Noble Gardens Residential Aged Care

RACS ID 3566
55 Thomas Street
NOBLE PARK VIC 3174
Approved provider: Great Oaks Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 19 September 2016.

We made our decision on 02 August 2013.

The audit was conducted on 25 June 2013 to 26 June 2013. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development
Principle:
Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

Standard 2: Health and personal care
Principle:
Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

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

Standard 3:   Resident lifestyle
Principle:
Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

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

Standard 4:   Physical environment and safe systems
Principle:
Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

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

Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Noble Gardens Residential Aged Care 3566

Approved provider: Great Oaks Pty Ltd

Introduction

This is the report of a re-accreditation audit from 25 June 2013 to 26 June 2013 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 25 June 2013 to 26 June 2013.

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:	Colette Marshall
Team members:	Darren Bain
	Jenny Salmond

Approved provider details

Approved provider:	Great Oaks Pty Ltd

Details of home

Name of home:	Noble Gardens Residential Aged Care
RACS ID:	3566

Total number of allocated places:	130
Number of residents during audit:	129
Number of high care residents during audit:	121
Special needs catered for:	No

Street:	55 Thomas Street	State:	Victoria
City:	Noble Park	Postcode:	3174
Phone number:	03 9548 5177	Facsimile:	03 9548 5977
E-mail address:	noblegardens@tlchomes.com.au		

Audit trail

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

Interviews

	Number		**Number**
Management	7	Residents	13
Clinical /care staff	8	Representatives	5
Lifestyle staff	2	Maintenance/contractors	2
Hospitality staff	6		

Sampled documents

	Number		**Number**
Residents' files	18	Medication charts	12
Resident agreements	14	Personnel files	6

Other documents reviewed

The team also reviewed:

- Annual essential safety measures report (current)
- Annual prudential statement
- Audit schedule and results
- Better practice (compliment, compliant, comment and suggestion) form and related documentation
- Chemical register
- Cleaning schedule and monitoring records
- Dietary profiles and records
- Dietitian's report
- Doctors communication book
- Education evaluation records
- Education matrix
- Education monthly planners
- Employee orientation and induction programs
- Equipment, essential safety and building proactive maintenance schedules
- Fire, security and emergency manual
- Food and temperature monitoring records
- Food safety plan and third party and Council audit certificates (current)
- Handover sheets
- Incident reporting process (electronic)
- Independent medication reviews
- Lifestyle activity evaluations

- Lifestyle calendar

- Location list for kits in the facility

- Maintenance request system (electronic and hard copy)

- Mandatory reporting register and supporting documentation

- Material safety data sheets

- Medication storage/trolley

- Meeting minutes

- Memoranda

- Menu

- Newsletter

- Nursing registration register

- Organisational chart

- Pest control processes

- Plan for continuous improvement

- Police certificate registration and monitoring process

- Polices and procedures

- Position descriptions

- Progress notes

- Referral folder

- Resident handbook and information package

- Resident of the day document

- Residents' bill of rights

- Residents' evacuation list (current)

- Staff roster

- Statutory declaration documentation process

- Third party catering audit.

Observations
The team observed the following:

- Activities in progress

- Art 'conversation' activity

- Call bell system

- Chemical storage

- Cleaning trolley and cleaning in progress

- Delivery of personal laundry

- Equipment and supply storage areas

- Evacuation plans and assembly points

- External complaints and advocacy information

- Feedback form availability and suggestion boxes
- Fire panel, fire detection, alarms and fire fighting equipment
- Illuminated exit signs and unobstructed exit doors and egress paths
- Infection control equipment
- Interactions between staff and residents
- Internal and external living environment
- Key pad door security and closed circuit television system
- Lost property room
- Lunch and refreshment services and staff assisting residents with meals
- Medication administration
- Menu displayed
- Noticeboards and information displays
- Notification of Agency visit (on display)
- Pet therapy (fish)
- Residents using mobility aids
- Residents' personal computer access
- Team points
- The Charter of Residents' Rights and Responsibilities (displayed)
- Today's emergency control organisation board (specifying emergency wardens and first aide officer for the shift)
- Traffic control measures
- Vending machine
- Vision, values and philosophy statements displayed
- Waste management.

