



Aged Care
Standards and Accreditation Agency Ltd

North Eastern Community Nursing Home

RACS ID 6921

580 Lower North East Road

CAMPBELLTOWN SA 5074

Approved provider: North Eastern Community Nursing Home
Incorporated

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 11 October 2015.

We made our decision on 4 September 2012.

The audit was conducted on 30 July 2012 to 1 August 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

North Eastern Community Nursing Home 6921

Approved provider: North Eastern Community Nursing Home Incorporated

Introduction

This is the report of a re-accreditation audit from 30 July 2012 to 1 August 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 30 July 2012 to 1 August 2012.

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

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

Assessment team

| | |
|--------------|--------------------|
| Team leader: | Michelle Glenn |
| Team member: | Margaret Snodgrass |

Approved provider details

| | |
|--------------------|---------------------------------------------------|
| Approved provider: | North Eastern Community Nursing Home Incorporated |
|--------------------|---------------------------------------------------|

Details of home

| | |
|---------------|--------------------------------------|
| Name of home: | North Eastern Community Nursing Home |
| RACS ID: | 6921 |

| | |
|---------------------------------------------|-----------------------------------------------|
| Total number of allocated places: | 84 |
| Number of residents during audit: | 83 |
| Number of high care residents during audit: | 83 |
| Special needs catered for: | Residents with dementia and related disorders |

| | | | |
|-----------------|-----------------------------|------------|--------------|
| Street: | 580 Lower North East Road | State: | SA |
| City: | CAMPBELLTOWN | Postcode: | 5074 |
| Phone number: | 08 8366 8261 | Facsimile: | 08 8366 8260 |
| E-mail address: | spudicm@ramsayhealth.com.au | | |

Audit trail

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

Interviews

| | Number | | Number |
|-------------------------|--------|---------------------------|--------|
| Chief executive officer | 1 | Residents/representatives | 10 |
| Director aged care | 1 | Volunteers | 2 |
| Clinical and care staff | 10 | Diversional therapist | 2 |
| Physiotherapist | 1 | Ancillary staff | 6 |
| Administration staff | 3 | | |

Sampled documents

| | Number | | Number |
|------------------|--------|----------------------------------|--------|
| Residents' files | 8 | Medication charts | 8 |
| Care plans | 16 | Personnel files | 7 |
| Contracts | 4 | Leisure and lifestyle care plans | 9 |

Other documents reviewed

The team also reviewed:

- Clinical assessments and documentation
- Comments and complaints records
- Contractors information
- Fire certificate and associated documentation
- Home's self assessment
- Human resource documentation
- Infection data and analysis
- Leisure and lifestyle records
- Maintenance schedule
- Mandatory reporting folder
- Plan for continuous improvement
- Police check records and professional registrations
- Policy and procedures
- Residents' information handbook
- Schedule 4 and 8 licence
- Team leader folder
- Training schedule and records
- Various audits and surveys
- Various communication books
- Various meeting minutes
- Volunteers information

Observations

The team observed the following:

- Activities in progress
- Chemical storage
- Cleaning and laundry processes
- Equipment and supply storage areas

- Fire suppression equipment and security processes
- Infection control information and antibacterial gels
- Interactions between staff and residents
- Internal and external living environment
- Italian translations of fire and safety notices
- Key pad security
- Main kitchen and meal service
- Medication storage and rounds
- Suggestion boxes and forms
- Various notice boards

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 North Eastern Community Nursing Home is co-located with North Eastern Community Hospital and has a shared organisational Quality Improvement Committee. There is an annual plan which includes key projects, audits and surveys and other opportunities for improvement are added as they arise. Monitoring processes, such as audits and surveys, hazard reporting and incident data and analysis, observation of staff practices and legislative requirements, identify areas for improvement. Planned improvements are logged and key objectives identified. The home encourages residents and staff to make suggestions and provide feedback to assist them in identifying opportunities for improvement. Progress is reported to the committee and feedback sought from residents and staff to evaluate the outcome for residents. Resident meeting minutes and comment and complaint forms show residents and representatives utilise the processes available. Staff state they are encouraged to make suggestions and provide feedback regarding improvements.

