



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Moline House

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Moline House in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Moline House is three years until 6 November 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Moline House				
RACS ID:	7082				
Number of beds:	60	Number of high care residents:	30		
Special needs group catered for:	Nil				
Street:	7 Deanmore Road				
City:	KARRINYUP	State:	WA	Postcode:	6018
Phone:	08 9265 0200		Facsimile:	08 9265 0399	

Approved provider

Approved provider:	Amana Living
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Assessment team

Team leader:	Emma Roberts
Team member:	Vicki Plummer
Dates of audit:	25 August 2009 to 26 August 2009

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply

Standard 2: Health and personal care

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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
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Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
Does comply
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Does comply

Agency findings
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Does comply

Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Moline House
RACS ID	7082

Executive summary

This is the report of a site audit of Moline House 7082 7 Deanmore Road KARRINYUP WA from 25 August 2009 to 26 August 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Moline House.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 25 August 2009 to 26 August 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Emma Roberts
Team member:	Vicki Plummer

Approved provider details

Approved provider:	Amana Living
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Details of home

Name of home:	Moline House
RACS ID:	7082

Total number of allocated places:	60
Number of residents during site audit:	57
Number of high care residents during site audit:	30
Special needs catered for:	Nil

Street:	7 Deanmore Road	State:	WA
City:	KARRINYUP	Postcode:	6018
Phone number:	08 9265 0200	Facsimile:	08 9265 0399

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Moline House.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

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

Interviews

	Number		Number
Care manager	1	Residents/representatives	9
Coordinator operations manager	1	Clinical systems coordinator	1
Registered nurse	1	Physiotherapy assistant	1
Enrolled nurse	1	Occupational therapy assistant	1
Care staff	3	Chaplain	1
Physiotherapist	1	Cleaning staff	1
Occupational therapist	1	Human resource/safety manager	1
Compliance coordinator	1	Kitchen coordinator	1
Administration assistant	1	Catering manager	1

Sampled documents

	Number		Number
Resident files	10	Medication charts	14
Summary/quick reference care plans	10	Resident agreements	6

Other documents reviewed

- Activity participation statistics
- Attendance sheets
- Audit planner
- Audits
- Blood sugar monitoring and parameters
- Bowel charts
- Care plan review schedules
- Care staff competencies
- Cleaning schedules
- Clinical assessments
- Clinical indicator file
- Clinical indicators
- Clinical policy and procedure manual
- Comments/complaints
- Compliments file
- Conditions of occupancy
- Continuous improvement files Standard 1-4
- Dietician / speech pathologist instructions
- Duty statements
- Equipment list
- Exercise programs
- Fire maintenance logbook
- Hazard reports
- 'How can we make things better?' forms
- Improvement feedback forms
- Incident reports, analysis and actions
- Individual activity programs
- Infection control manual
- Infection control/outbreak file
- Infection data and analysis
- Internal training program
- Job descriptions
- Legislative updates
- Maintenance file
- Matrix newsletter
- Medication profiles
- Meeting minutes
- Memoranda
- Minutes residents/relatives meetings
- Monthly analysis report
- Multicultural resources book
- Newsletter
- Nurses communication diary
- Occupational therapy assessments/ care plans
- Orientation checklist
- Occupational safety and health (OSH) File
- Pain assessments
- Pain management plans and audit guidelines file
- Physiotherapy assessments/care plans
- Physiotherapy participation statistics
- Position descriptions
- Recruitment policies and procedures

- Resident satisfaction surveys
- Resident information guide
- Resident information handbook
- Resident information package
- Resident surveys
- Security checklist
- Staff handbook
- Strategic plan
- Toothbrush change schedule
- Training evaluation forms
- Training file
- Weight charts
- Wound charts