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

Management ensures the quality system actively pursues continuous improvements across the Accreditation Standards. A schedule of audits identifies the home's level of performance in relation to management systems, meeting residents' needs and environmental and safety systems. Informal and formal feedback, a schedule of planned meetings, observation and the regular analysis of key performance indicators add insight into potential improvements. The documentation of a plan for continuous improvement enables monitoring of progress towards satisfactory outcomes. Evaluations of improvements occur through a system of formal and informal processes and management communicates outcomes to key stakeholders via established communication channels. Staff, residents and representatives confirmed they are encouraged to provide input and are aware of improvements occurring in the home.

Examples of recent improvements undertaken or in progress that relate to Standard 1 Management systems, staffing and organisational development include the following:

- As a result of an organisational initiative, a roster model has been implemented that enhances staff skill mix and continuity of care provided in each area of the home. An extra enrolled nurse is being rostered in each of the home's three areas on both morning and evening shifts to increase clinical care support. More effective distribution of staff hours ensures timely response to increased residents' care needs. The allocation of an extra evening lifestyle shift extending to 8pm has supported a more relaxed atmosphere in the dementia specific area. Staff are positive about the effect of the changes and an improvement in their knowledge of each resident's care. Residents report they are getting to know staff better and management stated they are satisfied with the improvements to continuity of care. Staff continue to rotate within the home but shift vacancies are more consistently filled by staff working within the effected area. Employment of enrolled nurses continues and evaluation is ongoing.

- The introduction of a new intranet occurred recently as a result of an organisational initiative. Management reports the system has facilitated an effective document control process and stated all staff can access current policies and procedures, documents and forms. Staff report their satisfaction with the quality of the key word search program which facilitates easy location to information. Evaluation is ongoing.

- Following feedback from staff a second weigh chair was provided for the two areas on the lower level to share. Management stated a review of storage areas permitted safe storage of this additional piece of equipment. Staff report satisfaction in the resulting efficiency in access to a weigh chair when necessary.

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

Management has systems in place to identify and comply with all relevant legislation, regulatory requirements, professional standards and guidelines. Senior management remain aware of legislative changes through memberships of peak body organisations, legislative update services and notifications from government and professional bodies. Established documentation and communication processes disseminate changes to all relevant staff. An auditing process, observations, incident analysis, data base reviews and competency testing forms a framework for monitoring regulatory compliance. Staff confirmed management informs them when changes occur.

Examples of responsiveness to regulatory compliance obligations relating to Standard 1 Management systems, staffing and organisational development include the following:

- A process ensures all current staff, volunteers and contractors comply with the requirement to have a current police certificate and have provided a statuary declaration.

- Confidential documents are stored and destroyed securely.

- Management ensures all stakeholders are notified of re-accreditation audits.

- Management ensures the availability of information about internal and external complaints mechanisms and advocacy services.

- Management has a system in place to monitor the currency of professional registrations.

1.3 Education and staff development:

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

Team's findings
The home meets this expected outcome

Management supports staff to have appropriate knowledge and skills to perform their roles. With the assistance of internal and external education providers, management monitor staff to ensure staff have the appropriate skills and knowledge to perform their roles effectively. Staff performance appraisals, surveys and training needs analysis inform training topics and events. Staff orientation includes mandatory training topics. Management review training records to ensure compliance with the home's policies and monitor staff attendance at mandatory training events. Management support the evaluation of education sessions for effectiveness. Staff stated management support them in their professional development and confirm they have the necessary skills to perform their roles effectively and in keeping with residents' needs.

Some recent examples of education in Standard 1 include:

- assessing the standards

- information systems

- specialised equipment training

- team leadership 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

Management has systems to ensure each resident, their representative and other interested parties have access to internal and external complaints mechanisms. Through a variety of communication strategies stakeholders are encouraged to raise their concerns with management and staff or to use the facility's feedback form. Information about the 'Better practice' (compliment, complaint, comment and suggestion) process is included in the resident handbook and staff orientation. Pamphlets outlining external complaints advocates are readily available. Management reviews all feedback and strives to ensure timely resolution of each identified issue. As appropriate an action plan is developed and monitored through the plan for continuous improvement. Staff demonstrated their commitment to facilitating positive outcomes for residents. Residents and representatives feel very comfortable approaching management and staff with feedback, are satisfied with their responsiveness and have ready access to a feedback form.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

Management has documented the residential care service's vision, mission and values and its commitment to quality throughout the service. The service's vision, values and philosophy statements are on display in the foyer of the home, documented in resident and staff, information and underpin the orientation and induction of new staff. The service's quality program results in consultation and communication with residents, staff and other stakeholders.

