



Aged Care
Standards and Accreditation Agency Ltd

Lakes Entrance Aged Care Facility

RACS ID 4372
25 Alexandra Avenue
Kalimna VIC 3909

Approved provider: Aged Care Services 13 (Lakes Entrance) 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 6 May 2016.

We made our decision on 25 March 2013.

The audit was conducted on 12 February 2013 to 13 February 2013. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

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

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

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Lakes Entrance Aged Care Facility 4372

Approved provider: Aged Care Services 13 (Lakes Entrance) Pty Ltd

Introduction

This is the report of a re-accreditation audit from 12 February 2013 to 13 February 2013 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 12 February 2013 to 13 February 2013.

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

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

Assessment team

| | |
|--------------|---------------------|
| Team leader: | Ann De Pellegrin |
| Team member: | Jennifer Williamson |

Approved provider details

| | |
|--------------------|--|
| Approved provider: | Aged Care Services 13 (Lakes Entrance) Pty Ltd |
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Details of home

| | |
|---------------|-----------------------------------|
| Name of home: | Lakes Entrance Aged Care Facility |
| RACS ID: | 4372 |

| | |
|---|-----|
| Total number of allocated places: | 75 |
| Number of residents during audit: | 63 |
| Number of high care residents during audit: | 58 |
| Special needs catered for: | Nil |

| | | | |
|-----------------|----------------------------------|------------|--------------|
| Street: | 25 Alexandra Avenue | State: | Victoria |
| City: | Kalimna | Postcode: | 3909 |
| Phone number: | 03 5155 2054 | Facsimile: | 03 5155 2070 |
| E-mail address: | lakesentrancefm@acsagroup.com.au | | |

Audit trail

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

Interviews

| | Number | | Number |
|---------------------------|--------|------------------------------|--------|
| Management/administration | 7 | Residents/representatives | 16 |
| Registered nurses | 6 | Lifestyle Staff/volunteer | 2 |
| Care staff | 4 | Maintenance staff/contractor | 2 |
| Catering staff | 6 | | |

Sampled documents

| | Number | | Number |
|-------------------------------|--------|---------------------------|--------|
| Residents' files | 15 | Resident dietary profiles | 7 |
| Diabetic management plans | 7 | Incidents | 3 |
| Resident lifestyle care plans | 6 | Resident agreements | 5 |
| Medication charts | 12 | Personnel files | 8 |
| Wound care charts | 3 | Service contracts | 3 |

Other documents reviewed

The team also reviewed:

- Activities calendar and lifestyle program records
- Allied health referrals and doctors' communication registers
- Audits, schedule and survey results
- Cleaning schedules and laundry documentation
- Comments and complaints register
- Communication mechanism
- Continuous improvement plan, action plans and feedback records
- Cyclic menu and alternative meal choice documentation
- Data, benchmarking and trend analysis
- Drugs of addiction administration book
- Education calendar, schedules and attendance records
- Environment manual
- Essential safety measures manual and records
- Food safety plan, certifications and related catering documentation
- Human resources records and rosters
- Incident reports and analyses
- Infection control guidelines, surveillance and summary reports
- Information handbook and package for staff, residents and representatives

- Lifestyle and cultural resources
- Preventative and reactive maintenance program records and reports
- Malnutrition screening tool
- Mandatory reporting register and outbreak records
- Language cue cards
- Medication self administration assessments
- Meeting agenda's and minutes
- Nurse registration records
- Occupational health and safety resources and records
- Pest and waste management program
- Policies, procedures and associated flow charts
- Position descriptions, duty lists and induction checklists
- Records of police checks and applicable statutory declarations
- Self assessment report
- Temperature records
- Weight analysis
- Wound treatment charts and records

Observations

The team observed the following:

- Archive area and paper disposal methods
- Activities in progress and tactile activity boxes and cushions
- Equipment and supply storage areas and laundry transfer chute
- Interactions between staff and residents
- Living environment and staff work areas
- Lunch time meal and refreshment service to residents
- Medication administration and storage
- Personal protective equipment and relevant kits
- Staff interacting with residents and assisting with meals
- Wound trolley

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 system to actively pursue continuous improvement across the four Accreditation Standards. The home has processes in place to capture information from residents, staff and other stakeholders to assist in identifying areas for improvement. Management sources information through the internal assessment program. This includes results from audits, surveys, meetings, improvement and maintenance requests and the changing needs of residents. Management drive and evaluate the system in an ongoing manner with improvements logged and tracked onto various improvement registers and time intensive projects logged onto the plan for continuous improvement. Regular reporting of results are made available to all parties and incorporates a consultative approach through regular meetings, interaction and satisfaction surveys. Evaluations occur and are undertaken formally and informally. Staff, residents and representatives state they are encouraged to participate in improvement activities and confirm ongoing improvement activities.