Observations

- Activities in progress
- Archive storage
- Chemical storage
- Communal dining room
- Computer based resident files
- Equipment and supply storage areas
- Exercises in progress
- Fire and emergency exits
- Interactions between staff and residents
- Living environment
- Medication administration
- Modified cutlery and crockery
- Physiotherapy room
- Residents' rooms
- Serving of meals
- Staff knocking on residents' doors prior to entering
- Storage of medications
- Storage of spill kit/outbreak kit
- Use of hand-held computers to access resident files

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 recommendation

Does comply

Systems and processes used within the home to generate continuous improvement activities include resident, representative and staff meetings, continuous improvement forms, audits, surveys, and direct feedback to management. Organisational policies and procedures are in place to guide and sustain the system. Continuous improvement activities are communicated to staff and residents via newsletters, meetings and posting of minutes, as well as one-to-one feedback. Residents/representatives were aware of the system and were satisfied with the feedback they received when suggestions were made. Staff described improvements that have been made, and indicated that they encourage and assist residents to use the system.

Examples of continuous improvement activities relevant to this Standard are outlined below.

- A review of corporate policies and procedures has resulted in the implementation of three policy manuals to streamline information, rather than the existing five. This process has included the review and updating of existing policies as well as writing and implementation of new policies that are available to staff in hard copy and online.
- An audit identified that not all performance reviews are up to date. Plans have commenced to send out invitations to staff to attend performance reviews and the implementation of a user friendly matrix to monitor appraisals. The goal is that 100% of staff will receive feedback on their performance.

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 recommendation

Does comply

There are mechanisms in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines. Information regarding changes is identified at management level and provided to staff, residents, and representatives through meetings, memos, pay slips, education sessions and emails. Changes are implemented to policy and procedures as required. Staff are informed of changes through memoranda, notices, email, or at meetings. The home has a system in place for ongoing police checks on new and existing staff, meeting the requirements of the privacy act, and has implemented a process for the mandatory reporting of elder abuse and the reporting of missing residents.

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 recommendation

Does comply

The home has recruitment and orientation processes in place, to ensure staff have appropriate knowledge and skills to perform their roles effectively. All staff are required to complete an orientation and mandatory training in areas of fire and emergency and also manual handling. New employees are supervised by a 'buddy' system and are required to gain competencies and training in areas relevant to their roles. Staff advised they are satisfied with the level of education offered by the home, and they are encouraged and supported by management to attend a variety of training opportunities. Residents and representatives stated they are satisfied that staff possess the skills and knowledge to carry out their respective roles effectively.

Examples of education and staff development in relation to Standard One are outlined below.

- Electronic care planning
- Corporate welcome induction day
- Aged care quality assessor course for managers of homes.

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 recommendation

Does comply

There are systems in place at the home, to ensure residents and representatives are informed of internal and external complaint processes. Residents and representatives are given information about the home's comments and complaints mechanisms through brochures, resident meetings, the resident handbook, and during the admission process. Documentation reviewed confirmed that management collate and analyse comments and complaints, before responding in an appropriate and timely manner. Staff interviewed demonstrated they are aware of the internal and external complaints mechanisms, and advised that they are able to discuss any concerns directly with management. Residents and representatives expressed satisfaction with the complaints process and reported they are able to approach staff and management with complaints and suggestions.

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 recommendation

Does comply

The organisation's mission, vision, philosophy and objectives to guide the provision of care and services and their commitment to quality are documented, displayed in the home, and available in the resident and staff handbooks.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's recommendation

Does comply

Standardised recruitment and selection processes are established to ensure that appropriately skilled and qualified staff are employed. The staffing levels and skill mix is reviewed regularly to ensure that sufficient staff are available. An orientation and on-site

induction is provided to all new staff and covers safety related training and provision of the opportunity for staff to 'buddy' with an experienced staff member to become familiar with the home's procedures. Job descriptions and duty statements are reviewed when required and ongoing education and training opportunities are offered and well attended. Relevant position-specific mandatory training is provided. Staff interviewed confirmed that they receive appropriate education to perform their roles effectively, and residents and representatives interviewed confirmed that staffing levels are usually sufficient and that staff are appropriately skilled to provide the care and services they required.

