



Australian Government

Australian Aged Care Quality Agency

Nanyima Aged Care

RACS ID 5254
61 Alexandra Street
MIRANI QLD 4754

Approved provider: Nanyima Aged Care Inc

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 30 March 2017.

We made our decision on 04 February 2014.

The audit was conducted on 07 January 2014 to 08 January 2014. 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	Quality 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	Quality 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	Quality 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	Quality 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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Nanyima Aged Care 5254

Approved provider: Nanyima Aged Care Inc

Introduction

This is the report of a re-accreditation audit from 07 January 2014 to 08 January 2014 submitted to the Quality 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 Quality 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

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 07 January 2014 to 08 January 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 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:	Andrea Hopkinson
Team member/s:	Beverley Wellington

Approved provider details

Approved provider:	Nanyima Aged Care Inc
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Details of home

Name of home:	Nanyima Aged Care
RACS ID:	5254

Total number of allocated places:	50
Number of residents during audit:	48
Number of high care residents during audit:	35
Special needs catered for:	Residents living with Dementia

Street/PO Box:	61 Alexandra Street
City/Town:	MIRANI
State:	QLD
Postcode:	4754
Phone number:	07 4959 1575
Facsimile:	07 4959 1570
E-mail address:	m.campbell@nanyimacare.com.au

Audit trail

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

Interviews

Category	Number
Management	1
Clinical and registered staff	4
Care staff	3
Diversional therapy staff	2
Residents/representatives	9
Operational staff	6
Administration staff	1
External service providers	2

Sampled documents

Category	Number
Residents' files	7
Summary/quick reference care plans	10
Medication charts	15
Personnel files	7

Other documents reviewed

The team also reviewed:

- Action plans
- Activity evaluation folder
- Archiving and destruction register
- Audits and reports
- Bowel management guide
- Cleaning records
- Clinical incident register
- Comments and complaints register
- Compulsory reporting investigation form/compulsory reporting register

- Continuous improvement register
- Contractor information packs
- Controlled drug registers
- Copies of legislation and resources
- Dietary requirements/changes
- Duties lists
- Emergency response manual
- Fire service reports
- Food safety program and records
- Gap analysis
- Hazards register
- Incident forms and reports
- Infection control data/infection monitoring form
- Maintenance records
- Medication ordering system
- Meeting calendar/meeting standing agenda items/minutes
- Memoranda
- Menus
- Newsletters
- Nursing staff professional registrations
- Orientation checklist
- Pain evaluation charts
- Palliative care plan
- Pharmacy order forms
- Police certificate register
- Policy and procedure manual
- Position descriptions
- Resident activity calendar

- Resident information packs
- Resident evacuation list
- Restraint authorities
- Roster
- Safety data sheets
- Service agreements
- Service reports
- Sign in and out register
- Staff information pack
- Surveys
- Training records and reports
- Weight review charts
- Wound management charts/wound management folders

Observations

The team observed the following:

- Activities in progress
- Call bell system in use
- Emergency evacuation assembly areas
- Equipment and supply storage areas
- Exit signage
- Fire equipment
- Hand washing facilities
- Hazard spills kits
- Information on display
- Interactions between staff and residents
- Living environment
- Meals service
- Medication ordering system

- Notice boards
- Outbreak kit
- Personal protective equipment in use
- Sharps containers
- Spill kits
- Storage of medications
- Staff practices

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

Nanyima Aged Care (the home) has a quality framework to assist in the active pursuit of continuous improvement. This framework consists of feedback mechanisms and monitoring activities to assist in the identification, actioning and evaluation of improvements. Residents, representatives and staff are able to contribute to the system through suggestions, comments and complaints processes, hazard identification, meetings and satisfaction surveys. Monitoring processes such as internal audits and gap analysis are implemented and used to assist in identifying further opportunities for improvement. Management capture improvement opportunities on registers and these are tracked for completion. Management and staff provided examples of improvements across all four Accreditation Standards.