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 systems support the recruitment of appropriately skilled and qualified staff to meet resident care needs. Established procedures guide the recruitment process and the home employs a range of staff with a skill mix to achieve the home's objectives. Management generally use permanent part-time staff to replace staff on annual or sick leave. Position descriptions are generally provided to guide staff and an orientation process supports both new and agency staff. Staff complete mandatory education including manual handling and fire and emergency and appropriate staff complete medication competencies. Staff said the home provides them with a thorough orientation of work practices and management and staff said staff have appropriate skills to meet residents' needs. Residents and representatives expressed confidence in the abilities of staff and say they were very satisfied with the services staff provide to them.

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

Management has a system to ensure appropriate goods and equipment are available for quality service delivery. Key personnel regularly monitor and order supplies from preferred suppliers. New equipment is trialled before purchase and implemented in the setting of staff training. Goods are stored safely in secure areas and stock rotated as applicable. Corrective and preventive maintenance programs support the timely repair and maintenance of equipment. Staff, residents and representatives are satisfied the home has sufficient and appropriate goods and equipment and has an efficient maintenance program.

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 have access to information that is accurate and appropriate to their roles. Residents and representatives are provided with information on entry to the home, including a handbook and resident agreement. Ongoing information is provided through noticeboards, care consultations and meetings. Processes to keep staff informed include policies and procedures, education, meetings, handover and position descriptions. Staff and management said the electronic clinical documentation system provides relevant information for resident care. Key data is collected routinely and analysed, results are discussed at relevant meetings. Confidential information is stored securely and electronic information is password protected. Computerised information is backed up regularly and archived material is stored securely pending destruction. We observed notices, memoranda, minutes of meetings and staff and residents said they were kept informed of the home's operations.

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

Management has contracted service arrangements for the provision of external services that meets the residential care service's needs and service quality goals. Formal agreements are in place with major external service providers; including fire and emergency services, physiotherapy, speech pathology, pharmacy, catering and cleaning. Service providers are required to comply with relevant legislation and regulations, including mandatory police certificate checks. A process is in place to ensure the provision of services remains optimal and management reviews contracts regularly. Management, staff, residents and representatives expressed satisfaction with the quality of external services provided at the home.

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

Management actively pursues continuous improvement across all aspects of residents' health and personal care. Residents and representatives state they are very satisfied with the quality of care provided by staff to residents and their families. Refer to expected outcome 1.1 Continuous improvement for details of the service's continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 2 Health and personal care include the following:

- Implementation of a better practice model for promoting healthy skin followed recognition of its benefits by management. The contents, including visual aids and flow charts, complement existing practices and supports training provided by an external wound management consultant. Staff are satisfied with the flow on effects this resource has had to the quality of their practice in relation to skin care and wound management. Management reported the monitoring of wound management has demonstrated improved healing of chronic wounds. Evaluation is ongoing.

- Management has supported five staff to under take training through the 'Program of experience in the palliative approach' (PEPA) a federal government initiative. Aimed at improving staff skills and confidence in caring for people with palliative care needs the program enhances culturally appropriate palliative care and end of life support. This includes emphasis on care, spiritual preferences and expressions of bereavement. As part of the program the home will be taking the option for a 'reverse placement' which involves an expert trainer working with staff to enhance their practice. Management and staff are enthused about the positive effects this program is having on the quality of palliative care provided to residents. Evaluation is ongoing.

- Management of the home were responsible for the development of a new and comprehensive 'resident of the day' form the organisation implemented recently. Management and staff are satisfied with the comprehensive nature of the content, which replaces multiple forms. The tool effectively identifies changing care needs of residents and supports the goal of optimising care for each resident. Evaluation continues.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Management has systems in place to identify and comply with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal

care. Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

Examples of responsiveness to regulatory compliance relating to Standard 2 Health and personal care include the following:

- Management have policies and procedures in place and staff are aware of their responsibilities in relation to unexplained absences of residents.