1.7 Inventory and equipment

This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".

Team's recommendation

Does comply

There are processes in place to ensure that adequate stocks of goods and equipment are available for quality service delivery. Corrective and preventative maintenance programs are established and facilitate non-scheduled and scheduled checks and servicing of all equipment as necessary. Regular workplace inspections ensure that goods and equipment are maintained at adequate levels and are correctly maintained, stored, and used safely and effectively. Residents, representatives, and staff are satisfied with the availability and appropriateness of goods and equipment.

1.8 Information systems

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

Team's recommendation

Does comply

Organisational policies, procedures, standardised forms, and an intranet facility are in place to govern the management of information systems within the home and ensure a systematic approach to the provision of quality care and services. Resident and staff records are effectively managed and archived to ensure that confidentiality and privacy of information is maintained at all times. Incident reporting processes are established, and data from these processes is analysed and used to monitor the effectiveness of the home's service provision. Communication mechanisms are in place to facilitate the dissemination of information about the service, resident care, and relevant changes to policies and procedures. Staff interviewed reported that they are provided with relevant information about residents' changing and ongoing care and the operations of the home through meetings, memoranda, noticeboards, staff handovers, and communication books. Residents and representatives interviewed expressed satisfaction with the range of information available 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 recommendation

Does comply

Systems are in place to ensure external service providers meet the quality standards of the organisation. Policy and procedures state that all external contracts reflect the safety, indemnity, certification, and quality standards of the organisation. The organisation maintains a list of preferred suppliers, and the quality of goods and services provided is monitored on an ongoing basis through audits, surveys, and feedback from residents and staff. Residents,

representatives, and staff reported satisfaction with the quality of services they receive from external service providers.

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 recommendation

Does comply

For further information refer to Expected Outcome 1.1 Continuous improvement.

Examples of continuous improvement activities relating to Standard Two are outlined below.

- Education sessions have been provided to staff in relation to behaviour management which has resulted in positive feedback, enabling them to employ appropriate strategies for dealing with episodes of difficult behaviour.
- Plans are in place to train a member of staff to act as a resource for continence management to ensure residents receive the appropriate aids and support to meet their needs.
- Following resident feedback, a water feature has been installed in the foyer in remembrance of deceased residents, with a candle lit for 24 hours in memory of the deceased resident.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

Systems are in place to ensure that all legislation in relation to health and personal care is identified and complied with. Allied health professionals employed by the home are required to provide evidence of their renewed registration on an annual basis. Currency of registration is monitored on a matrix, and outstanding registrations are followed up by management. Changes to legislation in relation to this Standard are tracked corporately and staff are alerted to any changes by meetings or memoranda. Drugs of dependence and other medications are properly stored and administered at the 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 recommendation

Does comply

For further information refer to Expected Outcome 1.3 Education and staff development.

Examples of education relevant to this Standard are listed below.

- Clinical study days

- Medication competencies
- Continence
- Pain relief and heat packs
- Oral and dental
- Bowel management.

2.4 Clinical care

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

Team’s recommendation

Does comply

Residents and representatives stated that they are very satisfied with the clinical care they receive. They also indicated, and documents reviewed confirmed, that regular consultation occurs in regard to individual care planning and when a resident’s condition changes. Each resident has clinical assessments on moving to the home, annually thereafter, and as needs change. Care plans are developed in consultation with the resident and their representatives and reviewed three-monthly by the registered nurse. Clinical incidents are documented, trended, and discussed at staff meetings to identify areas and methods of improvement. The home has policies and procedures in place to guide clinical care and staff are required to undergo training and competencies pertaining to clinical issues to ensure that residents receive appropriate clinical care.

