



Aged Care
Standards and Accreditation Agency Ltd

Natimuk BNH-Nursing Home Annexe

RACS ID 4347

6 Schurmann Street

NATIMUK VIC 3409

Approved provider: West Wimmera Health Service

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 8 December 2015.

We made our decision on 17 October 2012.

The audit was conducted on 11 September 2012 to 12 September 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

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

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

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Natimuk BNH-Nursing Home Annexe 4347

Approved provider: West Wimmera Health Service

Introduction

This is the report of a re-accreditation audit from 11 September 2012 to 12 September 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 11 September 2012 to 12 September 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of three 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:	Deanne Maskiell
Team members:	Jill Packham
	Carolyn Rogers

Approved provider details

Approved provider:	West Wimmera Health Service
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Details of home

Name of home:	Natimuk BNH-Nursing Home Annexe
RACS ID:	4347

Total number of allocated places:	20
Number of residents during audit:	20
Number of high care residents during audit:	20
Special needs catered for:	Nil identified

Street:	6 Schurmann Street	State:	Victoria
City:	Natimuk	Postcode:	3409
Phone number:	03 5387 1205	Facsimile:	03 5387 1303
E-mail address:	jfisher@wwhs.net.au		

Audit trail

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

Interviews

	Number		Number
Management team	8	Residents/representatives	6
Clinical, care and lifestyle staff	15	Hospitality, environmental and safety staff	8
Administration staff	3	Allied health and visiting practitioners	3

Sampled documents

	Number		Number
Residents' files	7	Medication charts	7
Personnel files	5	Resident agreements	3

Other documents reviewed

The team also reviewed:

- Activity program documentation
- Annual report, strategic plan and organisational chart
- Assets list and capital expenditure documents
- Audits and reports
- Building permit, kitchen registration and essential safety measures certificate
- Cleaning schedules
- Clinical care assessments, progress notes and care plans
- Clinical check lists
- Comments and complaints documents
- Consent forms
- Continuous improvements documents
- Diabetic records/orders
- Drugs of Addiction register
- Education documentation and attendance records
- Electronic and paper based information systems
- External contractors records
- Family consultation records
- Fire, safety and emergency documents
- Food safety plan, associated documentation and certification
- Handover sheets
- Incident reports and related systems
- Infection control outbreak management records

- Infection surveillance records
- Mandatory reporting register
- Material safety data sheets
- Meeting schedules, minutes, terms of reference and agendas
- Menu
- Mission and visions statements
- Newsletters
- Occupational health and safety documentation including workplace inspections and hazard reporting
- Police certificates and statutory declarations
- Policies and procedures
- Position descriptions and staff appraisals
- Preventative and reactive maintenance records
- Professional registrations
- Quality indicator data reports
- Resident information package and handbook
- Residents' dietary requirements and preferences
- Rosters
- Specialised care records
- Staff communication books
- Staff handbook and orientation records
- Staff intranet site resources
- Staff recruitment and induction documents
- Stock re-ordering process
- Surveys

Observations

The team observed the following:

- Activities in progress
- Cleaners storerooms, trolleys and chemical storage
- Clinical stock, check lists and storage
- Confidential document storage and destruction process
- Document storage and records management
- Electronic and hard copy information systems
- Equipment and supply storage areas
- External complaints information displays
- Feedback forms and suggestion box
- Fire, safety and emergency equipment and signage

- Hand washing stations/hand sanitisers/personal protective equipment
- Handover
- Information brochures
- Interactions between staff, residents, relatives and visitors
- Lifting machines and mobility aids
- Living environment
- Meal service
- Noticeboards and information displays
- Notification of Agency visit
- Oxygen storage
- Residents' rights and responsibility information
- Sign in registers
- Staff work practices
- Storage and administration of medications
- Waste management processes

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home's quality systems effectively capture, action and evaluate continuous improvements across the Accreditation Standards. Sourcing of information is through comments, complaints and suggestions from staff, residents, representatives and the community, monthly audits analysis, incident reports, maintenance/hazard issues, clinical indicators, legislative changes and strategic planning. Monitoring of actions occurs at a management level with input from relevant departments and evaluation of items prior to closing ensures positive outcomes. Identification of issues or improvement opportunities results in reviews of policies and procedures, equipment purchases, additional staff training and updates to the audit schedule. Continuous improvement is an agenda item at meetings and management disseminates relevant information through the intranet site, memorandums, communication books, noticeboard displays and in newsletters. Residents, representatives and staff are aware of the various avenues to make comments, complaints and suggestions and confirm they are encouraged to be part of continuous improvement at the home.