- Registered nurses oversee specialised nursing care and ensure clinical guidance and support for staff is always available.

- Staff demonstrates compliance with regulatory requirements regarding medication storage and management.

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 ensure there are systems and process to adequately monitor the knowledge and skills of staff in relation to health and personal care. Management assist staff with external training and conduct in-house training to educate staff in clinical topics. Staff stated they are satisfied with the amount and type of training that management provides and the support offered for self-development. Refer to expected outcome 1.3 Education and staff development for further details on the home's education system and processes.

Examples of education and training provided in relation to Standard 2 include:

- diabetes management

- malnutrition

- medication management

- pain management

- supporting residents with Parkinson's disease

- pharmacist – analgesia

- wound management.

2.4   Clinical care

This expected outcome requires that "residents receive appropriate clinical care".

Team's findings
The home meets this expected outcome

Residents' receive appropriate clinical care, care plans are developed on entry to the home and evaluation occurs on a monthly basis or as care needs change. A registered nurse is responsible for the development and evaluation of clinical care and review of care plans. Medical practitioners and other health professionals are involved in this process. Care staff are informed of resident care requirements through written and verbal handovers, care plans and progress notes. Staff are able to demonstrate an understanding of individual care needs for residents. There is evidence that clinical incidents are monitored and evaluated and

relevant health professionals review clinical problems. Residents and representatives said they are involved in care planning and are satisfied with the clinical care provided.

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

Team's findings
The home meets this expected outcome

Residents' specialised care needs are identified and care plans developed by registered nurses. Other health professionals including medical practitioners, dieticians and, physiotherapists are involved in defining specific care requirements and ongoing review of care outcomes. Registered nurses provide and evaluate specialised care and can demonstrate that support is sought from external consultants, such as wound and palliative care nurses when required. Residents are satisfied that appropriately qualified staff meet their 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

Referral of residents to health specialists and services according to their assessed needs and preferences occurs. Medical practitioners visit residents regularly and on an as needs basis. Other health professionals provide services on site including physiotherapy, nutrition, and speech pathology. Referral to medical specialists outside the home occurs as needed, documentation showed information regarding changes to treatment and care is followed. Residents and representatives said staff assist residents to attend appointments and are provided with sufficient information to allow informed choice.

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 medication management system meets required legislative and regulatory standards. Staff practice demonstrates adherence to defined medication policy and procedures and competency training is completed. A medical practitioner undertakes assessment and review of resident medication requirements regularly and an independent pharmacist completes an annual review of all medication charts. Medication prescribing, ordering, storage, administration, documentation and disposal systems are clear and well defined. We observed processes including correct storage, checking of Schedule 8 medications, verification and documentation of variable medication orders, and dating of opened medications. Monitoring of medication incidents occurs and review undertaken accordingly with individual staff. Regular multidisciplinary medication meetings are held, incidents and medication audit results are discussed and improvement strategies identified. Residents report they are satisfied with medication administration.

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

Staff said assessment of pain occurs on entry to the home and includes pain history and effectiveness of current therapies. A review of documentation showed assessment tools include verbal and non verbal signs of pain. A range of pain management strategies includes analgesia, gentle exercise, heat packs and massage. Ongoing assessment and evaluation of therapies occurs and are documented in care plans and progress notes. A pain program is conducted four days per week by a physiotherapist. Medical practitioners monitor pain and effectiveness of analgesia on a regular basis. Residents and representatives said they are satisfied that pain management interventions used are effective in reducing 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

There are care systems in place to support residents requiring palliative care. Residents, families, medical practitioners and other health professionals are involved in completing palliative care plans. External palliative care specialists provide assistance and support staff as needed. Residents' physical, spiritual and emotional care requirements are including in care planning and individual pain management plans are used. Staff described care measures they undertake when caring for terminally ill residents which include comfort and dignity measures. Respecting resident choice forms in relation to end of life wishes are completed for all residents.