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 recommendation

Does comply

The home has policies and procedures, staff training, and competencies to ensure that specialised nursing care needs are delivered by appropriately qualified staff. A registered nurse oversees the delivery of care to residents with assessed specialised nursing needs that include management of diabetes, wound and catheter care. Assessments are conducted on admission and care plans are reviewed three-monthly to ensure that specialised nursing care needs are met in a prescribed manner. Care plans clearly describe the residents’ requirements in regards to catheter care, blood sugar monitoring, and wound care. Blood sugar parameters are documented by the residents’ general practitioners and document review confirmed that staff monitor blood sugar levels and notify the medical practitioners if levels are outside the parameters. Residents who have specialised nursing needs are satisfied that staff have the appropriate skills and training to meet their needs.

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 recommendation

Does comply

Residents and their representatives stated that they are happy with the health specialist services provided at by the home. The home employs a physiotherapist and an occupational therapist and provides access for residents to other health professionals including a speech pathologist, specialist medical officers, and a dietician. Instructions resulting from specialist appointments are communicated to relevant staff through handover, the communication diary, and progress notes. Care plans are updated to reflect changes and instructions from specialist health providers. Document review showed that residents requiring the services of

other health providers are assessed and referred to the appropriate specialist, and consider residents' and representatives' preferences when making referrals.

2.7 Medication management

This expected outcome requires that "residents' medication is managed safely and correctly".

Team's recommendation

Does comply

The home has policies and procedures in place to guide staff practices in medication administration and management. Residents have locked drawers in their rooms to store medication and are able to self-medicate if deemed competent by the registered nurse and the resident's treating medical officer. Residents not able to self-medicate have their medications administered by care staff that are required to undergo training and a medication competency on employment and bi-annually to ensure they have the required skills to administer medications safely to the residents. Regular medication reviews are undertaken by both the pharmacist and the resident's medical practitioner. Medication incidents are documented, trended, and discussed at staff meetings. Residents and their representatives expressed satisfaction with the manner in which their medication is administered and confirmed they receive their medications on time.

2.8 Pain management

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

Team's recommendation

Does comply

Residents and representatives state they are satisfied with the way their pain is managed and were positive about strategies used to minimise their pain levels. A multidisciplinary approach to pain management includes referral to, and assessment by, the physiotherapist who prescribes non-pharmacological interventions such as spa therapy, TENS machine therapy, hand waxing, and heat packs to areas of pain. Each resident has a pain assessment and care plan that is reviewed by a registered nurse and any issues of chronic or ongoing pain and previously trialled interventions are discussed with the resident and representative. Care plans are developed and reviewed three-monthly or as necessary to ensure appropriateness of pain interventions, and medical officers are contacted for unrelieved pain interventions. Audit results demonstrated that pain is managed effectively and that residents and their representatives are consulted to discuss any issues relating to ongoing pain management.

2.9 Palliative care

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

Team's recommendation

Does comply

The home has a policy and procedures in place to ensure that end of life wishes of residents are respected. Care plans incorporating both complementary therapies and conventional medical treatment are developed using a multidisciplinary approach and include environmental needs and emotional, cultural, and spiritual support for the resident and their families. Medical practitioners are consulted to prescribe appropriate pain management and medication therapy for palliating residents. Equipment to maintain comfort includes pressure-relieving mattresses and equipment, aromatherapy, music, and oral hygiene trays. External palliative services are consulted when required to assist the staff and provide knowledge and guidance in providing palliative care for individual residents. Review of resident files indicated

regular review of pain management, comfort issues, and of care needs, and confirmed family consultation and support.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents and their representatives stated they are satisfied with the food and drinks provided. The home has a supply of nutritional supplements and modified eating and drinking utensils to promote independence with eating. Residents’ dietary needs, including likes and dislikes, preferences, and food allergies are assessed on moving to the home. Dietary requirements are reviewed three-monthly or as required, and changes to residents’ diets are communicated to kitchen staff. Each resident is weighed monthly and a system is in place to action any significant weight change. File review noted referral to a dietician or speech pathologist occurs for those residents requiring review of weight changes or swallowing difficulties. Meals are cooked off site and are prepared utilising the cook-chill method, and the home’s policy on nutrition and hydration sets out guidelines to ensure the residents’ nutritional and hydration needs are met.