Recent examples of continuous improvement in relation to Standard 1 include:

- Staff feedback regarding the difficulty of attending education sessions has resulted in other learning options available including online and self directed learning packages. Following further discussions, management also introduced 'the topic package' for the month where, all staff are to complete the program with follow up discussion as a group. Management state staff completion of education topics has increased and there are plans for more packages to be available. Documented staff feedback showed positive comments including staff being able to complete of topics out of work hours.
- In response to the time spent contacting staff to fill vacant shifts, management introduced a short message service to notify staff of vacant shifts. The message service is also used for remind staff of education sessions and meetings. Management state and documentation shows shifts are now filled by existing staff where planned and unplanned leave is identified. A total of 45 minutes per day is generally saved in registered nurses not ringing around to fill vacant shift. Nursing staff state the time saved has enabled them to focus on specialised care and staff practise. Several staff said this has "worked out really well" where they can pick up extra hours as to their choice.
- Staff feedback regarding residents being unsettled in the afternoon within one unit and the need for increased supervision during this time, resulted in a extra shift 4pm to 8.30pm. Staff are now available to assist residents with incidents related to anxiety or wandering, additional meal or drinks, toileting and or resident preference to retiring early. Management state and summary reports show a reduced number of incidents around this time since a cares staff person is available for supervision. We observed staff calming residents in a respectful and caring manner.

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 identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines and to monitor compliance in relation to Standard 1. Management receives updates and changes through the organisation that has membership and subscription to professional advisory services, peak industry bodies, legislative and government communiqués. Regulatory changes result in policies and procedures reviewed with associated information updated and communicated to relevant stakeholders. Management also utilise orientation, information handbooks and other communication mechanisms to flag specific regulatory compliance issues. Monitoring and observation of staff practice and contracted services ensure staff knowledge, practices and services are consistent and compliant with regulatory requirements. Staff state they receive information regarding regulatory changes and reiterated their responsibilities related to their work roles. Residents and representatives state they are satisfied they are kept informed and notified of the re-accreditation visit.

Examples of responsiveness to regulatory compliance relating to Standard 1 include:

- A system for continuous improvement is in place and a range of policies and procedures incorporating professional and regulatory guidelines, equal employment opportunities, bullying and harassment and confidentiality.
- Management demonstrated they notify stakeholders of the re-accreditation audit assessment within the required notice time.
- The home maintains a system for ensuring the currency of police certificates, statutory declarations as required, professional registrations and licenses for staff, volunteers and external contractors’ as required.
- A register of professional registrations is maintained and monitored and all registered nursing staff have current registration with the Australian Health Practitioner Regulatory Agency.
- Appropriate and secure information storage and destruction systems are in place.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

Management and staff have appropriate skills and knowledge to perform their roles effectively. The organisation develops an annual education calendar which management streamlines throughout the year to meet the changing needs of residents, staff needs, preferences and other requirements. Training needs reviews, mandatory education requirements, audit results and incident and clinical data analysis influence the calendar. Staff complete self directed learning packages and undertake competencies as required. The monitoring of attendance to education sessions occurs and management monitor the effectiveness of education sessions.

Staff said professional development is encouraged and education is readily accessible internally and externally. Residents and representatives said staff are skilled in their roles.

Recent education sessions relevant to Standard 1 include:

- continuous improvement and complaints
- documentation and legal responsibilities
- frontline management.