Residents, representatives and staff are satisfied they are able to provide feedback or raise suggestions for improvement at the home.

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

- In response to a review, the home has implemented an electronic system for the management of staff police certificates. The new system has streamlined the process by reducing waiting times and delays for police certificates to be completed. Key staff provided positive feedback on this initiative in managing police certificates and renewals.
- Following a review of the continuous improvement process, standard agenda items for meetings were revised. Meeting agendas now include standardised items such as incidents, comments and complaints, hazards and improvements that are tabled at the meeting. An evaluation by the home identified this now ensures minutes contain more information to support ongoing follow up and management provided positive feedback on how this has improved communication within the home.

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

Systems are established to support the home in identifying and ensuring compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Key personnel subscribe to professional associations, receive updates of alerts or proposed changes and access external parties for advice. Policy, procedure and documentation reviews are conducted and communicated to relevant staff to ensure ongoing requirements are met.

Processes to ensure compliance with relevant legislation, regulations, other professional standards and guidelines occurs through audits/reviews, education programs as well as the use of internal monitoring tools such as registers to track compliance. Where issues are identified, action is taken to address these. Particular to this Standard, there are processes to ensure staff have a current police certificate and residents/representatives are advised of scheduled re-accreditation audits.

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

Processes are established to support staff and management in having the required knowledge and skills to perform their roles. Prior to appointment, staff skills, qualifications and experience are reviewed by management or key staff to determine their suitability for the position. New staff are orientated and provided with buddy shifts to assist them in undertaking their roles. An education program is developed for staff which is inclusive of internal and external opportunities as well as access to a variety of training resources.

Processes to monitor and evaluate staff knowledge and skills include observation, feedback mechanisms, assessments and performance appraisals. Residents are satisfied with knowledge and skills of staff in performing their roles and staff outlined education opportunities available to them.

Education provided relevant to Standard 1 Management systems, staffing and organisational development includes, but is not limited to; team work and effective communication, orientation and aged care funding instrument training.

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 has processes to support residents, representatives and other interested parties in having access to internal and external complaint mechanisms. Information about internal and external complaints mechanisms and residents' rights and responsibilities is provided to residents and/or representatives on entry and this information is also displayed throughout the home. The Facility Manager is responsible for overseeing the compliments and complaints process, complaints are logged electronically and monitored to ensure action is completed.

There are processes if residents or representatives wish to lodge a comment or complaint confidentially. Other mechanisms available include meetings, satisfaction surveys, verbal feedback or via management's open door policy. Residents/representatives are satisfied they are able to raise any issues or concerns with management or staff at the home.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has documented the residential care service's vision, mission, values, philosophy, objectives and commitment to quality throughout the service. This information is contained within the home's handbooks and information packs.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has processes for ensuring there are appropriately skilled and qualified staff sufficient to provide care and services. Recruitment and selection of staff is undertaken by management and key staff based on staff ability to meet key requirements. New staff are orientated and provided with ongoing educational opportunities. Monitoring of professional registrations and police certificates is undertaken to ensure currency. Care staff are rostered over a 24 hour period and are supported by registered staff located onsite or available through an on call process. Staffing levels are adjusted based on the identified needs and acuity of residents. Management monitors the ongoing sufficiency and skills of staff through performance appraisals, assessments and feedback mechanisms. Residents/representatives are satisfied with provision of care and services at the home including the responsiveness of staff to meet the resident's individual needs.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has processes to ensure there are stocks of appropriate goods and equipment available. Key staff are responsible for the monitoring and rotation of stock for the delivery of care and services. Stock ordering processes include the use of preferred suppliers to ensure the ongoing suitability and availability of supplies. Equipment needs are identified and actioned based on their suitability. Staff are provided with training and information on the use of new equipment. Maintenance programs generally guide the servicing and repair of equipment that is serviced by maintenance staff or external service providers.