2.11 Skin care

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

Team’s recommendation

Does comply

Residents’ skin integrity is assessed on admission and reviewed regularly in relation to changes in their general health and condition. The home currently uses a computer program to report on residents’ skin condition and to communicate information between appropriate allied health professionals. There are very few wounds in the home and appropriately skilled staff are available to attend to skin integrity problems. Nursing staff refer residents requiring specialised pressure relief devices to the occupational therapy team who assess and provide appropriate equipment. The home has an adequate supply of equipment to meet the needs of residents’ skin integrity. Residents and representatives are satisfied with the range of skin and pressure area care equipment available to residents, and the care of their skin, nails and hair.

2.12 Contenance management

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

Team’s recommendation

Does comply

Residents and representatives confirmed that staff assist residents with their continence needs and are timely in attending to their care. Staff have training in continence management and a continence advisor is accessible to assist staff. Residents’ continence needs are assessed on admission and an individual toileting program is developed to avoid or minimise episodes of incontinence. Previous and current continent issues are identified, and include physical, cognitive, or medication issues that may affect continence. Document review and staff interviews confirmed that residents’ continence needs are documented and regularly evaluated.

2.13 Behavioural management

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

Team’s recommendation

Does comply

The home has a policy and procedure in place to ensure a collaborative approach to managing residents with challenging behaviours. Input to the residents care plans and an assessment is provided by staff, residents’ representatives, an occupational therapist, medical staff, and external support staff when required. Through the activities program, residents with difficult behaviours are involved in both group and individual activities to promote their wellbeing and improve episodes of adverse behaviours. Alternative therapies are utilised to promote calmness and avoid the use of restraint. Staff consult external specialists when required and are trained to manage challenging behaviours. The team observed a calm environment in all areas of the home. Residents and their representatives stated that the needs of residents with challenging behaviours are managed effectively and do not adversely impact on other residents.

2.14 Mobility, dexterity and rehabilitation

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

Team’s recommendation

Does comply

The home has systems in place to assess residents’ mobility and dexterity, consult with residents/representatives, and plan interventions to manage identified issues. A physiotherapist and occupational therapist are employed, and a multidisciplinary approach is used to develop care plans based on individual identified needs relating to mobility and dexterity. Residents have a falls risk assessment and incidents are documented with strategies incorporated into the daily care plan to prevent or minimise further incidents. Exercise programs include balance, strength, and fine motor skill exercises. Document review showed that residents have individual mobility and dexterity programs and that some residents have shown an improvement in their mobility in the last six months. Residents stated that the physiotherapist, occupational therapist and assistants assist with maintaining their mobility and dexterity.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Each resident has an oral and dental assessment following admission to the home, and a care plan is developed and regularly reviewed to reflect changing requirements. Residents are able to choose their own dentist and are assisted in accessing a dentist when required. Care plans clearly document the residents’ oral and dental care requirements and residents’ toothbrushes are replaced three-monthly when the care plan is reviewed. Residents’ records show that residents have regular dental assessments with dentists of their choice, and that communication between staff and dental services ensures instructions are followed up. Residents and their representatives are satisfied that the home provides adequate oral and dental care.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents’ sensory losses are assessed by nursing staff and the occupational therapist and care plans are developed to maintain or improve their current sensory levels. Residents with sensory loss related to vision and hearing are monitored and referred to external professionals such as an optometrist and audiologist as appropriate. The activities program caters for residents with specific sensory needs and includes large print books and activities to enhance smell, taste, touch and hearing. Staff have received education on the sensory needs of residents, including hearing, vision, and other sensory losses. Residents and their representatives indicated that staff assist them with the cleaning, fitting, and maintenance of aids and stated that they enjoy the sensory activity program.