Examples of improvement initiatives related to Standard 1 Management, staffing and organisational development implemented by the home over the last 12 months include:

- Management identified that the continuous improvement audit process could be improved. The audit schedule was reviewed and the Professional Practise Committee implemented new audit tools with reference to best practice, policies and procedures and legislation. The evaluation showed that monitoring is identifying issues which have been addressed and complaints have been reduced.
- Administration staff identified that the public were asking for an information book about the home. The book has many pages and is expensive to fund for enquiries. A brochure has been produced to give to people enquiring and has resolved this issue. The information is being updated for the website which will be another reference for information and will be added with the hospital's update.

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 identifies relevant legislation, regulations and guidelines and monitors compliance. Management receive legislative and regulatory updates from government departments, membership of industry peak bodies and review relevant policies when changes are required. Legislative updates and information is distributed to relevant staff through the

home's department heads and communication processes. There are electronic systems for monitoring that relevant individuals have a current criminal record check and that professional staff have current registration. The home informs residents and representatives about accreditation through meetings, notices and newsletters. The home monitors compliance with legislative requirements through review of information from industry resources, discussion at management meetings and monitoring staff knowledge in the appraisal process.

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 has processes for identifying knowledge and skills required for effective performance. Management staff plan education using data from staff appraisals, legislative requirements, current resident needs and feedback from residents and staff. The home uses internal and external training resources and evaluates the effectiveness of each session. Questionnaires monitor staff knowledge relating to mandatory training and policy. Attendance sheets are completed and mandatory training is monitored to ensure compliance of staff. Staff state they are encouraged and supported to maintain their professional development. Management and staff have participated in training in relation to Management systems, including assessing mandatory reporting and elder abuse, ACFI funding

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

Residents and representatives are advised about the mechanisms for complaint at the entry interview, resident's agreement and through the resident handbook. Resident meetings provide a forum for residents to raise concerns. Internal and external avenues of complaint are displayed. Management record complaints, formal and verbal, maintain resident and representative confidentiality and monitor for trends. Staff are aware of the process for responding to a resident complaint. The home monitors the effectiveness of complaint mechanisms and their responses through surveys and resident and representative feedback. Residents and representatives are satisfied they have access to internal and external complaint mechanisms and feel comfortable to use these processes when required.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has documented their vision, mission and values statements. These statements are included in the resident and staff handbooks and documented in relevant policies. The statements are also displayed throughout the home.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has human resource processes and procedures to manage and maintain appropriately skilled and qualified staff. The management team monitor through staff feedback, clinical incident data and resident changes to review staff rosters and allocations. New and temporary staff are orientated and supported by regular staff. There is a system for monitoring all relevant staff have a current criminal record check and professional staff have current registration. The annual appraisal system, credentialing, supervision and observation of staff practices monitor staffs skill levels. Residents and representatives are satisfied with the responsiveness of staff and the provision of care.

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 provides appropriate goods and equipment to residents and staff. There are processes for ordering goods and preventative and routine maintenance schedules to ensure that equipment is well maintained. Specialised maintenance is provided by qualified external suppliers. New or improved equipment is identified, risk assessed and trialled where possible. Safe work instructions are in place and maintenance programs monitor equipment safety. Various staff are responsible to maintain stock and rotation of goods. Audits, resident and staff feedback, incident and hazard reporting monitor equipment and supply outcomes. Residents and staff are satisfied with the goods and equipment available to provide care and services.

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

The home has an effective information management system for the collection, analysis and reporting of information. Information is stored securely, files archived as needed and there are processes for the destruction of confidential information. Key staff have varying levels of access to electronic information which is password protected. Electronic data is backed-up on a regular basis. The home monitors the effectiveness of their information systems through audits, surveys, care and lifestyle reviews and the comments and complaints system. Staff are satisfied they have access to information to guide them in the delivery of care and services. Information available to staff is up-to-date and reflective of residents current care needs. Residents and representatives are satisfied they receive information to assist them to make decisions about resident's care and lifestyle.