Examples of recent improvements over the last 12 months relating to Standard 1:

- To enhance the collection, reporting and monitoring of quality items the organisation introduced a new electronic program in June 2012. Staff can directly access the program to register items and monitor the progress of actions. This system has expanded the capacity to capture and document all quality activities and for trending and analysis of recurring issues.
- A recent fire drill in August 2012 identified the need to improve communication between staff and the emergency controller on site. The home purchased two portable radios for the emergency box and provided staff with instructions on their use. The enhanced equipment supplies ensures effective communication in the event of a future emergency.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home receives regular information and updates on professional guidelines and legislative requirements through the organisation's subscription to a legal update service, peer group networking, membership to professional organisations and notifications from government departments. Effective processes ensure revision of relevant policies and

procedures occurs and monitoring of compliance is through internal and external reviews and audits. Staff confirm dissemination of information regarding changes to regulations and the home's practices is through resources on the intranet site, meetings, memoranda and education sessions. The home has an effective system to monitor the currency of staff, volunteers and external contractors' police check clearance certificates and to ensure annual renewal of professional registrations. Notification occurs to staff, residents and representatives of re-accreditation site audits. Confidential documents are stored and destroyed securely and information is available to residents and representatives on the external complaints service.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home provides an education program to support staff in maintaining the required knowledge and skills to perform their roles effectively. The home develops the annual education calendar responding to staff feedback, legislative changes and residents' care requirements. Education includes sessions facilitated by internal and external personnel, specific competencies relevant to each department and mandatory topics. Staff are encouraged and assisted to attend external courses and seminars. Management maintain records on staff attendance and staff evaluate training sessions. Staff said they are satisfied with education and training opportunities provided by management.

Examples of education sessions in relation to Standard 1 include:

- Aged care funding instrument (ACFI) documentation
- Bullying and harassment
- Electronic care documentation

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home provides stakeholders with access to internal and external complaints handling mechanisms. Information on the complaints process is contained within the information package and handbook presented to all new residents and representatives. The home displays external complaints brochures in prominent positions. Internal feedback forms and a suggestion box are available. The home has an open door policy and conducts regular informal and formal meetings between staff, residents and representatives which provide an opportunity to raise issues or concerns. Analysis of complaint data occurs and feeds into the continuous improvement system. Residents, representatives and staff are aware of the process and documentation confirms matters are actioned appropriately and in a timely manner.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's vision, mission and values statement displayed in the foyer is consistent with versions documented in stakeholder publications and forms part of staff orientation. The organisational chart displays management structures and the Board produces an annual report and a strategic plan.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Management is able to demonstrate employment of appropriately skilled and qualified staff to meet the residents' care needs and lifestyle preferences. The home's recruitment selection and orientation systems include processes to confirm qualifications, references and police clearance certificates. Staff access position descriptions, handbooks, policies, procedures and guidelines to provide support in their role. The roster reflects appropriate staffing levels and replacement of vacancies through the site and organisational casual bank. Management monitors the skill level of staff through the education program and annual performance appraisals. Staff report they are aware of their roles and responsibilities and confirm staffing levels are generally sufficient to enable appropriate delivery of care. Residents and representatives express satisfaction with the care and services provided.

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 demonstrates an effective system to ensure appropriate goods and equipment are available for quality service delivery. Management develops an annual capital equipment wish list in consultation with the organisation and maintains a site assets list. Key personnel monitor stock levels and there is an effective re-ordering process through the organisation from an approved suppliers list. Adherence to maintenance and cleaning programs occurs and electrical equipment is tested and tagged for safety. Reviewing and updating of goods and equipment reflects any special needs of the current resident population. New equipment is trialled prior to purchase with staff receiving appropriate training. Equipment, supplies and chemicals are securely stored with access restricted to authorised personnel. Residents and staff state adequate supplies of suitable goods and equipment are available.