2.17 Sleep

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

Team’s recommendation

Does comply

Sleep patterns for residents are assessed on admission and a care plan is developed to promote natural sleep. An evaluation of sleep and settling strategies is conducted three-monthly or as needs change. A recent sleep audit and resident interviews confirmed the home provides an environment that is conducive to sleep, and that residents have a choice on settling and rising times. Non-pharmacological means to promote sleep are utilised and recorded and staff have access to snacks and drinks to offer residents during the night. Prescribed medication is used where residents have an assessed need.

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 recommendation

Does comply

For further information refer to Expected Outcome 1.1 Continuous improvement.

Examples of continuous improvement activities relevant to this Standard are outlined below.

- To enhance community and inter-generational activities available to residents, high school students visit the home and assist residents at the computer club. A mother and baby group also visits the home and interact with residents and utilise the on-site children’s playground.
- Review of activities by the occupational therapist and suggestions from residents/relatives has led to the review of activities for higher functioning residents. This has resulted in

some residents now accessing the other on-site facilities, such as the swimming pool and mini golf club.

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 recommendation

Does comply

Changes in legislation relevant to resident lifestyle are communicated to staff through memoranda and meetings, or on a one-to-one basis. Staff are provided with education to ensure that they understand the legislated requirements in relation to resident lifestyle. Changes to policy and procedure are made in response to any changes. The charter of residents' rights and responsibilities is displayed in the home and is included in the residents' handbook. Staff sign confidentiality agreements on commencing employment with the organisation, and resident and staff information is securely stored. Residents have a tenancy agreement and are informed of any fee changes in accordance with legislation.

3.3 Education and staff development

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

Team's recommendation

Does comply

For further information refer to Expected Outcome 1.3 Education and staff development.

Examples of education relevant to this Standard are listed below.

- Elder abuse and mandatory reporting requirements
- Therapy study days
- Emotional support.

3.4 Emotional support

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

Team's recommendation

Does comply

Residents and representatives confirmed that they receive adequate emotional support on admission and an ongoing basis. They also stated that the visiting chaplain and religious ministers, therapy and nursing staff provide extra support for residents and their families in adapting to the change of environment. Residents and representatives are orientated to the home on admission and are supported through family conferences that are conducted four to six weeks after admission and annually thereafter. Remembrance services are held twice a year for residents who have died in the last six months, and families of the deceased are invited to attend. Therapy staff identify residents emotional needs through a lifestyle profile that enables them to implement one to one emotional support for those residents who require it and referral is made to the chaplain via email or telephone if residents' emotional needs change. Audit results show that residents are satisfied that their emotional needs being met.

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 recommendation

Does comply

On admission therapy staff assess any links to the community that residents would like to maintain, and their ongoing participation is facilitated where possible. Family and friends are welcome at the home and staff assist residents where necessary in preparing them for visits outside the home. Staff enable residents to maintain financial independence, self-medicate, and assist them in accessing external health professionals or activities when required. A range of mobility and eating aids and programs to improve independence are available in the home. Residents are able to maintain their life in the broader community by maintaining their name on the electoral roll and attending external clubs and community based activities. Residents and their representatives are happy with the level of independence residents are able to achieve.

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 recommendation

Does comply

The home provides single rooms with a kitchenette, bedroom and en-suite bathroom. Observation of interaction between staff and residents showed that staff knock on residents' doors before entering and are respectful and friendly towards residents. Residents are called by their preferred name and staff receive education regarding the charter of residents rights and responsibilities and sign a privacy policy on employment. Resident files are stored securely, with restricted access to personal information including password-protected computer access. Residents and their representatives are satisfied that staff respect and maintain their dignity, privacy, and confidentiality.