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 processes for maintaining the standard of service provided by external contractors and suppliers based on resident and organisational requirements. Management identify and contract suitable external providers according to organisational requirements. Written contracts detail the type and quality of service to be delivered and there is a process to monitor police checks and keep other relevant information up-to-date. Performance assessments, audits and stakeholder feedback monitor contractor suitability and address issues when performance is not satisfactory. Examples of services contracted are specialised maintenance, pharmaceutical, general laundry, agency staff and medical supplies. Residents, representatives and staff are satisfied with external provider services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, reviews and clinical key performance indicators assist the home to identify continuous improvement initiatives. Whilst residents could not provide examples of continuous improvement for residents' health and personal care they are confident to make suggestions. Staff are satisfied the home pursues continuous improvement and is responsive to their suggestions.

Examples of improvement initiatives related to Health and personal care implemented by the home over the last 12 months include:

- Management identified through audit information that the Norton Scale for assessing skin integrity was not being used correctly. Guidelines for using the tool have been introduced and staff knowledge improved to provide an accurate risk assessment. Feedback from staff is improved knowledge and a more accurate assessment of resident care needs.
- Management identified an issue with resident pain management particularly with schedule eight medications at night when the home was unable to provide a registered nurse. The home reviewed legislation and policies and procedures with improved scope of practise for enrolled nurses. Two enrolled nurses are now able to check schedule eight medications, particularly at night. “As required” medication following permission of the on call registered nurse can be given by the enrolled nurses. This has improved resident pain management as the resident does not have to wait for an on call registered nurse to come into the home and enrolled nurse's skills have been updated.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, the home has processes to monitor compliance in health and personal care, including medication competencies and medication management reviews. Management and staff are aware of their legislative requirements relating to reporting guidelines for absconding residents and provision of services by qualified nursing staff.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home’s education and staff development processes.

In relation to Standard 2 Health and personal care, staff have completed training on medication management, nutrition and hydration, behaviour management, dementia care, palliative care and oral health.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure residents receive appropriate clinical care. Information regarding clinical care needs is gathered on entry to the home to assist with care planning processes. A nursing assessment and a summary care plan are completed on entry to the home and include residents’ care needs and preferences gathered from residents and/or representatives, and previous health services. Schedules guide assessment processes which assist with the formulation of the care plan. Care is monitored through care plan reviews, consultation processes, feedback, surveys and clinical audits. Staff confirm they have access to current care plans and changes to residents’ care needs are communicated to them through the home’s internal information processes. Residents and representatives are satisfied residents receive appropriate clinical care according to their needs and preferences.

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 nursing care needs are identified and met by appropriately qualified staff. Specialised nursing care needs are identified on entry to the home and are monitored through the care plan review process, audits and resident and staff feedback. Specialised nursing care needs are provided and managed by registered staff in line with documented policies and procedures. All specialised needs are documented in care plans and staff provide care consistent with these documented requirements. The home has access to sufficient equipment and to internal and external allied health specialists to further assist and guide staff with specialised care needs. Residents and representatives are satisfied with the level of consultation and with the specialised nursing care provided to residents.

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

Residents are referred to appropriate health specialists in accordance with resident’s needs and preferences. Care needs are identified and assessed on entry to the home and on an ongoing basis. Care plan reviews, consultation and observations identify referral requirements. A range of allied health specialists visit the home to provide assistance with a variety of health care requirements including podiatry and physiotherapy. The home supports residents to attend external services as required. Changes to care needs following allied health visits are documented in the progress notes and the care plan as required. Changes are also communicated to staff at handover and through the home’s internal communication processes to other departments as required. Care processes in relation to allied health services are monitored through care plan review processes, consultation and audits. Residents and representatives are satisfied with the level of consultation and with the specialised nursing care provided.