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 ensures internal and external complaints mechanisms are accessible to all stakeholders. During the entry phase this information is verbally explained and documented in relevant information packs, handbooks, newsletters and resident agreements. Stakeholders have access to external complaints and advocacy brochures, improvement forms and a locked suggestion box for anonymous input. Stakeholders are encouraged to raise concerns direct with management or staff or within regular care consultation, meetings, surveys and one on one interaction. A register of complaints and corrective action assist management with tracking and cross referencing. Records show timely responses and satisfaction on completed actions. Staff said they are clear about their responsibilities when responding to complaints and are informed of comments made. Residents and representatives state they are comfortable in approaching staff and management with any issues and satisfied with the response taken.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home displays the organisation vision, mission and values statement in the entry areas within all units of the home and also highlighted, in information booklets, orientation programs, resident agreements and reflected in policy and procedures. The home is committed to the provision of a high standard of resident care through components of the quality management system, continuous improvement, person centred care, strategic business planning with stakeholders and management leadership and support. Staff confirm their commitment to providing quality care and upholding the values of 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

Management has processes to ensure they recruit appropriately skilled and qualified staff to deliver a high standard of quality care and services. Staff recruitment and selection processes occur and new staff receive information relevant to their role, attend an orientation

program with several buddy shifts as required. Position descriptions and duty lists are current and define individual responsibilities and regular performance appraisals occur. Management monitor and adjust staffing allocations and rosters show adequate staffing levels and skill mix maintained. This includes a registered nurse on duty on all shifts. The home has permanent and casual staff who cover planned and unplanned leave. Staff state they are well supported in their role and are able to complete tasks in their shifts. Residents and representatives commented positively on the care and services provided by staff and satisfied with the staffing levels provided at the home.

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

There are well established systems to ensure there are sufficient stocks of appropriate goods and equipment available for quality service delivery. There are organisational processes for identifying preferred equipment and suppliers, trialling and evaluating of new equipment as applicable. Specific staff monitor and review products, equipment, stock levels, expiry dates and re-order supplies as required. A full time maintenance officer attends to corrective maintenance in a timely manner and monitors or attends to tasks as per the preventative maintenance schedule including contractors' periodical services. Stock and equipment storage areas are clean, sufficiently stocked and secure where required. Staff, residents and representative confirm there are sufficient supplies of quality stock and that equipment is in good working order.

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

Communication systems include paper and computerised documentation for residents' records, incidents, hazards, comments and complaints, staff information including emails, memoranda and text messages. Staff have access to flowcharts, current policies and procedures to guide care and work practices. Other resource mechanisms include resource material, memoranda and regular discussions and updates. Resident and staff handbooks and noticeboards are available. Residents receive an in house newsletter and weekly activity programs provided to each resident's room with staff reminding residents about the activities of the day. There are regular meetings and residents and staff have access to meeting minutes. Management and staff collate, handle and destroy confidential information appropriately with confidential information securely stored. The corporate office backs up computer systems daily and computers have security and password protection. Stakeholders confirm satisfaction with the provision of information.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's findings

The home meets this expected outcome

The home has appropriate systems to ensure the quality and suitability of externally sourced services. Corporate office organises preferred suppliers and negotiates tenders and contracts for all suppliers. Signed service agreements set out the scope, services, responsibilities, terms and conditions of the services provided. These agreements reference the need for confidentiality, evidence of probity certifications, health and safety equipment and policies and contractors sign in and out when at the home. An internal review system ensures monitoring of quality and performance with issues addressed initially by the management and if needed escalated to corporate office. Staff, residents and representatives confirm satisfaction with the external services currently 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

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. Clinical staff monitor, review and update health care to meet residents' specific and changing needs. Staff and management record and monitor incidents such as falls, skin tears, behaviours and medication administration, with incident data analysed for trends, discussed and actioned as required. Staff, residents and representatives are satisfied the home is actively working to improve residents' health and personal care.

Recent examples of continuous improvements in relation to Standard 2 include:

- An organisation review of wound management identified inconsistencies within homes resulting in research and changes. This includes wound care products from one supplier and the development of a wound care specifications list. Management further arranged education for three staff to attend a one day training course on the new products, who are now the home's designated 'wound champions'. Staff state the resources are a useful guide in identifying wounds, the recommended wound care products and has improved their knowledge and skills. Records show the time wounds are healing has decreased. Resident said the new wound dressings are not removed as often and they are not having the stress and pain when adhesive dressings are removed.
- In response to an increase in supplement orders, management and allied health professionals reviewed the supplements used, the menu, residents' preferences and actual consumption of supplements by those residents. Management also introduced a malnutrition screening tool to assist staff in identifying those residents at risk. A focus on fortifying meals, providing milkshakes enabled additional options of improving resident weights and health. Supplements are given to resident where required between meal times, thereby not filling up the resident who are now generally willing and hungry to eat their meal. A new range of supplements now provides the options of fruit flavours. Staff state, resident are enjoying eating their meal rather than a supplement, their dignity maintained and their weight maintained or improving.
- Management introduced a new sensory kit to include the assessment of taste, touch and smell following a review of the previous sensory assessment tool. All residents have been assessed using the new tool and identified up to 80 percent of residents have varying degrees of sensory loss. Results showed all resident had a significant accumulation of ear wax, around six residents with altered taste intensity and several residents with vision impairment could not see the television well in one of lounge areas. In response, management arranged for the treatment of wax removal, introduced favourite condiments at meal times and purchased a larger television screen. Residents' documented comments shows positive feedback regarding their hearing, the condiments and the new and larger television.

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

Management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding health and personal care. For a description of how the home identifies and ensures regulatory compliance, please refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 2 include:

- A registered nurse plans, supervises and undertakes specialised nursing care and oversee residents with high care needs.
- Monitoring of continuing professional registration and competency skills of nursing staff.
- The home demonstrates knowledge and practise of its legislative obligations in relation to medication management, storage and relevant protocols.
- The home has a policy and procedure to guide staff responses should a resident be inexplicably missing from a home.

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 education and staff development system and processes. In relation to Standard 2 Health and personal care, management ensures staff have the knowledge and skills required for effective performance in their roles. Staff complete clinical competencies and attend various clinical education sessions. Staff are encouraged to professionally develop in their roles.

Recent education sessions relevant to Standard 2 include:

- antipsychotic medication
- continence
- dysphasia.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive appropriate clinical care. Nurses coordinate residents’ clinical care and utilise health specialists as required. Residents undergo an assessment period on entry and reassessments occur as a result of changing needs and preferences. Care plans developed

from assessments guide staff practice and nurses review these regularly. Management monitor residents' clinical care by audits, clinical data analysis, incident reporting and stakeholder feedback. Staff said they have access to information including clinical policies and procedures to assist them with meeting residents' needs. Residents and their representatives are satisfied with the quality of clinical care residents received and said they felt consulted about residents' clinical care needs.

2.5 Specialised nursing care needs

This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings

The home meets this expected outcome

Appropriately qualified nursing staff identify and meet residents' specialised nursing care needs. Assessments of residents' specialised nursing needs occur in accordance with advice from a range of health specialists. Specialised care plans identify residents' specialised nursing care needs and guide staff when providing care. Management monitor specialised nursing care needs through audits and stakeholder feedback. Staff state they attend education to maintain their knowledge and skills in relation to specialised nursing care. Residents and representatives said they are satisfied with how residents' specialised nursing care needs and preferences are met.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

Referrals to appropriate health professionals for residents occur in accordance with their needs and preferences. Assessments identify residents' need for referral to appropriate health professionals which occur following the home's referral system. Residents have an option of which preferred health professionals they wish to access. Monitoring of the home's referral system takes place to ensure efficiency. Staff said there is clear communication from allied health professionals' to ensure the implementation of their recommendations. Residents and their representatives confirm referrals to appropriate health specialists take place as necessary.

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 said they are satisfied their medications are managed safely and correctly. Medication is stored securely in accordance with regulatory guidelines. An assessment of residents' medication needs takes place on entry and medication charts capture relevant information. Registered nurses and endorsed enrolled nurses administer medications and residents who wish to administer their own medications can do if assessed as capable to safely do so. Staff were observed to be administering medication safely. Monitoring of medication management occurs through medication reviews, audits and the incident reporting system.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

Residents are as free as possible from pain. Residents have their pain levels and the potential for pain assessed on entry and on an ongoing basis as needed. Residents' care plans document triggers for pain and interventions required to relieve pain. Consultation occurs with medical practitioners, physiotherapists and other relevant health specialists to seek guidance and support if required. The monitoring of residents' pain management occurs by audits and stakeholder feedback, Staff can describe residents' individual pain needs and what strategies they use to promote resident comfort.