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 recommendation

Does comply

Each resident is assessed on admission by the occupational therapist and a lifestyle profile is documented identifying their past and present interests and current functional levels to enable them to continue with activities of interest. The activities program implemented across the home provides residents with a diverse range of activities including intergenerational interactions, bus outings, concerts, bingo and community visits. Attendance and participation records are maintained and each activity on the program is evaluated regularly. Volunteers and staff give assistance to residents to attend and participate in activities in the facility and the external community. Residents and representatives confirmed satisfaction with the range and availability of activities in the home, and stated they are able to make suggestions on the range of activities and any new programs they would like to have trialled. A recent mini-audit regarding the quantity and quality of activities showed 100% satisfaction with the activities provided within the home and the external community.

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 recommendation

Does comply

Residents and their representatives confirmed their religious and cultural needs are respected and met. All residents are assessed using a lifestyle profile to capture their customs and cultural and spiritual needs. Religious and cultural days of significance to the residents are celebrated, and a multicultural information manual is available to assist staff in caring for residents from various cultures. A chaplain visits the home weekly and church services are conducted in the chapel on Sundays for those residents wishing to attend. A catholic mass is conducted in the facility monthly. Visiting clergy from other religious denominations are accessible if residents require spiritual support. Resident records show that individual cultural and spiritual needs are assessed on admission and are reflected in care plans.

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 recommendation

Does comply

On entering the home assessments are conducted regarding residents' preferences and individual requirements. Staff consult with residents or representatives regarding choice of doctor, care planning, and food preferences. Residents are encouraged to personalise their rooms with furniture, pictures, and items of their choice. Family conferences are conducted four to six weeks after moving to the home and annually thereafter, encouraging resident/representative input into care options. Residents have the right to refuse treatment and are encouraged to express their opinions through comments, suggestion and compliments forms, meetings, and survey feedback. Review of files showed regular consultation with residents and their representatives regarding choice of care needs, health professionals, and participation in activities and therapy. Residents reported they have plenty of choice at the home and that staff are accommodating in meeting their requests.

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 recommendation

Does comply

The home has processes in place to ensure that, prior to admission, prospective residents are provided with information regarding fees and charges, security of tenure, the rights and responsibilities of the resident, and obligations of the service provider. All residents receive and sign a resident agreement on admission that outlines the residents' rights and responsibilities, and an information booklet for residents and their relatives. Staff were able to describe the process they would follow if room transfers or changes in the provision of service were to happen, including liaison with residents and representatives if residents were to progress from low to high care. Residents and representatives confirmed that they are satisfied with the security of tenure within the scope of care provided at 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 recommendation

Does comply

For further information refer to Expected Outcome 1.1 Continuous improvement.

Examples of continuous improvement activities in relation to Standard Four are outlined below.

- An outdoor shaded café area with a new coffee machine has been provided for residents and their visitors to enjoy and to encourage residents to utilise outdoor areas safely. Plans implemented included the introduction of the ‘Sunlight program’ to encourage residents to access the outside areas more frequently. The area has also been re-paved to minimise falls, and shade sails have been purchased. This has resulted in a pleasant and comfortable café area for residents and visitors to enjoy, overlooking the children’s play area. A resident weekly outdoor group has commenced that meets in the café area with the provision of sun hats and sunscreen for residents.
- Resident dissatisfaction with the food provided has led to a comprehensive review of catering services provided at the home. This has resulted in a planned approach, including introduction of a rotation system for meal service, and change of some food brands such as frozen vegetables to ensure better taste and quality. Training is provided in ordering processes to ensure residents are able to choose meal preferences and portion sizes in advance.

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 recommendation

Does comply

Processes and systems are in place to identify changes, and ensure that the home maintains regulatory compliance in relation to the physical environment and safe systems. Food services, occupational safety and health, emergency planning, living environment, chemical storage, and laundry and cleaning services are audited regularly by internal and external auditors. Changes to regulations relevant to Standard Four are tabled at the appropriate committees and policies and procedures are amended accordingly. Staff, residents, relatives and stakeholders are notified of regulatory changes if they will be affected by the change.