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

Management and staff demonstrated the home has effective information management systems. The organisation regularly reviews and updates procedures, guidelines and information tools. There are established processes for updating resident care information performed by key staff according to a schedule. Mechanisms such as handover, diary records, meetings, memoranda, policies and procedures, intranet and other electronic portals convey information to staff. Information handbooks, displays, newsletters, meetings and minutes, care consultations and personal contact support the provision of information to stakeholders. Resident and personnel files and agreements are securely stored and authorised staff access electronic information which have individual code access. Archiving and document destruction processes are in place and electronic information backed up daily off site. Residents and staff confirmed they are satisfied with the level of information provided by management and their ability to access information as required.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has effective processes that ensure the ongoing quality and responsiveness of externally sourced services. The organisation centrally manages externally contracted personnel and suppliers. Formal agreements include insurance, police certificates, qualifications, confidentiality and expected service levels and regular reviews monitor compliance. The organisation conducts induction with suppliers and provides them with a handbook. Contractors are required to sign in and wear an identification badge. Feedback on satisfaction is from staff, residents and representatives through audits, surveys and observations. A list of preferred service providers is available and staff have access to after hours' emergency numbers. Staff and residents are satisfied with the currently sourced external suppliers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home actively pursues continuous improvement in relation to residents' health and personal care. The audit schedule includes clinical outcomes and monthly incident/infection data is analysed and trended. Identified issues result in corrective actions through the quality system. Refer to expected outcome 1.1 Continuous improvement for more information about the home's systems and processes. Staff confirm they are encouraged to make suggestions and residents and representatives state they are satisfied with feedback and actions on any health management concerns.

Examples of recent improvements over the last 12 months relating to Standard 2:

- In response to an increase in skin integrity issues of two taller residents the home investigated the possible cause. As a result the home purchased longer beds to better accommodate them. The residents are now more comfortable and no further skin or pressure issues have presented
- Staff identified there were no indicators available for assessing immediate pain management requirements for new residents. They resourced a new pain assessment tool for use on the first day of entry to the home. This initiative ensures immediate identification of residents at risk of pain and the assessment is now in use across all the organisation's sites.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home ensures compliance with regulations and guidelines regarding health and personal care through their policies and procedures, regular auditing, staff education and clinical competencies. Refer to expected outcome 1.2 Regulatory compliance for more information about the home's systems and processes. Registered nurses sign off on care plans and appropriately qualified staff provides medication management and specialised nursing care. Medication is stored securely. The home has a current policy for absconding residents with appropriate incident reporting and notification processes.

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

Management support staff with an education program to ensure they have the required knowledge and skills in relation to health and personal care. For a description of the education system refer to expected outcome 1.3 Education and staff development.

Examples of education sessions in relation to Standard 2 include:

- Antibiotic resistance
- Continence care
- Diabetes management
- Massage for aged care
- Opioid management
- Wound care

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 that is appropriate to their individual needs and preferences. Registered, enrolled nurses and other staff assess, monitor and evaluate residents’ individual care needs on entry and on an ongoing basis. Staff complete a range of assessments on each resident on entry and in response to changes in residents’ health status. Appropriate staff develop care plans, which staff review on a regular basis. Health specialists and general practitioners attend the home regularly and staff amend care plans in response to these consultations. Staff record clinical incidents and management monitor care via audits, surveys and feedback from residents and their representatives. Staff state they complete regular clinical education to update and maintain their skills. Residents and representatives express high levels of satisfaction with the clinical care provided.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Residents have their specialised nursing care needs identified and registered nurses provide or monitor care provided as appropriate. There are procedures and guidelines available to assist staff in the management of specialised nursing care. Observations confirm sufficient resources and equipment are available. Specialised nursing care includes diabetes management, anticoagulant administration and wound management. Care plans describe specific needs and instructions to manage care. The home has access to clinical specialists and general practitioners for advice. Residents and representatives state they are satisfied

with how registered nurses provide and monitor residents' with specialised nursing care 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 findings

The home meets this expected outcome

The home has systems to ensure referrals to appropriate health specialists occur in accordance with residents' needs and preferences. Identification and documentation of residents' preferred health specialists occurs on entry. A range of allied health specialists visit the home or staff assist residents to attend external appointments as required. Health specialists document their assessments and treatment and nursing staff amend care plans in response to the information provided by specialists. Residents and representatives state they are satisfied with how residents receive assistance to attend visiting and external specialists.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

The home has a system to ensure safe and correct management of residents' medication. Registered and endorsed enrolled nurses administer medications according to general practitioner orders. Resident identification is clear and administration processes are systematic. Medication management monitoring processes include regular audits, monitoring of staff practices and an incident reporting system. A medication advisory committee meets regularly and monitors current practices and policy development. Staff administer and store medications securely with processes for ordering, receiving and disposal of medications followed. Residents and their representatives say staff give medications in a safe and timely manner.

