



Aged Care
Standards and Accreditation Agency Ltd

Numurkah Pioneers Memorial Lodge

RACS ID 3288

13-15 Katamatite Road

NUMURKAH VIC 3636

Approved provider: Numurkah District Health Service

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 27 November 2015.

We made our decision on 27 November 2012.

The audit was conducted on 23 October 2012 to 24 October 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

Numurkah Pioneers Memorial Lodge 3288

Approved provider: Numurkah District Health Service

Introduction

This is the report of a re-accreditation audit from 23 October 2012 to 24 October 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 23 October 2012 to 24 October 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:	Angela Scarlett
Team member:	Margaret Lett

Approved provider details

Approved provider:	Numurkah District Health Service
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Details of home

Name of home:	Numurkah Pioneers Memorial Lodge
RACS ID:	3288

Total number of allocated places:	34
Number of residents during audit:	28
Number of high care residents during audit:	4
Special needs catered for:	N/A

Street:	13-15 Katamatite Road	State:	Victoria
City:	Numurkah	Postcode:	3636
Phone number:	03 5862 0444	Facsimile:	03 5862 3650
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Management	3	Residents/representatives	6
Nursing/care staff	4	Ancillary staff	2
Corporate support management	10	Diversional therapist	1

Sampled documents

	Number		Number
Residents' files	7	Medication charts	5
Resident agreements	4	Personnel files	3
Contractor files	2		

Other documents reviewed

The team also reviewed:

- Actions folder
- Activities calendar
- Audit schedule/audits
- Certificate of kitchen audit
- Contractors handbook
- Contractors sign in/sign out book
- Duty schedules
- Education evaluation forms
- Education program 2012
- Emergency management plans
- Essential service records and schedule
- Evacuation maps and folders
- Family consultation sheets
- Food safety plan
- Improvement register
- Infection prevention surveillance forms
- Initial assessment guide
- Legislative updating service documentation
- Lifestyle program records
- Material safety data sheets
- Memoranda

- Minutes of meetings
- Nutrition/hydration communication form
- Opportunity for improvement forms
- Organisational chart
- Policies and procedures
- Position descriptions
- Preventative maintenance program and documentation
- Professional registrations
- Quarterly indicator reports
- Reportable incidents register
- Resident of the day form
- Residents' information package and surveys/handbook
- Rosters
- Self assessment
- Staff education wish list
- Staff handbook and orientation documents
- Staff satisfaction survey
- Strategic plan.

Observations

The team observed the following:

- Activities in progress
- Brochure racks
- Chemical storage
- Cleaning mops
- Equipment and supply storage areas
- External lighting
- First aid kit
- Gastro enteritis kit
- Interactions between staff and residents
- Internal and external living environment
- Locked medication drawers in resident rooms
- Lunch time service
- Medication round
- Menu displayed
- Noticeboards
- Nurses station
- Personal protective equipment

- Plating up of meals in central kitchen
- Server room
- Sharps container
- Skin tear kit
- Solar heating panels on roof
- Storage of medications
- Suggestion box
- Waste disposal unit.

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

Systems are in place to actively pursue continuous improvement in relation to Standard 1 Management systems, staffing and organisational development. Under the leadership of a designated senior manager, the management committee, including the nurse unit manager, leads the continuous improvement system for the health service. Information from all aspects of service delivery, including incidents, comments and complaints, hazard reports, opportunity for improvement forms and audits, is used to drive improvement opportunities. Improvements are registered, dated and remain registered until a satisfactory outcome is achieved. Stakeholder participation is encouraged through meetings, the completion of opportunity forms and speaking directly to staff. In addition to the scheduled audit program, staff and resident satisfaction is monitored through an annual satisfaction survey.

Examples of continuous improvement activities relating to Standard 1, Management systems, staffing and organisational development include:

- A resource folder is on display at the front door. This provides representatives and visitors with information on, for example, dementia, and a copy of the newsletter.
- The complaints folder has been colour coded green to match the colour of the complaints brochure. This enables stakeholders to identify the folder easily.
- The health service has reviewed its management and committee structure and has implemented a new structure with associated committees, reporting mechanisms and terms of reference.