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' nutrition and hydration needs and preferences are assessed to ensure they receive adequate nourishment and hydration. Residents at risk of poor nutrition and hydration are identified through specific assessments including weight monitoring, poor appetite and the presence of any acute or chronic illness. Review of residents' nutritional status occurs regularly and referrals made to medical practitioners, speech pathologists and dieticians as needed. Nutritional supplements and high energy high protein diets are used for residents with poor nutrition. Observation confirmed adherence to dietary preferences, texture modified and other special needs according to dietary care plans. There are formal and effective communication processes to inform the kitchen of allergies, preferences, texture and dietary requirements including changes to diet. We observed assistance given to residents' at meal times in a friendly and calm dining environment. Residents and representatives said they were satisfied with nutrition and hydration care needs provided by staff and assistance given to residents during meal times.

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

Staff complete skin integrity assessments for all residents when they move into the home. Ongoing monitoring occurs as a matter of routine based on individual needs. Skin care plans outline residents individual care needs and includes assessment of nutrition, continence and mobility status. Staff said they monitor the condition of residents' skin while attending to their personal hygiene and maintain skin integrity through the application of emollients and barrier creams, and use of pressure relieving devices. Registered nurses complete wound care and external wound care specialists provide advice and support to staff as required. Wound care evaluation occurs and the incidence of skin tears monitored through the incident reporting system. Resident and representatives said they are satisfied with skin care provided by staff.

2.12 Continence management

This expected outcome requires that "residents' continence is managed effectively".

Team's findings

The home meets this expected outcome

Assessment of residents' continence occurs when they move into the home and monitoring and review occurs on a routine basis. Detailed assessment of continence is collected over designated periods to formulate an individualised care plan, toileting schedule and continence aid requirements. Continence plans inform care staff of residents' needs and the type of continence aids required. Continence education is undertaken to support and train care staff as required. Urinary tract infections are monitored and the effectiveness of prevention and treatment modalities evaluated. Monitoring of the need for aperients is undertaken and reviewed as required by qualified staff. Staff said sufficient levels of continence aids are available to meet resident needs. Residents said staff manage their continence effectively and maintain their privacy and dignity when providing assistance.

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

There are systems in place to assess and effectively manage the needs of residents with behaviours. Behaviour assessments identify concerns and care plans outline individual triggers and management strategies. Review of care plans occurs on a regular basis to evaluate current interventions and resident response. Medical practitioners regularly review resident behaviours and effectiveness of treatment. Referral to the aged psychiatric care team occurs to assist with behaviour management strategies. Leisure and lifestyle staff provide a specific program in the dementia specific area of the home, the program is conducted till eight in the evening and includes individual and group activities. Staff said they receive training on dementia care and strategies to minimise behaviours. Residents and representatives said they are satisfied with the approach to managing 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

Mobility and dexterity assessment occurs when residents move into the home and includes falls risk assessment. Care plans include strategies to minimise falls and promote residents' safe mobility and dexterity. Assessment and regular review by the physiotherapist identifies measures to maintain and promote mobility and dexterity according to resident capabilities. Assistive devices such as mobility aids and manual handling equipment is available to assist residents to maintain mobility. Falls data is analysed and trended and results incorporated with care review processes to ensure maintenance of residents' safety. We observed falls prevention strategies and equipment in use throughout the home. Residents and representatives confirm that mobility and dexterity is actively encouraged and staff provide suitable assistance.

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

Assessment of oral and dental needs and preferences occurs and is reviewed regularly. Care plans include details about daily care of teeth, mouth and dentures and level of assistance required by the resident. Dental appointments are arranged as required and residents preferred provider of dental care is established with assistance to attend given if required. Residents said they are satisfied with oral and dental care.

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

Team's findings
The home meets this expected outcome

When residents move into the home staff conduct a sensory assessment including taste, touch and smell. Care plans are developed and provide staff with individual resident care requirements. Referral to other health professionals such as speech pathologist, audiologist, and opticians occurs as required. Glasses and hearing aids are checked as part of the care plan review and we observed staff assisting residents with hearing aids and glasses. Residents report satisfaction with the care of their sensory needs.

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

Team's findings
The home meets this expected outcome

Residents preferred sleep pattern is assessed when they move into the home and is reviewed on a regular basis thereafter. Residents are involved in choices regarding settling and rising time and sleep promotion interventions to meet individual preferences. Staff offer

warm drinks, massage, comfort measures and medication to assist residents to achieve sleep. Residents said the home is quiet and restful at night, staff monitor sleep and assistance is provided as needed and according to resident preferences.