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 recommendation

Does comply

For further information refer to Expected Outcome 1.3 Education and staff development.

Examples of education relevant to this Standard are listed below.

- Manual handling
- Occupational safety and health
- Infection control
- Fire training.

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 recommendation

Does comply

The ongoing safety and comfort of the living environment relative to residents' care needs are regularly assessed by way of audits, surveys, and feedback from staff, residents, and representatives. Residents have access to established outdoor garden and courtyard areas and private, homely indoor areas, and an English style pub. Call bells are installed in residents' rooms, which are comfortable and include single en suite and kitchenette facilities. Handrails are installed in corridors, bathrooms and communal areas to promote safety. Comfortable temperatures are maintained with the assistance of air conditioning units. Residents have personalised their rooms with items of furniture and memorabilia as desired. Residents and representatives interviewed were very satisfied with the quality of their accommodation and with the standard of maintenance and cleanliness provided.

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 recommendation

Does comply

Systems and processes are in place to minimise safety risks. Information about incident reporting processes and safety-related work practices are provided to all new staff at their orientation/induction and to existing staff via mandatory training provided throughout the year. Equipment is routinely maintained through preventative and corrective maintenance programs. Environmental safety issues are identified through workplace audits, room audits, hazard reports, or the corrective maintenance program, and are discussed at staff and quality meetings. Staff interviewed confirmed access to appropriate equipment for resident transfers and personal protection to minimise work related injuries. Staff also confirmed that they are trained in the use of goods and equipment related to their roles, and that they receive information about incident reporting and safety-related procedures in the staff handbook, at their orientation, and at regular staff meetings throughout the year.

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 recommendation

Does comply

There are established processes for identifying, managing and minimising fire, safety and security risks. Fire detection, security and emergency procedures and plans are documented and accessible to staff, residents and representatives. There are systems in place to ensure that appropriate fire detection and fighting equipment is maintained, which includes break glass alarms, sprinkler system, smoke doors, smoke detectors, fire blankets and extinguishers. Electrical equipment is checked and tagged annually. Emergency manuals

are displayed throughout the home. Evening staff conduct and document routine security checks. Chemicals are stored in a locked storage room and material safety data sheets are available for all chemicals used. Staff interviewed were able to describe the fire and emergency process and are instructed in fire, security and other emergencies on orientation and annually thereafter. Residents and representatives interviewed were satisfied that staff had the knowledge and skills regarding evacuation.

4.7 Infection control

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

Team's recommendation

Does comply

Processes are established to enable management and staff to maintain an effective infection control program. The care manager coordinates the infection control program, and an external consultant is available for specialised advice. Infection rates are monitored through key clinical indicators, including urinary tract infections, and are reviewed by the care manager and the organisation's infection control committee. All staff receive infection control education on employment and annually through mandatory training. Appropriate infection control strategies were observed to be in use at the home, including the use of linen skips, hand washing facilities, sanitising hand cleanser, personal protective equipment, stock rotation, and spill and infection outbreak kits. Staff interviewed had a good understanding of their role in minimising the spread of infections and confirmed that the home has a staff vaccination program in place.

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 recommendation

Does comply

Catering, cleaning, and laundry are carried out by on-site staff. Residents' diet preferences are completed at the time of residents' admission and are updated as necessary thereafter. A cook/chill food system is in place offering a seasonal menu with meals prepared off site by an external catering service and heated and served in the home by trained staff. Food storage and serving temperatures are monitored. Catering, cleaning, and laundry staff receive training relevant to their roles such as food safety training, infection control and chemical handling, and follow documented cleaning schedules routinely completing signing sheets. Staff practices are monitored by way of audits and surveys and from feedback from residents and staff. The home provides a clean, and homely living environment, and residents and representatives interviewed expressed satisfaction with cleaning, laundry and catering services provided.