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

As part of a health service, the home has a system to identify relevant legislation, regulations and guidelines and to monitor compliance in relation to the Accreditation Standards, particularly in relation to Standard 1. A legal update service provides legislation updates, assessment information and audit tools. In addition, information provided by professional and peak industry bodies is available. A designated person within the organisation monitors this information and refers the information to the management committee which, in turn, addresses any practice implications or change in policy requirements. Staff and other

stakeholders are informed of changes by memorandum and discussion at meetings. Meeting minutes are available for review.

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

- A system managed by the human resources department ensures staff and relevant individuals have current police certificates, statutory declarations, professional registrations and licences.
- Notifying staff, residents and their representatives of an upcoming re-accreditation audit assessment within the specified timeframes.
- Resident information is stored securely on site and a system for the archiving of old information, with the storage of this information off site.

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 demonstrate staff have the knowledge and skills required to perform their roles effectively. Management provides a learning and development programme to enable staff to improve their skills and knowledge. Development of the education programme occurs through suggestions from staff, changing resident needs, audit results and mandatory subjects. Advice from the education reference group, which meets regularly, highlights staff educational requirements. New staff attend a formal orientation, including an overview of mandatory topics. The use of various education modalities inform staff and questionnaires are used to determine staff knowledge. We observed training rooms onsite for education sessions to be conducted. Staff said there were opportunities for continuing education both internally and externally and management encouraged education in the home.

Education conducted relating to Standard 1 includes:

- Bullying and harassment
- Fraud
- Equal opportunity
- Computer program training.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has systems to enable residents and their representatives to have access to both internal and external complaints mechanisms. Complaint information is provided when a new resident enters the home and brochures regarding external complaints mechanisms and suggestion forms are available in the home. A comments box for residents to forward their comments anonymously is placed at the entrance to the home. Complaint information is

collated, trended and reported to stakeholders. Residents and their representatives report they are able to discuss with management any concern or feedback they may have.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's vision, mission and behaviours statement documents the organisation's commitment to consumer participation, planning leadership and culture, effective and accountable leadership and quality and risk systems. The vision and mission statement and health service logo are prominently on display throughout the location. Manuals and other documentation in use within the home contain many references to this material.

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 has staff selection processes promoting the delivery of services in accordance with the organisation's philosophy and objectives. Policies and procedures also inform human resource processes. Regular review occurs between senior staff to structure hours to ensure residents' identified care needs are met, with the home also guided by a nurse enterprise agreement. An extensive orientation and induction program is conducted and the provision to new employees. Rosters provide for permanent full time and permanent part time employees and a pool of casual staff is available to fill vacant shifts. The scheduling of staff appraisals happens regularly and personnel files are maintained. Staff said they are satisfied with staffing levels and the support from management and expressed their satisfaction in working at the home. Residents and representatives said staffing numbers were adequate and staff had the skills to deliver care to residents.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has a centralised inventory and equipment supply system. The home maintains sufficient stocks of food, dry goods and medical supplies on site to ensure quality service delivery and systems are in place to order further supplies when needed. Staff verified there are sufficient goods and equipment in place to meet resident and staff needs. Staff trial new equipment on site and contractors service equipment according to the manufacturers' specifications. A preventative maintenance program is in place and staff are able to describe how the reactive maintenance system operates. Staff receive chemical handling training. Residents and their representatives state the home's equipment meets residents' needs.

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. The service uses a regional information technology service provider and information is backed up locally. Residents' clinical and lifestyle information is appropriately managed, primarily in an electronic format, and staff sign a confidentiality agreement when they commence work at the home. Staff are provided with information electronically and in hard copy through policy, meeting attendance, memoranda, noticeboards and resident care documentation. Residents and their representatives are provided with a handbook on entry to the home and a newsletter keeps them informed. Signage within the home assists residents to orientate themselves and they are able to attend regular resident and representatives' meetings. Residents state they believe they are well informed by management and staff.

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 demonstrates services provided by external providers meet the agreed standard. Contracts specify the qualifications, certifications and performance of external providers. Contractors are selected following a tendering process. An administration officer identifies and monitors probity check requirements and ensures external providers maintain currency of police certificates, registrations and public liability insurances, as applicable or annually. The organisation routinely monitors and evaluates contractors' performance through manager feedback. Residents and staff said they are satisfied with the current service providers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Management has systems to actively pursue continuous improvement in relation to Standard 2 Health and personal care. For a description of these systems, see expected outcome 1.1 Continuous improvement. As part of the state health system key performance indicators, including a number of clinical indicators, are collated and reported to stakeholders.

