



Aged Care
Standards and Accreditation Agency Ltd

Peninsula Palms Retirement Village

RACS ID 5358

77 Morris Road

ROTHWELL QLD 4022

Approved provider: **Peninsula Palms Aged and Community
Services Limited**

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 28 August 2015.

We made our decision on 24 July 2012.

The audit was conducted on 12 June 2012 to 13 June 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

Peninsula Palms Retirement Village 5358

Approved provider: Peninsula Palms Aged and Community Services Limited

Introduction

This is the report of a re-accreditation audit from 12 June 2012 to 13 June 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 12 June 2012 to 13 June 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:	Bridgette Lennox
Team member/s:	Lois Janetzki

Approved provider details

Approved provider:	Peninsula Palms Aged and Community Services Limited
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Details of home

Name of home:	Peninsula Palms Retirement Village
RACS ID:	5358

Total number of allocated places:	55
Number of residents during audit:	50
Number of high care residents during audit:	29
Special needs catered for:	Not applicable

Street/PO Box:	77 Morris Road	State:	QLD
City/Town:	ROTHWELL	Postcode:	4022
Phone number:	07 3897 2800	Facsimile:	07 3897 2777
E-mail address:	s.wilkinson@pprv.org.au		

Audit trail

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

Interviews

	Number		Number
Care Manager	1	Residents/representatives	10
Clinical Care Coordinator	1	Pastoral Support Visitor	1
Physiotherapist	1	Lifestyle coordinator	1
Registered staff	3	Hospitality staff	5
Care staff	4	Work Place Health and Safety Officer	1
Administrative staff	1	Maintenance Officer	1

Sampled documents

	Number		Number
Residents' assessments	6	Medication charts	6
Weight charts	6	Personnel files	5
Progress notes	6		

Other documents reviewed

The team also reviewed:

- Aged care channel program tracking sheet
- Annual education planner 2012
- Audits and audit schedule
- Clinical communication book
- Clinical incidents summary reports
- Clinical monitoring forms
- Communication books and memorandums
- Compliment and complaints folder
- Continuous improvement folder
- Controlled drug records
- Daily diary
- Dietary needs and preferences including supplement lists
- Duties lists
- Education and training resources, attendance sheets and evaluations
- Emergency and exit lighting maintenance log book
- Fire and maintenance records
- Fire evacuation drill report
- Food safety program and related documentation

- Hazardous chemical log
- Hospital transfer guide
- Improvement forms
- Infection prevention and control manual
- Material safety data sheets
- Medication incidents
- Meeting schedules, agendas and minutes
- Memoranda
- Organisational chart
- Palliative care information
- Policies and procedures
- Position descriptions
- Preventative and corrective maintenance electronic
- Record of medication chart discrepancies
- Registered staff qualifications list
- Resident admission pack
- Resident handbook
- Resident incident analysis reports
- Resident menus, dietary and nutrition sheets
- Resident newsletters
- Resident satisfaction survey
- Resident/relative newsletters
- Risk management assessments
- Self-assessment
- Service agreements
- Staff handbook
- Wound care folder

Observations

The team observed the following:

- Activities calendars on display and activities in progress
- Charter of residents rights and responsibilities
- Clinical equipment
- Communication processes
- Education resources
- Electronic clinical information system records
- Emergency equipment, evacuation plans and emergency procedures displayed
- Emergency exits and routes of egress

- Equipment and supply storage areas
- Information on display for residents visitors and staff
- Interactions between residents and staff
- Internal and external complaint mechanisms displayed
- Internal and external living environment
- Living environment
- Meal service
- Medication storage and medication administration
- Outbreak kit
- Resident evacuation lists
- Resident laundry
- Security key pads
- Sharps and waste disposal
- Sign on/off books
- Specialised eating utensils in use
- Sponsored student profile displayed
- Staff work and communication practices
- Suggestion box and forms
- White board clinical management schedule

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

Peninsula Palms Retirement Village (the home) has systems and processes to identify, implement and evaluate continuous improvements through mechanisms including forms, audits, incidents and hazards, clinical indicator data, and individual and group meetings. Improvements are logged and raised as agenda items at relevant meetings, actions are planned and monitored, before being evaluated through to completion. Stakeholders are provided feedback via correspondence, noticeboards, and meetings. Residents/representatives, staff and contracted staff are aware of ways to raise improvement requests and to contribute to the home's continuous improvement.