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 maintains the comfort and dignity of terminally ill residents. Residents and representatives complete palliative wishes where appropriate. Specific care plans reflect palliative care needs and preferences when required and a review of these needs is ongoing throughout the palliative care stages. Staff seek advice from medical officers and palliative care specialists. The monitoring of palliative care occurs by audits and stakeholder feedback. Staff said there is sufficient goods and equipment to provide appropriate palliative care. Residents were complimentary of the comfort and dignity provided by staff.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Residents receive adequate nourishment and hydration. An assessment of residents' nutrition and hydration needs occurs on entry. Care plans document residents' dietary needs and preferences' including type of diet, allergies and assistance required. The monitoring of residents' weights occurs and referrals to a dietitian and speech pathologist take place as needed. Management monitor nutrition and hydration by audits, stakeholder feedback and resident weight analysis. Staff attend education pertaining to nutrition and hydration. Residents and representatives said they were satisfied with the home's approach to meeting residents' nutrition and hydration needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Residents’ skin integrity is consistent with their general health. Skin integrity assessments occur on entry and care plans document interventions required. Incident reports identify breaks in residents’ skin, management collate and analyse this data monthly. Wound care charts guide staff practice and access to wound care specialists occur as needed. Staff said education relating to wound care management is available and attended. Residents and representatives said they were satisfied with the care provided in relation to residents’ skin care management.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The management of residents’ continence is effective. An assessment of residents’ continence needs occurs on entry and care plans document relevant interventions, equipment and the level of assistance required by staff. Referrals to medical officers and continence specialists take place, if support is required to meet residents’ continence needs. Management monitor continence by infection data analysis, audits and stakeholder feedback. Staff said there is adequate continence aids and equipment available to meet residents’ needs. Residents and representatives said consultation takes place in relation to the management of residents’ health care needs.

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 management of residents with challenging behaviours is effective in the home. Residents have their behaviour management needs assessed on entry following a settling in period. Care plans document identified behaviours, relevant triggers if any and strategies required. Referrals to medical officers and specialist behavioural management teams occur if needed. Management monitor residents’ behaviours by incident data analysis, audits and stakeholder feedback. Staff have received education in relation to managing residents’ behaviours. Residents said other residents did not infringe on their rights.

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 management of residents' optimum levels of mobility and dexterity occurs effectively. On entry residents have their mobility and dexterity needs assessed by appropriately skilled staff including the home's physiotherapist. Care plans document interventions required including equipment and the level of assistance required by staff. Management monitor mobility, dexterity and rehabilitation by falls incident data analysis, audits and stakeholder feedback. Staff have attended education regarding the appropriate manual handling of residents and the equipment used. Residents and representatives report they are satisfied with the management of residents' mobility and dexterity needs.

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 maintenance of residents' oral and dental health occurs effectively. Oral and dental care assessments take place on entry and care plans document regimes, aids, equipment and the level of assistance needed. Access to residents' preferred oral and dental health specialists occur and assistance provided to attend appointments where necessary. Management monitor oral and dental care by audits and stakeholder feedback. Staff said there is adequate equipment to assist residents with their oral and dental care. Residents and representatives said residents received assistance as required to maintain 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

Staff ensure residents' sensory losses are identified and managed effectively. Staff refer residents to health specialists including optometrists, audiologists and a physiotherapist to assist with the management of residents' sensory losses. Staff assess all five senses and resident care plans identify strategies to manage sensory losses. Management monitor residents' sensory loss by audits and stakeholder feedback. Staff said they assist residents with the maintenance and cleanliness of required aids such as glasses. Residents and representatives are satisfied with the management of residents' sensory losses.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Residents are able to achieve natural sleep patterns. On entry following a settling in period residents have their sleep needs assessed. Developed care plans document interventions

required to meet residents' needs including environmental factors, rising and settling times and regimes followed. Referrals to medical officers occur if necessary. The monitoring of sleep management occurs by audits and stakeholder feedback. Staff said appropriate aids and equipment to meet residents' sleep management preferences are available. Residents said they were able to communicate their needs to staff.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home actively pursues improvements in the area of Standard 3 Resident lifestyle. For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement. Documentation shows staff consult residents about their lifestyle and encourage their feedback and suggestions. Staff, residents and representatives are satisfied the home is actively working to improve resident lifestyle.