Examples of continuous improvement activities relating to Standard 2 Health and personal care include:

- Following the replacement of the flooring with linoleum in a large room, this room is now used for residents receiving palliative care as it provides enough space for a lifting machine or any other needed equipment. The room can also be used for family members to sleep over should they wish.
- Following discussion amongst staff, it was realised the follow up of residents who fall could be improved and a new falls evaluation form has been developed. This form has been successfully trialled and now goes for approval by the falls reference group.

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 to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care. This system is described in expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 2:

- The currency of nurse registration is checked.
- Medications are stored according to requirements and appropriate records are maintained.

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 details on the home’s overall system. Staff are assisted to attend external courses, conferences and seminars. Clinical staff said they were satisfied with the opportunities offered in accessing continuing education reflecting health and personal care.

Education conducted relating to Standard 2 includes:

- Dementia
- Diabetes
- Palliative care
- Wound management
- Skin integrity.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive clinical care in accordance with their assessed needs and preferences provided by the registered nurse, enrolled nurses and personal care staff. The residents’ assessment occurs in the first weeks after entry to the home and reassessment occurs as required. A care plan guides staff practice and the update of these occurs as required. The registered nurse oversees review of care needs as per the resident of the day process. Registered and enrolled nurses evaluate resident care plans on a regular basis via a comprehensive care consultation process with residents and representatives. Residents and representatives were satisfied with the care residents receive at the home and that staff knew what to do.

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

The identification and management of residents’ specialised nursing care needs is by registered nurses. Identification of residents’ specialised care needs is on entry to the home and if the need arises thereafter. A registered nurse oversees the assessments of specialised needs and formulates a care plan. This care plan guides staff in the practices required to deliver care. There is regular evaluation of the specialised care given to residents and the general practitioner is available to assist staff with advice regarding these care needs. General practitioners visit the home regularly and staff said access to the doctor was satisfactory. Residents and representatives said they were happy with the care given at the home and staff skills were adequate to deliver such care.

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

Staff have processes to refer residents to health professionals in accordance with residents’ care needs and preferences. Referrals to health professionals such as physiotherapist, podiatrist, speech pathologist, dietician, occupational therapist and the dentist occur as required by staff. Health professionals use the nursing care plans to identify ongoing care needs and strategies and staff then deliver care. Management said allied health referrals are made as per regional availability and residents are seen at the home or at external health service venues. Staff said they made appointments for residents and communication occurs with family members to assist with the visit. Residents and representatives said staff made appointments for external health professionals and consultation occurred regarding the time of appointments.

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 management of residents’ medication occurs safely and correctly. All staff administering medication complete a competency assessment every twelve months. Medications are stored according to relevant legislation, regulatory requirements and professional standards and guidelines. Auditing of medication management processes occurs routinely and the medication advisory committee meets on a regular basis. All residents assessed for their medication needs on entry to the home have care plans developed in consultation with residents and representatives. Staff said monitoring of their skills in medication administration practice is on a regular basis. Residents said they were satisfied with the delivery of their medication and staff knew what to do.

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 at the home are committed to ensuring all residents are as free from pain as possible. Assessment for pain levels occurs on entry to the home and as pain presents. Medication charts indicate whenever necessary medication is given and a reassessment occurs to ensure effectiveness. The use of alternative pain relief measures, such as massage, warm drinks and distractions, help the resident achieve this relief. The general practitioner is available for consultation regarding the ongoing pain relief requirements and interventions. We observed residents’ pain needs being met by nursing staff. Residents and representatives said they were satisfied the resident’s pain relief was adequate and staff were helpful in the achievement of such.

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

Management and staff have processes to assess residents’ palliative care needs upon entry to the home. Documentation shows residents have advanced care plans and terminal care wishes for some. The residents and/or representatives sign these forms, to record their final wishes and palliative care preferences. The development of individual palliative care plans occur as a resident enters the palliative care phase of life. There is a palliative care service on site and support is available for staff, residents and representatives. Staff said education and support is available to them in caring for the person receiving palliative care. Residents and representatives said staff consults with them about the residents’ care needs and wishes.