Residents/representatives and staff are satisfied there are sufficient supplies of goods and 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

Effective information management systems are generally in place to support management and staff in undertaking their roles. Both electronic and paper based systems are used by the home to assist in the collection, analysis and reporting of key information. Residents' care and lifestyle needs are identified and this information is used to develop a plan of care.

Dissemination of information occurs through various mechanisms including meetings, newsletters, notices, one on one consultation or via electronic information sources. The home has processes to ensure the information is stored securely, unauthorised access is restricted and confidentiality is maintained. There are processes for the archiving, retrieval and destruction of records. Residents/representatives and staff are satisfied with the effectiveness of information systems.

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

Processes are established to ensure all externally sourced services are provided in a way that meets the service's needs and quality goals. Service agreements are established for the provision of external services; these are reviewed annually or as per the specified term.

Processes to monitor the performance are generally established to ensure these services are provided in accordance with the home's requirements. Where a need is identified, action is

taken to address unsatisfactory performance. Residents, staff and management are satisfied with the provision of current 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 findings

The home meets this expected outcome

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

Examples of improvement initiatives related to Standard 2 Health and personal care implemented by the home include:

- In response to an identified need, the home identified the need for a shortened version of care plans for residents. The care plan is stored in residents' individual rooms and provides key information about activities of daily living, mobility needs and continence management. An evaluation conducted by the home identified this has enabled staff to quickly identify residents' care needs in a more timely and easier manner.
- Following a review of physiotherapy at the home, a new position of physiotherapy aide was created. The physiotherapy program now provides support for residents to maintain and improve their levels of mobility with regular individual exercises and assistance with walking. Regular assessments of residents' mobility status have identified improvements in mobility for a number of residents. Additionally the physiotherapy program is now able to assist in the management of residents' pain through the use of non-medicinal techniques such as heat and massage therapy. Residents/representatives provided positive feedback in relation to pain management and support for mobility at the home.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance. The home has processes for identifying and ensuring compliance with the reporting of residents' unexplained absences, medication management and registered staff professional registrations.

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 processes. Education provided relevant to Standard 2 Health and personal care this includes; but is not limited to, continence management, skin integrity, restraint monitoring and thickened fluids.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive clinical care according to their needs and preferences. The Clinical Nurse and other registered nursing staff undertake and oversee initial and ongoing assessments, care planning and regular review and evaluation of care outcomes. Clinical care delivery and review occurs in consultation with residents/representatives and other health professionals. Care needs are communicated within detailed care plans and staff practices are consistent with clinical care directives. Ongoing monitoring is based on identified risk factors and changes in residents’ usual health patterns are identified, communicated and investigated.

There is continuity of staffing and effective communication processes within the care team and external health professionals to support the delivery of care. Residents/representatives are satisfied with the appropriateness of clinical care provided by the home.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Complex and specialised nursing care is delivered by registered staff who demonstrate appropriate skills and work within their level of expertise. The home has access to registered staff through the daily roster and at night a registered nurse is ‘on call’ to provide advice and supervision of residents’ specialised nursing care needs. Residents are referred to their medical officer and allied health professionals and changes to care requirements are documented in progress notes and care plans, and communicated to relevant staff in a timely manner. The home consults with clinical experts to ensure care provided meets the individual needs of residents. Staff receive education and have access to resources and equipment to enable residents’ specialised nursing care needs to be met. Residents/representatives are satisfied with the specialised nursing care provided.

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

The home provides residents with access to a range of allied health and specialist services including the dietician, speech pathology, podiatry, optometry, physiotherapy, dentistry, audiology and palliative care services. Referral to appropriate health specialists occurs as needs are identified and is initiated by the Clinical Nurse and/or the treating medical officer in consultation with residents/representatives. Staff are aware of the referral processes and documentation required. Allied health professionals visit the home or alternatively residents are supported to independently access specialist treatment in the community as required.