Recent examples of continuous improvements in relation to Standard 3 include:

- An observation by a visiting health professional resulted in the purchase of three aid devices to assist residents in and out of a car. The hand held device is placed in the u shaped striker plate of a car door cavity which enables the resident a temporary handle and support when transferring safely and securely. Management informed and provided a demonstration of the aid to all residents and representatives with the devices available for use at the front desk. Positive comments were noted from both residents and their families. Several residents said having the support device, enables them to exit a car independently and in a dignity manner.
- A discussion at a diversional therapist network meeting resulted in the introduction of lawn bowls and visits to other residential aged care homes in the area. The first sport meeting at another aged home, provided an opportunity to meet other residents and friends from within the community, rekindling past friendships and developing new ones. The visits to each home continue and one resident is currently planning on modifying the lawn bowl competition for residents with impaired mobility. Documented feedback highlighted residents’ enjoyment of the visits in supporting culturally preferred events and shared interests. For three residents living at the home, they expressed their enjoyment of re-discovering ‘old friends’ from prior club groups, work and social life.
- In providing single use interactive activities for residents living with dementia and/or impaired mobility and sensory loss, lifestyle staff researched and made tactile and sensory cushions and activity boxes for specific residents. These include safe and moving objects, different textured fabric or items from the resident’s prior life and preferences. Although informally evaluated, staff highlight the positive outcome for residents. This includes one resident with sensory loss, restrictive body movements and living with dementia who now for the first time, actively engages in the activity boxes or cushions. Staff state and we observed the resident absorbed in holding and touching items and displaying facial enjoyment.

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

Management has systems place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding resident lifestyle. For a description of how the home identifies and ensures regulatory compliance, please refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance related to Standard 3 include:

- The home has processes to manage compulsory reporting obligations, maintains a consolidated reporting register and educates staff in recognising and responding to circumstances that may require mandatory reporting.
- Policies and procedures are in place and the home demonstrates confidentiality of resident information.
- The home demonstrates compliance relating to the provision and signing of residential agreements.
- Residents receive specified good and services as appropriate.
- The home displays the Charter of residents’, rights and responsibilities and documented within information handbooks and orientation sessions.

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 education and staff development systems. In relation to Standard 3 Resident lifestyle, management ensures staff have the knowledge and skills required for effective performance in their roles. Stakeholder feedback monitors staff skills and knowledge in relation to resident lifestyle needs.

Recent education relevant to Standard 3 Residents lifestyle includes:

- elder abuse
- sexuality in residential care
- grief and loss.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Residents receive support in adjusting to life in the new environment and on an ongoing basis. Prior to moving in, management meet with residents and representatives to discuss the resident's needs, provide a tour and an entry pack. Care plans document residents' emotional support needs which staff monitor and reassess on an ongoing basis. Documentation and staff interviews confirmed staff are sensitive to residents' individual needs and there are effective interventions. Staff can access external mental health professionals for support and advice if required. Residents and their representatives report that staff are very compassionate and caring.

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

Management support residents to achieve maximum independence maintain friendships and participate in the life of the community within and outside the residential care service. Assessment processes identify each resident's level of assistance required to participate in specific interests and to maintain their independence. Residents who are unable to make their own decisions have advocates act on their behalf to ensure they can retain as much independence as possible. We observed staff encouraging residents to remain independent such as during meals and performing their daily activities. Residents and their representatives state staff assist them to maintain their independence and involvement in activities within the community.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Residents' right to privacy, dignity and confidentiality is recognised and respected. Staff ensure residents' personal information remains confidential and is securely stored. On entry, residents or their representatives complete consent forms and management provide information on privacy. The home has areas both internally and externally for visitors and residents to meet privately. Observation of staff practice and interviews confirmed staff support the privacy and dignity of residents by respecting their lifestyle choices, using their preferred name and knocking on residents' doors before entering. Residents are satisfied with the way staff preserve their dignity and respect their privacy.