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

Management demonstrates it has processes to meet residents’ nutrition and hydration needs. Identification and collection of residents’ dietary needs, allergies and preferences occur upon entry to the home. Monitoring of weight change occurs on a scheduled basis and more often if required. The dietician and speech pathologist are available for consultations and visit the home regularly. Strategies are identified to assist the resident maintain a healthy diet and remain within a healthy weight range. We observed staff offering residents meals and fluids at lunchtime. Staff said there is potential for staff input into the nutrition and hydration needs of residents and menu selection through the nutrition and hydration reference group. Residents said the meals were enjoyable, they had choice and were satisfied with the food served at the home.

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

Management ensure staff practices maintain resident skin integrity and the satisfactory management of wounds. On entry to the home, residents undergo a review of their skin integrity, including the potential risks of pressure injury to the skin. Registered nurses guide staff practice and oversee wound healing. Monitoring of residents occurs during their activities of daily living and changes are reported to the nurse in charge and documented in the progress notes. Staff said they have access to education in wound management and described the process of pressure area care to residents whilst resting in bed. We observed in documentation review various strategies and equipment to assist staff in maintaining residents’ healthy skin. Residents and representatives said they were satisfied resident skin care needs were attended to 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

Staff assist in the appropriate management of residents’ continence at the home. Assessment of all residents is on entry to the home and the development of individual care plans occurs in consultation with residents and/or representatives. Further assessment and monitoring occurs to identify bowel and urinary patterns in line with the development of an individualised toileting schedule. Registered nurses provide assistance in setting up programs and advice on the appropriate aids for each resident. There is a continence key staff member who gives extra support to staff. Care plans indicate individual toileting times and regimes including bowel management and appropriate aids; there is equipment to assist residents with independence and to maintain dignity. Residents and their representatives said the availability of continence aids and assistance from staff assist in the prompt management of residents’ continence needs.

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

Management has a system to ensure the needs of residents with challenging behaviours and management of these behaviours is effective. Assessment of each resident’s behavioural issues occurs on entry and as required. Staff develop care plans in consultation with residents, their representatives, medical practitioners and other health professionals as required. The home ensures the regular review of each resident’s behavioural management. Medical staff organise referrals with a psychogeriatric service available at a nearby health service. Staff practices are monitored and education is available to keep staff skills current. We observed staff interaction with residents with behaviour issues and communication was respectful and effective.

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

Management demonstrates the maintenance of each resident’s level of mobility and dexterity. Resident assessment for mobility and dexterity status is undertaken upon entry to the home and as required. Referrals to the physiotherapist and occupational therapist regarding residents’ mobility needs occur as required and directives for care are entered onto care plans. Identification of residents at risk occurs and staff implement strategies and use lifting machines to promote resident mobility and safety. We observed staff demonstrating appropriate knowledge and supervision of residents’ mobility. Staff are assessed annually in manual handling. Residents and representatives said they were satisfied with the maintenance of residents’ mobility and dexterity and were confident with staff skills in this area.

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

Staff demonstrate residents’ oral and dental health is maintained. Assessment of residents’ oral and dental care needs is on entry to the home. Development of a care plan occurs, documenting individual preferences for cleaning dentures and teeth. Reporting of oral and dental issues is to the residents’ medical practitioner and external appointments to dentists are arranged as required. Registered nurses regularly evaluate oral and dental care plans during the resident of the day process or more regularly as required. Staff said a mobile dental service visits the home occasionally and attends to residents’ dental needs. Residents and representatives said they were satisfied with the care residents receive.

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

There are various processes to ensure the effective identification and management of residents’ sensory loss. Staff complete a sensory assessment on each resident on entry to the home and thereafter as required. Staff also takes into account input from residents, representatives and the medical history. Staff identify sensory loss and develop strategies to care for them and refer to optometrists and audiologists as required. The lifestyle program accommodates activities highlighting the senses of touch and smell. A sensory garden assists residents to enjoy the scent of the flowers. Residents and representatives said they were satisfied with the care at the home and enjoyed being in the garden areas.

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

Staff at the home has processes to ensure residents are able to achieve natural sleep patterns. The staff perform sleep assessments on residents on entry to the home, with regular review of these assessments. They assess current and natural sleep habits and identify residents at risk of having poor sleep patterns. Registered nurses develop care plans from these assessments and review occurs regularly. The staff ensure residents with sleeping difficulties have referrals to their general practitioner for pharmacological strategies. Staff provides an environment conducive to sleep and provide strategies for sleep promotion such as hot drinks to illicit relaxation. Residents said they were satisfied with the home’s approach to ensuring their sleeping patterns were maintained and the home was quiet at night.