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

Management actively pursue continuous improvement activities in relation to all aspects of residents' lifestyle. Representatives and residents express satisfaction with the support provided to residents to enhance control of their lives. Refer to expected outcome 1.1 Continuous improvement for details of the service's continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 3 Resident lifestyle include the following:

- Enhancement of the range of available lifestyle activities followed feedback from residents, relatives and staff. In the dementia care wing there has been an increase in the availability of activities based on life skills, for example sweeping the garden paths, and the introduction of sensory based activities and music in the mornings. Within the broader home, residents from diverse cultural backgrounds enjoyed lunch at a local restaurant so much it has become a regular event. The route of regular scenic drives is more responsive to requests from residents and residents are enjoying a drama group with youth from the local church on a Saturday morning. Relative feedback has been positive about the enhanced energy in the dementia specific area. Management stated residents interacting with the drama group are those less likely to take part in regular activities. Staff continue to seek opportunities to enhance the diversity of the lifestyle program.

- Following recognition of a potential improvement in the availability of the palliative care kit management allocated the responsibility for maintaining the contents to lifestyle staff. As a result management stated palliative care kits are now available in each of the three areas of the home and the contents consistently maintained.

- As a result of the success of karaoke, management recognised the interest of residents in music and supported the development of a choir at the home. Led by a resident, the resident choir holds regular practice and planning meetings. Residents, staff and management report enjoyment of choir performances during happy hour and at the monthly birthday celebrations.

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

Team's findings
The home meets this expected outcome

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

Examples of responsiveness to regulatory compliance relating to Standard 3 Resident lifestyle include the following:

- Management offer an agreement to each residents or their representative/s on entry to the home and demonstrate respect for security of tenure.

- Policies and procedures guide staff practice in maintaining residents' privacy and confidentiality.

- Residents receive information on their rights and responsibilities, privacy and consent issues in their information pack and residential agreement.

- There is a system for mandatory reporting of elder abuse and management provides mandatory training in elder abuse.

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

Lifestyle and other key support staff have ongoing access to educational opportunities to maintain and enhance their knowledge and understanding of residents' lifestyle needs and preferences. Staff evaluations and management's ongoing commitment to professional development inform education relating to Standard 3. Refer to expected outcome 1.3 Education and staff development for a description of the home's educational systems.

Examples of education and training provided in relation to Standard 3 include:

- mandatory reporting
- sexuality in aged care
- spirituality in practice.

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

On entry to the home admissions staff introduce residents and representatives to key care and lifestyle staff and other residents and are assisted in orientating to the home. Staff confirm they are aware of the adjustment to changed circumstances for new residents and reported they actively support new residents to assist them adjust to changes in their life. Lifestyle staff meet with all new residents and representatives to identify their social, religious and emotional needs and emotional support continues on an ongoing basis. Residents are encouraged to personalise their rooms with favourite items. Staff reported they have access to broader community and specialist support in a continuing effort to provide emotional support for residents. Residents confirm general satisfaction with the initial and ongoing emotional support provided and reported staff are friendly and caring.

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

Team's findings
The home meets this expected outcome

Residents are encouraged and supported to achieve and maintain independence in their daily living and social lives. The home provides support and encouragement to maintain existing friendships, establish new ones and participate in social and recreation activities within and outside the home. Clinical and lifestyle staff assess residents' support and assistance needs on entry, this information is generally reviewed as part of care plan reviews and when changes occur. Visitors are welcome in the home and families and friends are encouraged to take residents on outings. The lifestyle program includes regular outings and community groups visit the home. Staff support residents who wish to go on outings. Residents and representatives stated they are encouraged and supported to maintain their independence and are very appreciative of the assistance received from staff.

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. Practices in the home ensure residents' privacy and dignity. These include the use of the residents' preferred name, personalisation of the residents' room and staff announcing their presence outside residents' rooms before entering. Residents' information is stored securely, and information on privacy is included in resident admission documentation. Residents can seek privacy in the comfort of their rooms. Staff explain activities of daily living to the residents; information is available on notice boards and made available individually to each resident. Residents' confirm their privacy and dignity is recognised and respected.