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

A system of identification, assessment, and development of strategies to manage residents' pain ensures that residents are as free as possible from pain. Initial and ongoing pain assessment takes place using observation, discussion and assessment forms, including those specifically designed to assess residents with impaired cognition. Care plans record specific interventions with consideration of the use of alternative therapies to medication, including the use of heat packs, massage and physiotherapy. The home monitors residents with increased levels of pain and referrals to general practitioners, physiotherapists and other allied health specialists occur as required. Clinical and care staff are able to discuss their role in pain management, including identification, reporting, and monitoring of pain. Residents and their representatives state they are satisfied with how staff monitor and manage residents with 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

Consultation with residents and representatives regarding end of life wishes occurs on entry to the home in accordance with resident preferences. Staff encourage residents and representatives to provide information relating to the residents wishes for palliation and end of life care. Clinical staff develop care plans to reflect residents’ wishes. Staff assess residents’ ongoing terminal care requirements as necessary in consultation with general practitioners, palliative care specialists and the resident and representatives. Clinical staff update care plans when the need arises to guide staff in symptom and care management. Staff can access palliative care specialists who provide support and education to staff. Visiting clergy are available to provide comfort and support and staff encourage families to be involved in 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

Residents’ nutritional and hydration needs are assessed to identify specialised diets, allergies and individual preferences. Staff develop a care plan, communicate dietary information to the kitchen and there is a process to ensure information remains current. The home monitors residents for adequate nutrition and hydration through the regular checking of weight. Staff implement strategies for weight management such as high-energy foods, modified textures and meal supplements where indicated. A dietitian and speech pathologist visits residents on a regular basis in response to individual needs. Catering staff provide texture modified diet and fluids in response to these assessed needs. Residents and their representatives state they are satisfied with the quality, variety and quantity of food and drinks provided.

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

The assessment of residents’ skin integrity occurs on entry to the home and on an ongoing basis. Staff complete assessments to identify risks to skin integrity and the potential for pressure injury. Staff develop skin care plans, which include residents’ needs and preferences which includes individual interventions such as the use of airbeds, emollient creams, protective bandaging, repositioning and sheepskins. Staff document medications which may impact on a resident’s skin integrity on relevant documents to assist staff in monitoring skin integrity. Residents with wounds have care provided by appropriate staff. Wound charts record the location of the wounds, instructions for treatment and progress reviews. Residents and their representatives state they are pleased with the way staff care for residents’ skin.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents receive continence care that is appropriate to their needs. The home’s processes include an initial continence assessment, care planning and ongoing review of residents’ needs. Care planning includes identifying individual needs and preferences, establishing toileting patterns, monitoring dietary needs, initiating medication strategies, and the use of the appropriate aids. Staff confirm they have access to education, adequate supplies of continence aids and provide residents with toileting programs as required. Care plan reviews occur regularly and evaluation includes monitoring of aid use and obtaining feedback from residents and staff. Residents and their representative’s state staff assist residents in a timely and discreet manner and provide aids appropriately.