Feedback from health specialists is documented in progress notes and care plans are revised to reflect changes. Resident/representatives are satisfied with access to health specialists and other related services in accordance with resident needs and preferences.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home uses a multi-dose system for residents’ routine medications. Registered nurses oversee the medication management system and along with enrolled nurses, administer medications to the residents. Medication orders and charts are regularly reviewed by the medical officer and pharmacist and charts include information such as photographic identification, resident allergies and instructions for administration specific to the needs of the resident. The medication advisory committee meets for discussion at regular intervals. ‘As required’ (PRN) medications are monitored for effectiveness and outcomes are documented in progress notes and in appropriate observation charts. The approved pharmacy supplies medications to residents. The home provides a medication impress system which is coordinated by the Clinical Nurse. Processes for ordering, delivery, monitoring and return of medication items are audited regularly. Residents/representatives are satisfied with the management of residents’ medications and the assistance provided by staff.

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

On entry registered nurses assess each resident’s history of pain and residents experiencing acute or new episodes of pain are commenced on ongoing pain assessments. Verbal and non-verbal pain assessment tools are available for staff to use and a pain management plan is developed. Strategies to manage pain involve a multidisciplinary approach with assistance and advice from the medical officer and the home’s physiotherapy team. Pain management strategies include medications and other interventions such as massage, heat therapy,

repositioning, exercise and distraction. Staff monitor and document residents' responses to pain management and staff check with each resident who has regular pain medication on a daily basis. Staff have access to information on the home's pain management approaches and demonstrate knowledge of specific pain management for individual residents. Residents are satisfied with the management of their pain.

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

On entry to the home, residents are provided with the opportunity to provide advanced health directives and enduring power of attorney documents are filed for staff reference. The clinical decision relating to the commencement of palliative care is made by the medical officer in consultation with the resident and/or their representatives, the registered nurse and other care providers as appropriate. Following assessment of the resident's care needs and wishes, the care plan is reviewed. Emotional support is provided to residents and their families by nursing staff, diversional therapists and volunteers, and consideration is given to cultural and religious values. Alternative care options are discussed with the resident and their family as care needs increase. At end of life the 'end of life' care plan is commenced to guide staff and monitor the provision of care. Staff utilise organisational and external resources including specialty equipment to ensure the comfort and dignity of terminally ill residents and the home ensures staff have skills to support residents requiring palliative care.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Registered nurses identify residents' nutrition and hydration needs through entry and ongoing assessments and develop care plans reflecting residents' dietary needs and preferences. Staff monitor the body weight, skin condition and appetite of residents and unplanned weight loss or gain and changes in condition are recorded and a nutrition management plan is implemented. This includes the commencement of enriched diets and supplements, food intake monitoring and referrals to the medical officer, dietician and/or speech pathologist. Following referral the strategies recommended are implemented, increased monitoring of food/fluid intake and weight continues with follow up consultations occurring as necessary. Menus utilised at the home are reviewed by the dietician, provide choice and variety and accommodate residents' needs and preferences. Staff assist residents with their nutrition and hydration through the use of modified cutlery, texture modified food and fluids and assisting residents with their feeding in a dignified manner.

Residents/representatives are satisfied with the quantity and quality of food and fluid received by residents.

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

Registered nurses identify the skin care needs of residents during assessment and reassessment processes and record interventions used to maintain skin integrity in the care plan. Residents' skin care needs are assessed in relation to the skin condition and the risk of developing pressure injuries. Registered staff identify care strategies to prevent or manage impairments to skin integrity such as the use of emollient creams, pressure relieving mattresses, sheepskins, heel and limb protective devices and ensuring staff are skilled in manual handling. The home’s wound care consultant has provided advice and registered staff have had additional education to ensure wound care practices remain relevant. Skin tears and wounds are documented and wound care is attended by registered staff. The incidence of skin impairment is monitored, with skin tears and wound data collected.