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 systems and processes to ensure residents’ medication is managed safely and correctly. Medications are administered by registered staff, from pre-packed dose aids. Medication charts include administration guidelines and medication allergies. Medications are safely and correctly stored. A pharmacy committee comprising of representatives from the nursing home and the hospital review and develop medication management policies and procedures as well as medication incidents. Staff practice is guided by documented medication policies and procedures and staff undertake annual medication questionnaires and drug calculations. Medication management is monitored through incident reporting, tracking of signature omissions, surveys and audits. Residents and representatives are satisfied that residents’ medications are managed according to their needs and are administered in a 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

Residents receive pain management that is appropriate to their individual needs and preferences. Assessment and pain monitoring tools, including specific tools for residents with cognitive impairment are used by the home to identify pain management needs on entry to the home and on an ongoing basis. Individual pain management strategies are documented and include massage, heat packs, compression supports and pressure area care. Additional pain charting and referrals to general health practitioners and allied health specialists are undertaken when new or changed patterns of pain are identified. The effectiveness of “as required” medication is monitored through progress note entries. The home monitors the effectiveness of pain management strategies through care plan review processes, consultation, clinical audits, surveys and observations. Staff are familiar with non verbal

indicators of pain and strategies to assist with maintaining resident comfort. Residents and representatives are satisfied that residents' are as free as possible from 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

Documentation in resident files demonstrates the home's practices maintain residents' comfort and dignity during the final stages of care. Consultation processes provide opportunities to discuss and document each resident's end of life wishes and preferences. The home implements a palliative care pathway for those residents in the final stages of care. Support is provided for families who wish to stay with the resident during this time. The home has ready access to palliative care equipment and to external palliative care services where additional expertise or clinical support is required. Pastoral care services are available for emotional and spiritual support. Staff practices and processes are monitored through observation, audits and stakeholder feedback. Staff have access to resources and equipment to assist with maintaining resident comfort during the final stages of 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

The home has systems and processes to ensure residents receive adequate nourishment and hydration. Assessment processes identify residents' dietary and hydration needs, preferences on entry to the home and on an ongoing basis. A nutrition and hydration risk assessment tool is completed on admission and on a three monthly basis to identify and monitor those residents at risk. Residents' weights are monitored on a monthly basis. Residents with consistent weight losses are referred to general practitioners or allied health specialists as required. Nutritional supplements and fortified meals are commenced as required. Residents' nutrition and hydration needs are monitored through care plan review processes, consultation, staff feedback, surveys and clinical audits. Staff confirm they have access to information to assist them with maintaining residents' nutritional and hydration needs. Residents and representatives are satisfied with the home's approach to meeting residents' nutrition and hydration needs.

2.11 Skin care

This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

Residents' receive skin care that is appropriate to their needs. Residents' skin integrity needs are assessed on entry to the home and on an ongoing basis. Risk assessments are also conducted. Care plans outline individual needs and preventative strategies such as positioning, emollient creams and pressure relieving devices. Registered staff attend to and monitor wound management requirements. The home monitors the effectiveness of skin management strategies through care plan review processes, incident reporting, clinical audits and staff and resident feedback. Staff are aware of strategies to assist with the

maintenance of residents' skin integrity. Residents and representatives are satisfied with the care provided in relation to residents' skin integrity.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure residents' continence is managed effectively. Continence needs are assessed on entry to the home and on an ongoing basis. Care plans outline individual strategies for continence management including aids, assistance required and scheduled toileting times. Bowel habits are documented each shift and are monitored on a daily basis. The home monitors residents' continence needs through care plan review processes, consultation, resident and staff feedback and surveys. Staff are aware of strategies to assist with managing residents' continence needs. Residents and representatives are satisfied residents' continence needs are managed effectively.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure the needs of residents with challenging behaviours are managed effectively. Assessments to identify and monitor behaviours are conducted on entry to the home and on an ongoing basis. Behaviour management plans are documented and identify triggers and strategies to minimise the incidence of behaviours. External allied health services are utilised to assist with management strategies for ongoing, challenging behaviours. The home has policies and procedures which guide staff in relation to the use of restraint. The use of restraint is undertaken in consultation with residents and/or representatives and the general practitioner and is reviewed and monitored on a regular basis. Strategies in relation to the use of restraint are generally outlined in the care plans to guide staff. The home monitors the effectiveness of behaviour management strategies through care plan review processes, incident data, progress note entries, observations, audits and surveys. Staff are aware of strategies to assist with the management of challenging behaviours. Residents and representatives are satisfied that staff manage residents' challenging behaviours effectively.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure optimum levels of mobility and dexterity are achieved for all residents. Residents are assessed on entry to the home and on an ongoing basis by a physiotherapist and registered staff. A falls risk assessment is also conducted. An individualised mobility and transfer plan is developed and includes assistance and aids required and falls prevention strategies. Suitable lifting and assistive aids and equipment are available for those residents assessed as requiring them. The lifestyle program includes activities which encourage mobility and dexterity. The home monitors the effectiveness of residents' mobility and dexterity strategies through care plan review processes and surveys. Falls are monitored and trends are reported monthly. Staff attend mandatory manual