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

Staff are provided with support and education to manage residents’ challenging behaviour. Staff complete assessments to determine effective interventions and develop care plans. Behaviour assessments identify types of behaviour and strategies to prevent or manage behaviours. Staff review care plans regularly and reassessment occurs if there is an increase in behavioural episodes. Staff access specialists for assessment and reviews when required. Residents and their representatives state they are satisfied with how staff manage residents with behavioural needs.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Staff support residents to achieve optimum levels of mobility and dexterity through assessments and regular reviews. The home’s physiotherapist, massage therapist and staff assess residents’ mobility, dexterity, transfer needs and identify level of assistance needed with activities of daily living. Care plans include types of mobility aids, assistance and transfer needs and evaluation occurs regularly and in response to changing needs. Residents have access to appropriate assistive devices and staff facilitate individual and group exercise programs. Staff report all falls incidents and undertake follow up actions and ensure physiotherapy and general practitioner reviews occur promptly. Residents and their representatives state they are pleased with the physiotherapy programs provided at the home.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Residents receive oral and dental care that is appropriate to their individual needs and preferences. Staff assess residents’ oral and dental health and care plans contain details of daily care needs. Staff observation and resident/representative feedback in addition to audits monitor residents’ ongoing oral and dental needs. Staff identify residents at risk of poor oral health and staff include management strategies in care plans. Referrals to allied health practitioners including, dental technicians, dentists and speech pathologists occur as needed. Residents and their representatives state they are satisfied with dental care at the home.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Staff at the home identify and manage residents’ sensory needs. Staff assess residents’ senses on entry in consultation with residents and representatives to identify interventions to manage sensory loss. Care plans include preferred specialists, use and type of aids, level of staff assistance and needs or preferences for service providers. Specialists attend the home for review of residents or staff assist residents to attend external appointments. The lifestyle program includes sensory activities to cater for individual needs and staff modify programs to enable resident participation. Staff provide sensory stimulation including massage, music and tactile activities. Residents and their representatives state staff assist residents with fitting of aids and access to specialists as needed.

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

The home ensures residents are able to achieve natural sleep patterns through initial and ongoing identification of sleep needs. Staff complete sleep assessments and develop strategies in accordance with residents’ normal sleep patterns. The home provides a quiet environment at night and care evaluation occurs from staff observations and residents’ feedback. Strategies used to promote sleep include offering of food or a warm drink, position changes and pain management interventions. Management ensures sensor mats and alarms are available to assist staff in maintaining the nocturnal safety of residents who may rise without assistance. Residents and their representatives confirm staff assist residents to settle at night, at times suitable for each resident.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a system for monitoring and improving outcomes relating to the residents’ lifestyle experiences. Feedback on the effectiveness of the program and ideas for improvement are from resident surveys, meetings and evaluation of activity participation levels. Refer to expected outcome 1.1 Continuous improvement for more information about the home’s systems and processes. Residents confirm they are satisfied with their input and choices available to them regarding lifestyle matters.

Examples of recent improvements over the last 12 months relating to Standard 3:

- Previously residents’ meetings occurred quarterly and family and friends’ meetings monthly with no feedback between the two. The meetings are now combined with the residents, family and friends getting together monthly to discuss items of interest and receive information on the home’s activities and programs. This resulted in improved communication between the groups and residents say it gives timelier actioning of their suggestions.
- Reviews of activity attendance sheets identified staff were not consistently recording when they spent individual time with the residents. Each resident now has a formal one on one activity plan with sessions recorded on the sheet. This strategy improves the monitoring of individual programs and ensures residents are receiving appropriate care.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home’s policies and procedures, staff education and monitoring systems ensure staff are aware of and comply with relevant regulations relating to residents’ lifestyle. Refer to expected outcome 1.2 Regulatory compliance for more information about the home’s systems and processes. A consolidated register contains appropriate documentation relating to incidents of elder abuse and mandatory reporting. Information for residents on their rights and responsibilities, security of tenure and privacy and consent issues are contained in their handbooks and service agreements. The home displays posters of the Charter of residents’ rights and responsibilities.

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

Management support staff with an education program to ensure they have the required knowledge and skills in relation to residents' lifestyle and lifestyle staff hold formal qualifications. For a description of the education system for education refer to expected outcome 1.3 Education and staff development.