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 lifestyle and care team actively encourage and support residents to participate in a wide range of activities and interests. Each resident has a social profile and lifestyle plan completed which captures their past and current interests, preferences for social interaction and community links. Lifestyle staff evaluate activities offered and record the resident's level of participation. The program focuses on meaningful activities that target residents' cognitive capabilities, muscle strengthening, mind, sensory and tactile stimulation, outings, club and inter generational programs. The implementation of the dementia specific program has resulted in a reduction in falls and aggressive episodes. The quality of activities offered, staff enthusiasm in delivery the programs, survey results and stakeholder feedback during the visit demonstrate the effectiveness of the program. Residents and representatives confirm they are very happy with the variety and quality of the lifestyle 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 has systems to ensure that individual interests, customs, beliefs and cultural backgrounds are valued and fostered. At entry to the home, nominated personnel consult residents and/or their representative about the resident's specific cultural and spiritual needs with this information documented and implemented as required. Cultural days of importance and religious services are celebrated in the home with pastoral care and clergy providing spiritual support, religious and memorial services and celebrations. Cultural resources and prompt cards are available to assist communication with residents from different backgrounds. Staff who speak languages other than English are identified with interpreting services available, if required. Staff state they have access to relevant information to assist them in supporting residents from culturally diverse backgrounds. Residents and representatives state they are encouraged and supported to maintain their cultural and spiritual lives.

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 encourages residents to participate in decisions about the services they receive, and recognises residents' right to exercise choice in their lifestyle. Assessments identify residents' individual preferences, consent forms are collected and care plans reflect residents' goals and interventions in relation to areas of clinical care and leisure activities. Resident and representative meetings occur on a regular basis and residents are involved in decisions. Staff gave examples of how they assist residents to exercise choice and to make

their own decisions during daily routines. Residents and representatives state the home supports residents' involvement in making personal choices and decisions.

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

Management ensures and demonstrates residents have secure tenure and understand their rights and responsibilities. Prior and during the entry phase, the resident and/or their representative receive an information package and residential agreement which specifies fees and charges, specified care and services and security of tenure.

Further discussions may occur to ensure all parties concerned understand the resident's security of tenure and responsibilities. Residential agreements are signed with care status or changes communicated to parties concerned. We observed the 'Charter of residents' rights and responsibilities' prominently displayed, resident information stored securely and advocacy and complaint information accessible. Staff demonstrated an understanding of residents' rights and responsibilities. Residents and representatives state they are satisfied their resident's tenure is secure and confirm they feel comfortable in approaching staff with any queries they may have.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home actively pursues improvements in the area of Standard 4 Physical environment and safe systems. Environmental audits and inspections, workplace inspections, food safety audits and inspections and fire service reports are examples of mechanisms that inform the home’s continuous improvement. For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement. Staff, residents and representatives are highly satisfied with improvements in the home’s physical environment.

Recent examples of continuous improvements in relation to Standard 4 include:

- A resident’s suggestion regarding the high concrete wall resulted in the creation of a vertical garden and refurbished outdoor living area. The home in consultation with residents researched and sourced various ideas including wall pots, a water sprinkler system, solar night lights, outdoor furniture, shade sails and other decorative features. Documentation and comments from resident and representatives commented positively on the changes to the area including the tranquillity, privacy and outdoor garden activities and satisfaction in being involved in the project. Several residents’ said they can now do gardening without bending or kneeling over and generally excited and proud of their new outdoor living area.
- An observation by staff resulted in management developing a sling wash schedule and a review of an adequate number of slings particularly those specific to resident transfer needs. Staff numbered all the 13 slings which correspond with residents transfer needs and displayed the wash schedule in storage and laundry areas. Laundry staff follow up if the required slings have not been sent and this allows sufficient time for the washing and drying of slings on the same day. Staff state the slings are clean when used and the numbering system provides a quick guide when transferring residents thereby minimising time and resident dissatisfaction.
- A comment from resident and representatives resulted in a review of the older section of the home. Following inspections, management installed an air-conditioner in the dining room and activity area of the unit and purchased new dining tables as current tables had rough edges. Staff and residents made positive comments regarding comfortable temperature maintained in this area and the new tables have smooth and even surfaces which have not impacted on residents’ skin integrity.