handling training on an annual basis. Residents and representatives are satisfied the with the home's approach to optimising residents' mobility and dexterity.

2.15 Oral and dental care

This expected outcome requires that "residents' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

Residents' oral and dental health is maintained. Residents' oral and dental needs and preferences are identified through assessment processes on entry to the home. The information gathered is used to develop individualised care plans that identify dentition, preferences for oral care and the level of assistance required. Residents are assisted to access dental services where specific oral and dental issues are identified. Residents' oral and dental health is monitored through care plan review processes, staff and resident feedback, surveys and observations. Staff are aware of strategies to assist with maintaining resident's oral and dental needs and are familiar with behaviours which may indicate oral health issues. Residents and representatives are satisfied residents are assisted to maintain their oral and dental health.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Residents' sensory losses are effectively managed in relation to all five senses. Residents' sensory needs are identified on entry to the home through assessment processes. Individual management plans outline sensory support strategies including the use of aids, communication strategies and assistance required. Residents are assisted to attend specialist sight and hearing appointments as required. Referrals to general practitioners and allied health specialists are arranged where further supports for sensory deficits are identified. The lifestyle program incorporates sensory experiences for residents and assistive devices are available. The home monitors residents' sensory requirements through care plan review processes, resident and staff feedback and surveys. Staff are aware of strategies to support and manage residents' sensory deficits. Residents and representatives are satisfied with the support provided to minimise the impact of residents' sensory losses.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Residents and representatives are satisfied residents are supported to achieve natural sleep patterns. Residents' preferences for achieving natural sleep are identified on entry to the home and on an ongoing basis. Strategies are documented in the care plan including environmental preferences and settling and rising times. The home monitors residents' ongoing needs through care plan review processes, incident reporting, consultation and observation. Staff are aware of strategies to promote and assist residents to achieve natural sleep.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, resident meetings and resident surveys are used to gather suggestions. Staff contribute to improvements in resident lifestyle through training, network meetings and identifying improvement opportunities. Staff encourage and support residents and other stakeholders to provide feedback and suggestions.

Examples of improvement initiatives related to Resident lifestyle implemented by the home over the last 12 months include:

- The diversional therapy co-ordinator attended training on the Montessori Method of providing activities for residents, particularly those living with dementia. Other diversional therapy staff have been provided training and now plans are being implemented with focuses on talking less and showing, or doing, more. This program is still evolving and will be formally evaluated.
- A resident suggested a monthly Birthday notice displaying the birthdays for the month. This has been implemented in the lounge and feedback from residents and their families at the resident’s meeting is pleasure at their birthdays being recognised this way.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

In relation to Standard 3 Resident lifestyle, the home has processes to monitor compliance in relation to resident lifestyle, including mandatory reporting procedures and providing residents with residential care service agreement. Management and staff are aware of their legislative requirements.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home's education and staff development processes.

In relation to Standard 3 Resident lifestyle, staff have attended training over the last 12 months on mandatory reporting, elder abuse and dementia, behaviour management and Montessori programming in aged care.