Examples of education sessions in relation to Standard 3 include:

- Elder abuse
- Privacy and dignity
- Refusal of treatment
- Religious and secular perspectives in an open society

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home provides emotional support to residents in adjusting to life at the home and on an ongoing basis. New residents and representatives receive an information pack explaining services and levels of care and management provide a tour of the home. After a settling-in period staff conduct assessments to capture a history and develop care plans documenting preferences, emotional triggers and strategies for the residents to enjoy life at the home. Residents are encouraged to personalise their rooms and representatives are invited join in activities and maintain close contact. The home has access to psycho-geriatric specialists, clergy and counselling services if required. Regularly reviewed care plans capture changes and the activity program schedules individual time with residents. We observed staff interacting with residents in a caring and friendly manner and residents confirmed staff are supportive.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Management supports residents to achieve optimal independence, maintain friendships, family connections and community links. The home's assessment and care planning process identifies residents' cognitive, sensory, mobility and dexterity levels and preferences for social interaction. Residents can access physiotherapists for exercise programs to assist maintain mobility and strength. The lifestyle programs include sensory stimulation activities and community outings. The home assists residents to attend community groups and to entertain visitors. Supplied equipment aids and utensils encourage independence and audits

and observation ensures the environment provides ease of movement within the home. Residents say they feel part of the local community and staff assist them to be independent.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Residents' right to privacy, dignity and confidentiality is recognised and respected. Residents reside in shared and single rooms and staff demonstrated awareness of privacy issues and providing care discreetly. The home provides residents and their families with areas for visitation, and group activities. The external environment has shaded areas and we observed residents enjoying time in the garden. Personal and care related information is stored securely to support residents' privacy and confidentiality. Care staff refer to residents by their preferred name and residents interviewed state staff respect their privacy and treat them with dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Management supports and encourages residents to participate in a range of activities of interests. On entry lifestyle profiles capture past and current interests, preferences for social interaction and community links. Care plans document residents' choices and regular reviews reflect changes in the individual needs of the resident. Lifestyle staff provide a variety of group activities reflecting residents preferences including outings, tactile and sensory sessions, exercise groups and visiting entertainers. Friends and family are encouraged to be involved in their life at the home and to join in activities. Care plan reviews, feedback from meetings, surveys and participation records appraise residents' satisfaction with the program. Residents confirm staff assist them to attend the daily activities and they are satisfied with the lifestyle program.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings

The home meets this expected outcome

Residents cultural and spiritual preferences and interests are identified on entry to the home. Staff develop care plans from assessment information to record residents' cultural and spiritual needs. Local church communities visit the home and staff assist residents attend services in the community and volunteers attend to offer support with activities. Staff provide cultural resources including newspapers and books for residents. Staff identify cultural events of significance and birthdays are planned and celebrated throughout the year with the support of catering staff. The home has access to culturally specific services and resources to assist in providing individual cultural needs if required. Residents are satisfied with the support and respect given for their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home is committed to promoting residents right to participate in choices and decisions regarding their care and lifestyle preferences. Authorised powers of attorney are on file where required and care plan capture residents' wishes and preferences. Handbooks and agreements contain information on residents' rights and responsibilities, the internal and external complaints process, advocacy services and policies relating to care and lifestyle choices. Staff gave examples of how they consult with residents regarding choices for care, social activities and environmental services. Audits, surveys and feedback from meetings monitor satisfaction and staff have access to policies and procedures on this outcome. Residents and representatives say staff enable residents to make independent choices and decisions.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home ensures new residents understand their security of tenure, rights and responsibilities, financial obligations and services offered by provision of an information package and formal residency agreement. Extensive consultation occurs in the event of the need to move a resident to another room or to a more appropriate facility. The home displays the Charter of residents' rights and responsibilities and information regarding independent complaint services and advocacy groups. The home has an open door policy to discuss any concerns and mail outs occur to inform representatives of any relevant changes. Residents state they feel secure in their tenancy and understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home actively pursues continuous improvement to ensure residents live in a safe and comfortable environment. Evaluation of effective strategies and ideas for improvements come through feedback from residents, representatives and staff, maintenance requests, environmental audits and incident and infection data analysis. Refer to expected outcome 1.1 Continuous improvement for more information about the home’s systems and processes. Residents and representatives confirm they can raise suggestions at meetings or directly to staff and state they are satisfied with the safety and comfort of the living environment.