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

Management with the support of the organisation has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and

guidelines regarding physical environment and safe systems. For a description of how the home identifies and ensures regulatory compliance, please refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance related to Standard 4 include:

- Management actively promote occupational health and safety through the home's systems and processes.
- The home stores chemicals safely in secure areas with related and current material safety data sheets accessible to all staff.
- Qualified service personnel maintain and regularly check fire-fighting equipment and staff attend annual and mandatory fire and emergency training.
- The home has appropriate infection outbreak policies, response and reporting procedures.
- The home has current 'food premise' council registration, a food safety program and third party audits demonstrate current compliance.

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 education and staff development systems. In relation to Standard 4 Physical environment and safe systems, management ensures staff have the knowledge and skills required for effective performance in their roles. Management monitors attendance to education in relation to the home's safe systems education sessions to ensure annual staff attendance.

Recent education relevant to Standard 4 Physical environment and safe systems includes:

- duplex machine training
- emergency training
- infection control
- manual handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management and staff actively work towards providing a safe and comfortable living environment consistent with resident care needs. The two level home accommodates residents in single bedrooms with ensuite or shared bedrooms with communal toileting and showering facilities adjacent to their rooms. Staff encourage and assist residents to personalise their room with mementos and small pieces of furniture. Various dining, lounge

and recreational living areas are located throughout the home. Quiet alcoves and shaded outdoor areas enable residents to enjoy private moments or socialise with family and friends. An elevator and even surfaced walkways provide easy access internally and externally. Entry and access doors are key padded, lock down procedures and nightly checks occur to ensure residents and staff are safe and secure. Scheduled programs ensure the home is well maintained and monitored for environmental safety and comfort. Staff described their role in ensuring the safety and comfort of residents and other stakeholders. Residents and representatives state they are satisfied with the safety and comfort 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

The organisation and management are actively working to provide a safe working environment to meet regulatory requirements and address identified issues at the home. Policies and procedures and resource information guide safe work practices. The occupational health and safety committee and the coordinator meet regularly and remedy issues identified through audits, hazards, incident logs and risk assessments. Manual handling training, risk assessments, maintenance programs and monitoring mechanisms such as workplace inspections support the safety of staff and other stakeholders. The home maintains current material safety data sheets and chemicals are stored safely. Sufficient protective equipment, safety and transfer equipment is available and staff use hazard alert signage when required. Staff state they attend training in manual handling and demonstrate an understanding of safe work practices. Residents and representatives said the home is safe and hazard free.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. The home has emergency, evacuation and contingency plans and equipped with fire fighting equipment. Emergency exits are clearly marked and we observed free from obstruction. Scheduled and specialised services for fire fighting and detection systems are in place. Staff attend annual mandatory fire and emergency training and management monitor risk through inspections, consultants and quality activities. Security includes outdoor surveillance, keypad access and nightly checks. Staff state they attend annual fire and emergency training and updated on other emergencies. Residents and representatives express confidence in the security of the home and in staff skills and knowledge in the event of an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has developed systems, policies and processes for an effective infection control program. This includes resident vaccination and staff immunisation, education, food safety, cleaning, laundry, pest and waste management programs. Regular inspections and auditing occurs and staff practices are monitored. Management monitors, collects and analyses infection data or trends and reviews this as part of the home's and organisation's quality management system. The home has appropriate personal protective equipment, outbreak and spill kits available to minimise the spread of infections. Staff attend mandatory infection control education and other related training or competencies relevant to their role. Policies and procedures guide staff and reflect proactive and reactive measures to minimise infections and potential recurrence. We observed, infection control principles generally used by staff and contracting services in carrying out their duties. Staff express knowledge and understanding of the infection control processes at the home. Residents and representatives are satisfied with the home's infection control practices.

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

Management has systems to provide hospitality services which support residents' quality of life and enhance the working environment for staff. Monitoring mechanisms include internal and external audits, reports, resident specific hospitality requirements and temperature records. Meals are prepared fresh with residents' likes, dislikes, special dietary requirements and food allergies taken into consideration. A dietitian reviews the seasonal and adjusted menu. Catering services offer fresh fruit daily and alternative meal choices to residents. Cleaning schedules are signed off and cleaning tasks completed. We observed the home to be clean and odor free during the visit. Laundry services are provided onsite with clothing items labeled, folded and put away according to residents preferences. Lost property is managed and available for residents and families to view. Staff state there are adequate linen supplies maintained. Residents and representatives said they are satisfied with the catering, laundering of residents clothes and the cleanliness of the home.