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

Entry processes include residents' social history, significant life events and identification of potential emotional support needs. The care plan provides an outline of each resident's emotional support needs. To assist residents to settle into the home residents are welcomed and introduced to other residents and the communal areas of the home. Regular personal visits by diversional therapy staff assist identification of additional support needs such as, phone contacts, letter writing or reading. The home supports residents who have suffered a bereavement and offer additional emotional care. Regular care and lifestyle reviews, observed participation in daily activities and interaction with other residents assists monitoring of resident's emotional needs. Concerns are referred to the general practitioner if required. Residents and representatives confirm that the home supports residents' emotional needs

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

Care and lifestyle assessments and regular reviews together with physiotherapy assessments assist the home to identify and plan support for resident independence. Prompts for staff to encourage independence during activities of daily living are integrated in resident care plans. Activity choices and lifestyle plans include strategies to manage sensory deficits and enhance physical abilities. Assistance is given to enable attendance at appointments and participation in community groups. Residents contribute to decisions about their care and lifestyle and provide feedback through consultation, audits, surveys and resident meetings. Residents and representatives' state they are satisfied residents are able to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Care and lifestyle plans identify residents' privacy and dignity needs and requests. Staff are advised of resident rights and the home's privacy and confidentiality policy. Staff were observed knocking on residents' doors prior to entry and residents were covered when moving around the home. They described their practices to maintain residents' dignity during daily care. Residents' personal information is securely stored and there are allocated areas for private time with families. Monitoring processes include care and lifestyle reviews, audits, observation and comment and complaint mechanisms. Residents and representatives are satisfied residents privacy and dignity needs are 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 lifestyle assessment undertaken in consultation with residents and representatives identifies social history, past and current interests and the current ability of each resident. Diversional therapy staff plan a program to meet individual requirements. Each resident has a calendar of events and the care plan identifies activities the resident is interested in attending. The activity program includes a variety of events including outings, men's group, exercise programs and musical events. Staff demonstrate understanding and respect for resident's individual needs and preferences and gave examples of support provided for residents requiring encouragement to participate. Diversional therapy staff regularly review the residents' individual program meets their needs through monitoring attendance, observing participation and consultation with residents, representatives and clinical staff. Individual programs are changed as residents' needs change. Residents and representatives are satisfied residents have the opportunity to participate in a range of activities of interest to them.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The lifestyle assessment identifies cultural and spiritual customs and beliefs and care is planned with consideration for individual preferences. Clergy and pastoral care volunteers visit and residents are supported to attend services in the home. Relevant religious and cultural events are celebrated. A group of Italian residents have specific programs to meet their needs and staff with the language skills engage these residents. Staff demonstrate their consideration of individual beliefs through care practices, including end of life care planning. The home monitors the effectiveness of care and services to support cultural and spiritual needs through the care review process and feedback from residents and representatives. Residents and representatives interviewed are satisfied the home considers and supports residents' individual interests, cultural and spiritual beliefs and customs.

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

Residents are informed of the home's range of services. Care and lifestyle assessment processes identify resident preferences for activities of daily living, lifestyle choices, civic interests and details of persons nominated to provide advocacy. Resident risk is considered when supporting resident choices and consultation processes documented. Resident satisfaction with choice and decision making and staff support and respect for their choices is monitored through resident meetings, surveys, care and lifestyle reviews, one-to-one discussions and activity evaluations. Residents and representatives interviewed are satisfied residents' choices are respected and that residents are supported to make their own decisions about care and lifestyle relevant to their capacity.

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 has processes to inform residents about their security of tenure and their rights and responsibilities at the time of entry to the home. Residents and representatives are provided with a handbook and information on independent sources of advice. The home informs and consults with residents and representatives about changes in rooms and legislative updates. Residents and representatives are kept informed of the arrangements for their security of tenure and rights and responsibilities on an ongoing basis. Residents and representatives are satisfied with how the home supports residents' security of tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 4 Physical environment and safe systems, hazard reports, audits and surveys are used to gather suggestions, which are recorded and evaluated. Residents, representatives and staff are satisfied the home pursues continuous improvement.