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

Team's findings
The home meets this expected outcome

The home encourages and supports residents to participate in a wide range of activities of interest to them. Staff complete social, cultural, religious profiles and lifestyle assessments in consultation with each resident and their representative when they move into the home after a settling in period. We noted individualised profiles, assessments and 'activity plans' are in place. Lifestyle staff arrange deliver and/or assist in providing activities that include special events, celebratory and cultural occasions, one on one and group activities. Programs and staggered lifestyle rostered hours further support residents living with dementia and other cognitive challenges. Activities include book reading, music, bus outings, school visitors, entertainers, sensory garden, movies and special theme days. Residents generally expressed satisfaction with the lifestyle program and the various activities on offer.

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 are valued at the home. Assessment processes include the identification of residents' individual needs and preferences related to their cultural and spiritual life. Care plans contain information considerate of individuals needs including religious affiliation. The home has access to resources relevant to the resident population to assist in providing individual spiritual needs. Staff generally support and value residents' individual spiritual and cultural needs through programs offered at the home. Religious personnel and volunteers visit the home on a regular basis and facilitate church services for residents. Staff support residents to attend religious services, social clubs and cultural events both on and offsite if desired. Residents and their representatives said they were satisfied with cultural and spiritual life in the home.

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

Team's findings
The home meets this expected outcome

Management and staff encourage residents to participate in decisions about the services they receive, and recognises residents' right to exercise choice in their lifestyle. Staff identify residents' individual preferences and care plans reflect residents' wishes in relation to areas of daily living and leisure activities. Staff confirm the home has processes to identify authorised representatives, and follow appropriate recording and reporting protocols when residents are unable to make decisions. Staff interviewed gave examples of how they assist residents to exercise choice and to make their own decisions during daily routines. Residents and representatives stated the home supports residents' involvement in making personal choices and decisions.

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

Team's findings
The home meets this expected outcome

Residents have secure tenure within the home and there are processes to ensure they understand their rights and responsibilities. Information about security of tenure, residents' rights and responsibilities and specified care and services is provided on entry and is contained in the residential agreements and information packs. Management consult with residents and representatives and their authorised representative regarding the need for a room change or transfer to another home. Management inform all stakeholders on residents' rights and responsibilities through information packs, handbooks, poster displays and policies and procedures. Resident agreements contain information such as residents' rights and responsibilities, hotel services and leave arrangements. These agreements are reflective of interim, ageing in place and high care funding arrangements. Residents confirm that they

are suitably informed and aware of their rights and responsibilities and feel 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

Management actively pursues continuous improvement activities related to all aspects of the physical environment and safe systems. Residents and representatives are satisfied with the comfort of the living environment and the quality of the catering, laundry and environmental services provided at the home. Refer to Expected outcome 1.1 Continuous improvement for details of the service's continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 4 Physical environment and safe systems include the following:

- Management and staff worked with residents to develop a sensory garden, accessed from the dementia specific area. The result is an interactive external environment which enhances the view from the sitting area. Enjoyed by residents, relatives and staff the new garden area has provided opportunities for residents to engage in a greater variety of activities of normal living. These include the sweeping of paths and raking of garden beds. Evaluation is ongoing.

- Management undertook a risk assessment of the entrance driveway and car park following observation of cars driving in excess of the required five kilometres per hour. The installation of speed humps has reduced car speeds and a convex mirror improves visibility of drivers leaving the facility. Plans are in place to reposition the speed limit signs to enhance their visibility. Management and staff report satisfaction with the enhanced safety of those using this thoroughfare.

- The installation of a new fire panel has permitted a link to the call bell system in response to the initiation of a clinical emergency. The system has undergone successful mock trials. Management are satisfied with the potential enhanced response times in the event of a clinical emergency. Evaluation will be ongoing.

- To complement the use of the phones each staff member carries, management increased the number of visual call bell displays throughout the home. Staff report this has resulted in improved recognition of active call bells especially when it is not feasible for them to efficiently access their phone. Management are satisfied with the timeliness of call bell response times and continued to monitor these regularly and follow up any identified issues.

4.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Management 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. Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

Examples of responsiveness to regulatory compliance relating to Standard 4 physical environment and safe systems include the following:

- A food safety program is in place and the catering service has current third party and Council food safety certificates.

- Chemicals are stored safely in secure areas and current material safety data sheets are available.

- Key clinical staff monitor and maintain infection control standards.

- Management ensures all staff complete annual mandatory training in fire and emergency procedures.

