated from all monitoring activities. Staff encourage and support residents, relatives and other stakeholders to provide feedback and suggestions.

Improvement activities implemented by the home in relation to Standard 4 Physical environment and safe systems include:

- It was identified through audits that information regarding evacuation and fire responsibilities was not easily located by staff. Management has created a new fire evacuation plan folder which contains all information required for staff to effectively evacuate the facility. Staff and management expressed confidence to us that the new system was working well.
- Audits and resident feedback identified that part of the home was very hot during the summer months. The home has installed air conditioning in this area with staff and residents commenting that the area is now much cooler and conditions more comfortable during the summer months.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

In relation to expected outcome 4.2, management maintain and monitor the systems to manage fire safety and other emergencies, occupational health and safety, infection control best practice and food safety. Staff feedback demonstrated knowledge of their legislative responsibilities under Standard 4 expected outcomes.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's systems and processes to manage the ongoing education program.

In relation to Standard 4 Physical environment and safe systems, education is provided to staff to ensure that residents have a safe and comfortable living environment that supports the quality of life and welfare of residents, staff and visitors. Examples include education around workplace health and safety, accident and incident reporting, hand hygiene, manual handling and fire safety. Staff feedback demonstrated their knowledge and responsibilities under Standard 4 expected outcomes.

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 has processes to provide a safe and comfortable environment both internally and externally, with residents encouraged to maintain their independence and have access to appropriate equipment. Cleaning and monitoring processes ensure the continued safety and cleanliness of the environment and prevention of clutter. Work instructions detail the frequency of cleaning programs and cover all areas of the home; effectiveness of cleaning is monitored by the FM, audits and surveys with deficiencies addressed. Identified hazards are risk assessed and actions taken through the plan for continuous improvement. Preventative and corrective maintenance is conducted by the MO and external contractors. Consent and authorisation is obtained for those residents who may require protective assistance with residents individually assessed for risk in relation to their safety and appropriate preventive and/or corrective actions are taken. Staff are aware of practices that ensure the safety and comfort of residents. Residents/representatives are satisfied with the living environment of the home.

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

Work health and safety policies and procedures, risk assessments and audit tools are used to guide the home's safety system. The home has a designated safety staffer with the safety system including hazard/incident reporting, risk assessments, staff training and maintenance activities; residents are informed about the safety system through regular meetings. Risk assessments are conducted and control measures are implemented by relevant staff. Incidents are documented and reviewed by the FM and discussed at the all meetings. Staff have access to hazard/incident reporting forms; safety training is provided to staff during

orientation; workplace health and safety is part of the home's training program. Staff are satisfied that management provides 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 actively works to provide an environment and safe systems of work that minimise fire, security and emergency risks through the use of an external provider monitoring all fire and safety processes. Evacuation routes are clearly marked, pathways to exits were observed to be free of obstructions with fire doors and exit doors operating as designed. Electrical equipment is inspected by the MO with equipment tagged as required. Staff are provided with fire safety education at orientation and annually. Fire safety is part of the home's orientation and mandatory training programs and fire drills are conducted regularly. Staff have access to resident emergency lists, emergency plans/procedures and fire fighting equipment. Evacuation diagrams are displayed in public areas throughout the home. Work instructions for night duty staff include lock up procedures, and visitors/contractors are required to sign a register when arriving on-site. Staff and residents demonstrate knowledge of the home's fire and emergency procedures with residents feeling safe at the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program in place that is overseen by the registered nurse. There is an outbreak management kit and infection control manuals available to staff that provide guidance and resources in the event of an infection outbreak. Staff are provided with regular education regarding infection control. The home has processes to guide cleaning services, the management of laundry and waste disposal. There is a documented food safety plan in place. Colour-coded and personal protective equipment are utilised by staff to prevent the spread of infection and hand washing facilities are available throughout the home. Individual infections are identified and managed. The effectiveness of the program is monitored through observation of staff practice, internal audits, and the collection and analysis of data relating to infection incidents.

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 services are provided to meet residents' dietary needs and preferences that are identified on entry and an ongoing basis. Meals are prepared fresh on site, served in the adjacent dining rooms and transported to rooms as required. Residents have input into the menu via surveys, specific feedback forms, and the residents' meetings. The home's kitchen has monitoring systems to ensure that food is stored at the correct temperature; stock is dated and rotated, and food is served within safe temperature ranges. Cleaning schedules

are used to ensure that resident rooms, common areas and service areas are cleaned on a regular basis and all laundry is done on-site. Laundry is delivered on a trolley in individual baskets promoting privacy and dignity to each resident. The home monitors the effectiveness of hospitality services through resident/representative feedback and regular environmental and infection control audits and identified deficiencies are actioned in a timely manner. Residents are satisfied with the catering, cleaning and laundry services provided by the home.