Examples of recent improvement over the last 12 months relating to Standard 4:

- Following an intruder on the site the home reviewed security. This resulted in the installation of improved automatic lighting around the building and new procedures for lockdown in the evenings. No further incidents have occurred since implementing the enhanced security measures.
- Following an incident where a resident received burns as a result of dropping a cigarette on their clothing, the home reviewed the smoking management plans. They introduced a new smoking assessment and undertook an occupational health and safety risk analysis on the environment and equipment available in the designated smoking areas. Residents are now supervised and have individual smoking programs and schedules. This improves residents’ safety and increases staff monitoring to ensure no further incidents occur.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a system to identify and ensure compliance with relevant regulations to enable residents to live in a safe and comfortable environment. Refer to expected outcome 1.2 Regulatory compliance for more information about the home’s systems and processes. Staff receive ongoing education on fire and emergency procedures, safe food handling, infection control and manual handling. Chemicals are stored appropriately with accompanying material safety data sheets. The kitchen has a current food safety program and certification by external authorities and the home has the required building permits and a current essential safety measures certificate. Effective monitoring and maintenance of fire and safety regulations occurs

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

Management support staff with an education program to ensure they have the required knowledge and skills in relation to physical environment and safe systems. For a description of the education system refer to expected outcome 1.3 Education and staff development.

Examples of education sessions in relation to Standard 4 include:

- Fire and emergency training
- Food handling and food safety principles
- Gastroenteritis in-service
- Infection control
- Manual handling

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home has systems to demonstrate they are actively working to provide a safe and comfortable environment. Residents live in either one or two bed rooms with single or shared en suite bathrooms. They are encouraged to decorate their rooms with personal items and small pieces of furniture. The home provides a well maintained, comfortable living environment with furniture and equipment consistent with residents' care and safety needs. Private functions can be organised, refreshments are available and various internal and outdoor areas are accessible to meet with visitors. Monitoring of safety and satisfaction with the environment is through surveys, audits and a preventative and corrective maintenance program. Appropriate policies and procedures guide staff practices and meet regulatory requirements. Residents and representatives are satisfied with the comfort and safety of the environment.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings

The home meets this expected outcome

The occupational health and safety system includes regular meetings, incident and hazard management, data analysis and a schedule of workplace and environment audits. The home has a trained representative and occupational health and safety is an agenda item at staff meetings and also discussed at the organisational health and safety subcommittee. We observed occupational health and safety information displays, reviewed incident and hazard identification processes and environmental audits are generally completed. Regular maintenance and inspections ensure equipment remains appropriate and safe for use.

Hazardous substances and chemicals are stored safely with current material safety data sheets. Staff complete manual handling training and confirmed consultation and participation in occupational health and safety processes.

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 effective systems for the detection, prevention and management of fire and emergencies. Appropriate fire detection and alarm systems are available and service records confirm external contractors and internal maintenance staff undertake regular inspections and maintains equipment. Evacuation kits are available with a current list of residents and their mobility needs. Evacuation maps are on display, exits are clearly signed and free of obstruction and external assembly areas are marked. The home has keypad and camera security, effective after hours' emergency measures and visitors are required to sign a register. Education records confirm staff attend mandatory fire and emergency training at orientation and annually thereafter and residents receive relevant information. Staff are able to detail their actions in the event of an emergency evacuation and residents and representatives are satisfied with fire and security measures at the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective control program. The organisational infection control nurse acts as a resource person and conducts staff education at orientation. Training at mandatory training days includes infection control strategies, the use of protected personal equipment and infectious outbreak management. The home has documented outbreak procedures and staff demonstrated knowledge of the processes. Annual staff and resident vaccinations are encouraged and an infectious outbreak kit contains appropriate resources. Personal protective equipment, sanitising gel and hand washing basins are located throughout the home. Designated staff monitor infection data which is collated, analysed and benchmarked. Auditing processes assist with the overall monitoring of the infection control program. Residents, representatives and staff said they are satisfied with the home's approach to infection control.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".

Team's findings

The home meets this expected outcome

The home provides hospitality services in a positive and enthusiastic manner. Meals are freshly prepared in the kitchen and documentation maintained in accordance with the food safety plan. Current kitchen certification is in place, food is appropriately stored and a dietitian regularly reviews the menu. The home has effective processes to ensure residents' dietary information remains current and food preferences recorded. Cleaning staff described

daily cleaning procedures and we observed a clean and well maintained environment. Laundering of linen and personal clothing occurs off site and residents confirm satisfaction with the clean and timely delivering of clothing. Management seeks feedback from residents regarding hospitality services via surveys and the comments systems. Residents said they are highly satisfied with the hospitality services provided by the home.