Residents are satisfied with the care received in relation to skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The continence needs and preferences of residents are identified through assessment and reassessment processes using specific assessment tools that consider each resident’s bowel and bladder patterns. The registered nurses in consultation with the resident, the continence link nurse and care staff identify interventions and aids for residents and information is transferred to the care plan. Strategies such as programmed toileting, bowel management regimes, dietary modification, hygiene assistance and use of continence aids are recorded, implemented and evaluated for effectiveness by registered nurses and the continence link nurse. Staff have an awareness of individual residents’ specified requirements.

Residents/representatives are satisfied staff respect residents' privacy and dignity when providing continence care and confirm their continence needs are met.

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

Registered staff consult with residents’ representatives and relevant health specialists about each resident’s physical and psychosocial history to identify the support required for residents with behaviours of concern. Staff recognise residents’ individual environmental needs and possible behavioural triggers and intervene where possible to reduce residents’ anxiety.

Residents’ care routines are individualised and staff implement behavioural management strategies aimed at minimising and/or preventing behaviours of concern. Staff provide interests and activities to engage the residents throughout their day. Registered staff consult with the medical officer to develop behaviour management strategies to meet the needs of residents. Data related to incidents of aggression are collected and analysed.

Residents/representatives are satisfied with the home’s approach to managing the needs of residents with challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Registered nurses in association with the physiotherapist assess residents’ mobility needs and falls risk and document residents’ requirements in the care plan. The physiotherapist provides individual therapy for residents where necessary and provides specific exercise programs for residents. The home investigates resident falls to identify and eliminate contributing factors and increases resident monitoring and support through the use of hip protectors and sensor mats. The home provides mobility aids and equipment to minimise the risk of falls. Staff receive annual manual handling education to guide and enable them to safely assist residents to mobilise and transfer using appropriate mobility aids as instructed. The mobility of residents is monitored and falls data is collected and reviewed.

Residents/representatives are satisfied with the support provided by staff to maintain mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Care staff assist residents to maintain their oral and dental needs according to assessment and care plans developed by registered staff. Referrals to external oral and dental care providers are available as necessary with support to visit the specialist if required. Special

dietary considerations are included in the management of residents' oral and dental care including the provision of soft and vitamised diets, and mouth care where appropriate. Staff have education in providing oral care for residents and have access to appropriate equipment and supplies for the management of residents' oral and dental care needs.

Residents are satisfied with the assistance provided by staff in maintaining oral and dental health.

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

Registered nurses assess information about each resident's sensory losses and the use of assistive devices and documents in residents' care plans. The home is able to access specialist services such as optometry, the eye specialist and hearing services and support for residents to visit services outside the home is available if required. Staff assess residents' ability to participate in activities of daily living and activity programs and adapt activities to the needs of residents using assistive devices and equipment as necessary. Staff demonstrate an awareness of these strategies and there are processes to ensure the correct use and maintenance of sensory aids. Residents with sensory loss are satisfied with the assistance and support they receive from staff to maintain their optimal sensory function.

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

Registered staff collect information about residents' usual sleep patterns, settling routines and personal preferences. Staff develop strategies to promote adequate sleep and rest in consultation with residents considering their normal sleep patterns and include supper, reassurance, a subdued environment and comfort as required. Staff ensure residents identified as having disturbed sleep patterns are referred to medical practitioners for medication review. Residents are satisfied with the home's approach to maintaining their natural sleep and rest patterns and with the assistance received from staff during times of sleep disturbances.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of recent improvements undertaken by the home in relation to Standard 3 Resident lifestyle include:

- Following a suggestion by diversional therapy staff that residents were not informed of residents that passed away, the home has commenced the use of a photograph and memorial candle to remember and pay respects to the deceased resident. This memorial area is set up following residents’ families being asked permission for this to occur. Staff advised since the introduction of this memorial area they have observed residents to view the photograph and place flowers in respect for the resident.
- In response to the needs of residents' who experience confusion in the evening, the home created a position for an additional Diversional Therapist. The Diversional Therapist works five days each week on a flexible roster. Management advised following these changes this has improved the overall provision of diversional therapy within the home. Improvements include providing support for residents’ individual interests and activities, increased community trips as well as assistance to settle residents when required. Residents/representatives provided positive feedback in relation to the provision of activities by the home.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s systems to identify and ensure compliance. The home has a process for the reporting of reportable assaults and ensuring privacy is maintained.