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 has systems to actively pursue continuous improvement in relation to Standard 3 Resident lifestyle. For a description of these systems see expected outcome 1.1 Continuous improvement.

Examples of continuous improvement activities relating to Standard 3 Resident lifestyle include:

- New gardens have been installed and a resident who likes to work in the garden has been provided with a kneeler.
- At the suggestion of staff, a garden setting has been purchased.

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 to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about resident lifestyle. This system is described in expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 3:

- Staff receive education regarding compulsory reporting and a register is maintained
- Confidential information is stored appropriately
- Residents and their representatives are offered residential agreements and receive information about their security of tenure.

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 details on the overall system used at the home. Staff demonstrate they have appropriate levels of knowledge and skills relating to resident lifestyle outcomes. The education schedule ensures outcomes associated with resident care and lifestyle have been included. Staff said they were satisfied

with the opportunities offered in accessing continuing education reflecting the residents' lifestyle.

Education conducted relating to Standard 3 includes:

- Cultural awareness
- Privacy and confidentiality.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home ensures residents receive emotional support when they enter the home and on an ongoing basis. An information pack is provided to prospective residents prior to their entry into the home to assist them in preparing for their change in lifestyle. Staff have processes to orientate and offer support to new residents and they are gradually introduced to the ongoing routines of the home and to other residents. Staff undertake the assessment of residents' ongoing emotional support needs and residents are referred to other health practitioners if there is an assessed need. Residents and their representatives state they are assisted to adjust to life in the home and staff are supportive of them.

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

The home assists residents to achieve their maximum independence and to maintain friendships and participate in the life of the home and community. An assessment of residents' needs for independence and participation is undertaken on entry to the home and this is reviewed at regular intervals. The lifestyle programs assist residents to maintain their physical and emotional independence; for example, by conducting a regular exercise program and having a number of community groups visit the home. Environmental audits and environmental modification ensure the home is maintained in a manner which assists residents to maintain their independence. Residents state they are assisted to maintain their independence and friendships and are provided with support and assistance to access the community.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home maintains the dignity, privacy and confidentiality of each resident. Residents and their representatives are informed of their rights to privacy and confidentiality on entry to the home in the written agreement and in the Charter of residents' rights and responsibilities on

display in the home. Resident information is stored in a secure manner and computer access is controlled. An archiving system is in place and policy supports appropriate systems management. Staff practices included knocking on residents' doors prior to entering and calling residents by their preferred name. Residents confirmed they believed the home maintained their privacy, dignity and individual needs and preferences.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents' interests and activity needs are assessed at the time they enter the home and documented in individualised care plans. Care plans are reviewed on a regular basis. A program developed by the home offers individual and group activities. Information about the program is displayed within the home and is also provided to residents. The activities conducted are reviewed on a regular basis to ensure the program continues to remain relevant to residents' needs. Residents were observed participating in activities. Residents confirmed they are encouraged and supported to participate in the leisure and lifestyle program conducted by the home.

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 confirmed they are satisfied that their individual interests, customs, beliefs and cultural and ethnic background are respected by the home. The lifestyle program is developed to assist residents with their cultural and spiritual needs. Policy is in place to direct staff and to support the lifestyle program. Language assistance is available where a need is identified. The spiritual life of residents is supported by access to weekly denominational services and the celebration of religious events, including Christmas and Easter. Cultural activities include the commemoration of important events, including Anzac day, attendance at concerts and the preparation of special foods.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home demonstrates the right of residents to make decisions and the exercise of choice is respected. Residents are informed of these rights in the Charter of residents' rights and responsibilities, which is on display in the home and written in the resident agreement. Decision making is encouraged through residents maintaining their right to vote in elections and through making individual choices regarding participating in activities, clothing and personal care. During the entry process the name of their contact person or, where the resident was not able to make decisions for themselves, their representative, is documented.

Residents are invited to attend and participate in the resident and representatives' meetings. Residents confirmed they are able to make these choices and their rights are not infringed upon by others.