Examples of improvement initiatives related to the Physical environment and safe systems implemented by the home over the last 12 months include:

- A disaster plan has been developed with other homes in the area in the event of a disaster and evacuation of the home being necessary. A disaster kit which includes guidelines, resident information, including medication and first aid kit has been provided for each wing of the home. This is kept up-to-date and monitored.
- Following information from the Department of Health about the risks of influenza and gastroenteritis this year, brochures have been made available and signage and bacterial gel stations increased in the home. The home is monitoring for trends and the gels are being replaced regularly showing that they are being used.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

In relation to Standard 4, the home has processes to monitor compliance in relation to Physical environment and safe systems, including occupational health and safety, infection and pest control, asbestos, fire and food safety. Management and staff are aware of their legislative requirements.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home's education and staff development processes.

In relation to Physical environment and safe systems, staff have attended training over the last 12 months on infection control as well as mandatory training which includes systems of safety, emergency response procedures and 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 actively works to provide a safe and comfortable environment consistent with resident's care needs. Residents are accommodated in single or double rooms supported by relevant staff practices to promote privacy and dignity. Residents may furnish their single or share rooms with personal belongings in line with occupational health and safety guidelines. Communal and private living areas are provided, with secure external access to courtyard gardens. A secure unit accommodates residents with a tendency to wander and there are processes for the assessment and authorisation of restraint. A call bell system is accessible and wanderer alarm systems are utilised for those residents with a tendency to wander. Corrective and preventative maintenance processes are generally effective with maintaining equipment. The home monitors the internal and external living environment through audits, incident and hazard reports and maintenance requests. Resident surveys and resident meetings monitor resident satisfaction with the living environment. Resident and representatives are satisfied the home provides a safe and comfortable environment according to residents' needs and preferences.

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 home has systems and processes to provide a safe working environment that meets regulatory requirements. The Chief Executive Officer is responsible for monitoring the safety of the home in conjunction with the work health and safety committee. There are processes for reporting, follow-up and collation of hazards. Chemicals are stored safely and material safety data sheets are generally available. Occupational health and safety issues are reported through relevant meetings. Staff have access to personal protective equipment, policies and procedures and training. The home monitors safety in the home through audits, safety inspections, incident reporting, maintenance requests and observations. Staff confirm they are satisfied management is active in providing a safe work environment.

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's management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. The home has documented procedures including for the management of fire, security and evacuation as well as a disaster management plan. Evacuation plans are displayed throughout the home and information on fire alarm response is located in each resident's bedroom. Resident mobility lists are easily accessible to staff and there are processes to ensure lists are up-to-date. Fire and safety training is conducted annually and is mandatory for all staff. Electrical testing and tagging is conducted by external contractors. The home is a non smoking facility. Contracted external services and internal maintenance processes monitor the fire, security and emergency systems. A contracted security provider conducts patrols of the building and grounds at night and there are CCTV monitors located in the home. Staff are aware of their responsibilities in the event of an emergency. Residents and representatives are aware of their responsibilities in the event of an emergency and residents state they feel secure in 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 systems to coordinate and monitor the home's infection control processes in accordance with relevant guidelines. Information on residents with infections is communicated to relevant departments through the home's internal communication processes. The home has a staff and resident vaccination program and resources and provisions for outbreak management. There are adequate supplies of personal protective equipment. The home has an audited food safety program. The effectiveness of the home's infection control program is monitored through internal and external auditing processes, observations, surveys and environmental swabbing. Infection rates are collated and monitored on a monthly basis. Infection control training is mandatory for all staff on an annual basis. Staff interviewed are familiar with infection control practices and confirm they have access to sufficient information and personal protective equipment.

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 way that enhances residents' quality of life and the staff's working environment. Meals are prepared on-site in the hospital kitchen in line with a three week rotating menu. Staff consult with residents on entry to the home and on an ongoing basis to ensure that individual dietary needs and preferences are catered for. On-site laundry services cater for residents' personal clothing whilst external services are utilised for linen requirements. Resident's rooms and communal areas are cleaned according to a schedule. The home monitors hospitality services through internal and external audits, surveys, resident meetings, surveys and staff and resident feedback. Staff have access to

duty statements, safe work procedures and policies and procedures to assist them in their roles. Residents and representatives are satisfied with the hospitality services provided by the home.