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 processes. Education provided relevant to Standard 3 Resident lifestyle includes, but is not limited to; 'elder abuse', dementia and person centred activities.

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 to adjust to life in the new environment initially and on an ongoing basis. Each resident's history and support needs are identified prior to entry and this information is captured in the residents' care plans. Residents are welcomed on arrival and orientated to the new surroundings. Residents' emotional status is monitored and increased support needs are communicated to the care team and acted upon. Emotional support is provided to residents and their families by nursing staff, diversional therapists and volunteers, and consideration is given to cultural and religious values. Staff demonstrate knowledge of residents' emotional support needs and residents are satisfied with the initial and ongoing emotional support they receive.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents' needs for support to enable maximum independence, maintenance of friendships and participation in internal and external community life are identified within assessment and entry processes. Independence is promoted within care and lifestyle planning and appropriate aids are provided. Residents are supported and assisted to maintain social relationships and relatives and friends are encouraged to be involved in the life of the home. Residents are encouraged to continue external memberships and care routines are adjusted to facilitate meeting times if necessary. Residents/representatives are satisfied with the way residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home provides residents with information about their rights on entry to the home and strategies are implemented to ensure residents' privacy and dignity are maintained during all aspects of resident care. Staff are provided with information relating to confidentiality requirements and respect for residents. Residents' personal information is stored securely and personal care is managed in privacy. Staff demonstrate strategies to maintain residents' privacy and dignity and interact with residents respectfully. Residents/representatives are satisfied staff are courteous, respect residents' privacy and treat residents with dignity when providing care.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents' social, physical and cultural history is captured on entry and this information is used in individual program planning. The home uses resident feedback from the resident meetings, satisfaction surveys and individual discussions to develop the activity plan for the home.

Activities programs include a wide range of activities of interest to residents such as individual one to one discussions and provision of reading material and group activities such as bus trips to community activities. Staff encourage and support residents to participate in individual and group activities through flexible care routines, assistance with transport and equipment and ensuring information about activity choices is provided.

Residents/representatives are satisfied with the range of activities and with the encouragement and support residents receive to participate in their interests.

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 identifies residents' cultural and spiritual needs through discussion with residents and families. Provision is made for the celebration of significant cultural and religious days. Spiritual support is provided by weekly church services and religious representatives can be contacted to visit residents according to their requests. Staff demonstrate an awareness of residents' individual beliefs and backgrounds and have access to cultural resources should

they require additional guidance or support. Residents are satisfied their cultural and spiritual backgrounds are supported and respected.

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

Staff identify residents' individual care and lifestyle preferences including information regarding residents' alternative decision-makers is documented in the resident's files and accessed as required. Information is given to residents about internal and external complaints mechanisms, advocacy services and their rights on entry.

Residents/representatives are able to participate in decisions and exercise choices at the home through direct discussions, resident meetings and the comments/complaints process. Staff interactions with residents support residents' choice and decision making in the planning and provision of care. Residents/representatives are satisfied they are able to exercise choice and are involved in decision making at the home.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents/representatives are given written and verbal information regarding service provision prior to entering the home. The documents provide information about security of tenure, internal and external complaint mechanisms, orientation processes as well as information regarding each resident's rights and responsibilities. The home ensures all parties understand the terms of the agreement and prospective residents are encouraged to seek independent advice on the terms of the agreement prior to accepting the contract. The home ensures there is current information about specified care and service obligations, accommodation fees and charges. Where resident needs were unable to be met, the home undertakes discussions with the resident's alternative decision-maker and assistance for a more appropriate care service to be engaged. Residents stated they feel safe and secure in their home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of recent improvements undertaken by the home in relation to Standard 4 Physical environment and safe systems include:

- In response to a suggestion on the difficulty in seeing visitors and cars in the car park, a convex mirror was installed. The mirror now allows staff and visitors to see more areas around and behind their cars to reduce the risk of blind spots. Management advised this has improved safety for traffic and pedestrians in this area.
- In response to a safety hazard, the home has installed air conditioning in the kitchen. The air conditioning has been installed to reduce the potential for heat stress for staff working in this area. Management and staff provided positive feedback in response to this improvement.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s systems to identify and ensure compliance. The home has processes for identifying and ensuring compliance relating to food safety, fire and occupational health and safety.

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 processes. Education provided relevant to Standard 4 Physical environment

and safe systems includes, but is not limited to; food safety, infection control, manual handling, fire and emergency response and chemical safety and staff generally demonstrated knowledge relevant to their roles.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home has processes to support a safe and comfortable environment for residents in accordance with their needs. Residents are accommodated in private rooms with access to temperature controlled areas. A variety of furnishing and specialised equipment is available and residents are encouraged to personalise their rooms with their personal belongings. A strategic plan has been developed for the refurbishment of the living environment; renovations have commenced in one area of the home with further plans scheduled.

Residents' safety and comfort needs are identified through audits, feedback mechanisms, hazard and incident reporting as well as through a gap analysis. Maintenance and cleaning is generally undertaken to provide a comfortable and safe environment.

Residents/representatives are satisfied with the living environment and reported they feel safe and comfortable at 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

Management at the home is actively working to provide a safe working environment that meets regulatory requirements. The home has a documented workplace health and safety policy and representatives to assist in promoting safety in the workplace. Processes to identify, action and review safety issues are established and are inclusive of incident and accident reporting, hazard identification, suggestions and audits/reviews. Staff are provided with ongoing training in safety on commencement and as part of the annual mandatory training program. Safety meetings are held and used to discuss relevant safety issues.

Equipment is maintained which is inclusive of electrical safety testing. Staff are aware of the home's safety reporting systems and are satisfied with management's responsiveness to any safety issues.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has processes to provide safe systems of work that minimise fire, security and emergency risks. Documented procedures for fire and other emergencies are established, a resident list is maintained and evacuation diagrams are displayed. Staff are provided with instructions on fire and evacuation procedures at orientation, annually and verbally in response to renovations. Fire safety equipment and detection systems are inspected by an external service provider and identified defects are generally communicated and actioned. The home has processes for the ongoing security and safety of the home including security checks, lighting, staff wearing identification badges and a sign in and out register. Monitoring of fire, security and emergency risks occurs through hazards, inspections/reviews and observations. Instructions are provided to residents through resident meetings, information is available for visitors on entry and staff demonstrated knowledge of how to respond in the event of a fire or 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 an infection control program to identify, document, manage and minimise infections. The program includes a food safety program, pest control schedule, a vaccination program for residents and staff and pandemic management kits. Infection control and hand washing education is provided to all staff. Cleaning and laundry practices are monitored to ensure infection control requirements are followed. The home is equipped with hand washing areas and anti-bacterial gel with instructions for use displayed throughout the home. Staff are aware of infection control measures, including the appropriate use of colour coded and personal protective equipment, hand hygiene procedures and precautions to be taken.

Infection statistics for residents are recorded and reviewed monthly.

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

The home has processes to ensure hospitality services are provided in a way that enhance residents' quality of life and staff working environment. Residents' dietary needs and preferences are assessed and this information is communicated to relevant staff. Meals are cooked onsite and food safety program is generally implemented and externally audited to monitor compliance. All linen and residents' personal items are laundered onsite, and processes established to ensure items are correctly labelled and returned. The home has a

cleaning program that is implemented to minimise the risk of cross contamination. Ongoing monitoring and reviews of the home's hospitality services is conducted through feedback mechanisms and audits. Residents/representatives are satisfied with the provision of hospitality services at the home.