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

Management has systems to ensure residents have secure tenure within the home and understand their rights and responsibilities. Management provides information to prospective residents and their representatives and an information pack is provided when a resident enters the home. The resident information pack contains information regarding complaints and feedback mechanisms, rights and responsibilities, confidentiality and security. Residents are also informed of their rights in regular newsletters, at residents' meetings and through posters and brochures displayed in the home. Security of tenure and rights information is contained within the residency agreement, which residents or their representatives are requested to sign. Residents are satisfied with information provided regarding their security of tenure and their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Management has systems to actively pursue continuous improvement in relation to Standard 4 Physical environment and safe systems. For a description of these systems see expected outcome 1.1 Continuous improvement. In addition to the monitoring audits conducted internally, a number of audits conducted by external bodies have been completed including food safety, waste management and a cleaning audit. Improvement opportunities identified in the results of these audits are integrated into the continuous improvement system.

Examples of continuous improvement activities relating to Standard 4 Physical environment and safe systems include:

- Following a suggestion from staff, the outside lighting has been improved. This helps to provide some extra security when staff have to go outside at night.
- Following an observation staff were not always closing the main office door, a ‘self closer’ has been installed on the main office door.
- A cleaning contractor has been engaged to clean the carpets and upholstery on a monthly basis. This frees up staff to continue other duties.

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 to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about physical environment and safe systems. This system is described in expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 4:

- A food safety program is in place and an independent audit of the kitchen is conducted annually.
- Fire fighting equipment is maintained and staff receive training in fire and evacuation procedures.
- A workplace health and safety program, a health and safety committee and trained representatives are in place and staff are able to provide input into the system.

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 details on the overall system used at the home. Management has a comprehensive schedule for training that includes in-service and external courses. All staff must attend mandatory training sessions on an annual basis and this is carefully monitored.

Education conducted relating to Standard 4 includes:

- fire and emergency
- infection control
- manual handling and no lift training
- occupational health and safety training
- waste management.

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 and staff at the home actively work to ensure the residents' living environment is safe, comfortable, clean, well maintained and peaceful. All residents have single rooms with private en suite bathrooms. Residents, their representatives and friends can access several communal and private areas with amenities. External areas include courtyards and some residents' rooms have garden views. There is a reactive and preventative maintenance program, clear signage and a mixture of natural and ambient lighting. The home is currently restraint free and we observed internal and external areas of the home to be clean, well maintained and uncluttered. Residents and representatives said they were satisfied with the comfort of the living environment and residents said they feel safe and secure.

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 are actively working to provide a safe working environment that meets regulatory requirements. The health service directs practice through a policy document and a designated manager works with a trained committee to ensure work practices meet legislated requirements. Committee members wear a distinctive name badge and noticeboards display the names of committee members. Safety monitoring includes risk assessments, hazard and near miss reporting, incident reporting and audits. Practices used to prevent workplace incidents include the regular maintenance of equipment and staff

training. Staff are aware of how to report incidents and verified they have input into the occupational health and safety system.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to minimise the risk of fire, security and other emergencies. Fire and emergency procedure information is located at key points in the home and around the facility. Manuals developed to assist staff in instances of evacuation, medical and other disasters are available and are regularly reviewed. Staff are required to attend annual mandatory training. Fire systems are tested regularly and emergency exits are clearly marked. Staff confirm training and recent evacuation experiences. Residents state they feel safe and secure at the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

There is a system to identify, document, treat and evaluate infections on a regular basis. An appointed infection control officer and committee assist in infection control education and advice. Management reports back to various meetings including quality meetings and staff meetings, the statistics and outcomes of infections in the home. Infection control, including hand washing is a mandatory education requirement for staff to complete on orientation and annually. Staff said they attend infection control training and undertake a hand-washing competency on an annual basis. Residents were satisfied with the practices of staff in the area of infection control.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The provision of hospitality services at the home enhances residents' quality of life and the working environment. Documentation of residents' dietary requirements and preferences, special needs, food allergies and sensitivities occurs on entry to the home. It also reflects changes as they occur. Varied meals are freshly prepared in the onsite kitchen and residents are actively involved in menu planning by input at resident meetings. The kitchen follows an approved food safety program and has current third party certification. Well presented residents' rooms and communal areas result from cleaning staff following schedules to ensure all areas of the home are regularly cleaned and maintained. An external service launders all linen and internally appointed laundry staff launders and iron all residents' personal clothing on site. Staff completes regular infection control and chemical handling training and management monitors service satisfaction through observation, regular audits and surveys and feedback from residents and representatives. Residents said they were satisfied with hospitality services provided at the home.