- Management has an occupational health and safety system in place and actively promotes occupational health and safety.

- Regular monitoring and maintenance of fire and safety systems occurs and the home has a current 'Annual essential safety measures report'.

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

Staff are educated and informed about practices relating to the physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for a description of the home's educational systems. Educational topics arise from resident and staff needs, incidents, audits and other feedback processes.

Some recent educational sessions and educational opportunities in relation to Standard 4 include:

- emergency procedures

- food handling

- hand hygiene

- infection control

- manual handling.

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

Team's findings
The home meets this expected outcome

Management of the home is actively working towards providing a safe and comfortable living environment consistent with residents' care needs. Residents are accommodated in single rooms with their own ensuite and are encouraged to personalise their rooms. Furnishings

and equipment are provided appropriate to the care needs of each resident. Regular environmental audits, scheduled preventative and corrective maintenance programs, the analysis of incidents and hazards and occupational health and safety issues occur at the home. Management responds to findings in a timely manner. Communal areas are tastefully decorated and provide for dining and social activities. The home is clean, well lit and maintains a comfortable temperature. The outside garden areas are inviting and well maintained. We observed a clean living environment with minimal noise or disruption throughout the home. Residents and representatives are happy with the comfort of their home and state it meets their needs.

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 is actively working to provide a safe working environment that meets regulatory requirements. Information regarding occupation health and safety is included in the home's orientation and annual mandatory education programs and is a standing agenda item for staff meetings. Management uses incident reporting and workplace assessments to identify and minimise the impact of workplace hazards. Management provides equipment and supplies to ensure the maintenance of safe work practices. A system of corrective and preventative maintenance is in place to ensure the safety of equipment and furnishings. Chemicals are stored securely, staff receive training in their safe handling and current material safety data sheets are readily available. Staff demonstrate an understanding of occupational health and safety principles and safe work practices.

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

Team's findings
The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise, fire, security and emergency risks. Documentation confirms external contractors conduct regular maintenance of all fire detection and fighting equipment. Management have displayed evacuation plans and fire orders throughout the building and an evacuation kit and current residents' list are available. On entry to the home, residents and representatives receive information on their required response in the event of an emergency. Emergency exits are clearly marked, free from obstruction, well lit and secure. Auditing processes ensure the security of the living environment is maintained and monitored. Chemicals, oxygen and fuels are stored appropriately and securely. All staff complete annual mandatory fire and emergency training and demonstrated appropriate knowledge of fire, security and other emergencies procedures. Residents are confident in the ability of staff to respond to an emergency.

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

Team's findings
The home meets this expected outcome

Management demonstrated an effective infection control program in operation. Policies and procedures, mandatory education and observation of practice such as hand washing ensure staff follow correct infection control procedures. Staff demonstrated knowledge of infection control guidelines and practice including the process to follow in event of an outbreak. We observed staff using personal protective equipment and appropriate waste disposal systems were in place throughout the facility. A designated nurse undertakes infection surveillance and analysis of data. A monthly infection control audit identifies staff practices and environmental issues, corrective action occurs as needed and discussion of results occurs at relevant meetings. Medical practitioners and nursing staff monitor resident infections and response to treatment. Catering, cleaning and laundry procedures follow infection control guidelines and management maintain a food safety program and a pest control contract. Vaccinations are offered to residents and staff. Staff said education supports their infection control practice.

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

Team's findings
The home meets this expected outcome

Catering services are in place to support the needs and preferences of the residents. Contracted catering staff support resident's dietary and nutrition needs. Residents' dietary information, special needs and preferences are documented and available to staff. With the support of a dietitian, staff maintain a seasonal menu. Staff inform residents on the menu through a variety of electronic and paper based formats. Meals are prepared with alternatives available and preferences catered for. Catering staff cater for special needs and resident's individual preferences are considered. Contract cleaners service the home. The cleaners are provided with education regarding infection control and safe chemical management. The home provides a laundry service for personal clothing items onsite. Staff and residents confirm that there is enough linen for their needs. Clean and soiled laundry areas are clearly defined, with the soiled linen stored and cleared appropriately. Staff are aware of their roles and responsibilities within their designated service areas. Representatives confirm that they are happy with the laundry, cleaning and catering services provided by the home.