Examples of improvements related to Standard 1 include:-

- In response to staff feedback, management have allocated an additional afternoon diversional therapy shift to the roster. The roles and responsibilities of the activities officer is to conduct activities with residents with challenging behaviours. Management stated in addition the increased staff presence provides supervision of residents to minimise the risk of residents who have been identified as high falls risk. Staff stated that the additional hours provide the residents with meaningful activity, reducing the incidence of challenging behaviours.
- It was identified education provided to staff required a review, as a result of the annual fire drill conducted at the home. In response, staff complete the televised and group training, and the work place health and safety officer conducts in addition one to one training to specific staff. Staff stated they are confident of what to do in case of an emergency.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the Accreditation Standards. Policies and procedures are updated to reflect change and are accessible electronically and through information from management. Compliance with legislation is monitored through audits, surveys and observation of staff practice. Staff are informed of relevant changes through meetings, education sessions, communication processes and notice boards. The home ensures relevant individuals have been screened through a current criminal record check and monitor

for three yearly updates. There is a system to inform residents/representatives in advance of re-accreditation audit dates.

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 recruitment processes to ensure that management and staff have the appropriate knowledge and skills to perform their roles. Management identify key roles and support staff to maintain the required personal and professional development and education to sustain these roles and responsibilities. Internal and external education sessions are communicated to staff via education calendars, meetings and notice boards. An education calendar is utilised and the home provides digital video discs (DVDs) with competencies for specified roles. Education opportunities are gathered from information collected through meetings, feedback mechanisms and the changing needs of residents. Management monitor the skills and knowledge of staff through, audits, observation of staff practice, attendance of mandatory education and via incident and hazard monitoring. Staff demonstrate skills and knowledge relevant to their roles and are satisfied with the support they receive from the home to identify and develop their skills. Education relevant to Standard 1 includes but is not limited to, Accreditation Standards, management systems and processes and human resource information.

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/representatives are aware of how to access the complaint mechanisms within the home. Management and key personal provide opportunities for residents/representatives to voice concerns and management maintain an open door policy. Complaints are captured through individual or group meetings and management provides either verbal or written feedback to the complainant until the complaint is closed. Changed processes or requirements to manage the complaint are communicated to relevant staff. External complaints information is displayed and available for residents/representatives to access.

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's mission and values are documented and displayed throughout the home. New residents, staff and other stakeholders are informed about the home's mission, values and commitment to quality through information handbooks, staff orientation processes and on an ongoing basis

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

Employment processes include the selection, appointment and orientation of staff. An orientation program includes mandatory training and new staff are supported through 'buddy' shifts and training specific to their role. Staff skills and knowledge are monitored and supported, with the expectation and agreement of management and staff to view ten identified educational DVDs, reviewed at annual performance appraisals in conjunction with competency assessments, audits and attendance at education/training. Staff provide relevant personal documentation to confirm a current criminal history clearance prior to commencement of work and staff are alerted to their clearance expiry date. To ensure that there is appropriate and adequate staffing for all shifts, the home maintains a roster which is reviewed regularly in response to the changing care needs of the residents. Planned and unplanned leave replacements are maintained from the home's current staff. Residents are satisfied that their needs are met by appropriately skilled staff.

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

There are processes to ensure that there are appropriate goods and equipment available for service delivery including the identification of key personnel responsible for maintaining stock levels and ordering procedures. Equipment needs are identified by management, staff and health professionals based on the needs and preferences of residents. Equipment requirements and stock levels for specialised health and personal care, resident lifestyle, catering, support services and maintenance is monitored in line with food safety requirements, infection control and occupational health and safety practices. Equipment is maintained via preventative and/or corrective maintenance logging processes. Residents/representatives and staff are satisfied that adequate stocks of goods and equipment are provided by the home.

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

Systems and processes ensure that management, staff and residents/representatives have access to, and use of accurate and appropriate information. Processes to provide information to relevant stakeholders include written and electronic correspondence, individual and/or group meetings and memoranda that are distributed and displayed. The home has archiving procedures, including destruction of documents, to ensure that confidentiality and privacy is maintained when handling information. Electronic information is password protected with access restricted to appropriate personnel. Information is stored in accessible and known storage areas within the home. Monitoring of the information management system occurs

through internal auditing processes as well as staff and resident/representative feedback. Sufficient information is provided to staff to enable their duties to be carried out effectively. Residents/representatives are satisfied that the communication of information is timely and that management provides them with the information to make informed decisions.

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

Residents/representatives, staff and management are satisfied with the external service contractors providing the home's care and service needs. Service agreements and contracts with providers outline the home's requirements and the quality of service to be provided. There is a system to ensure external providers have a current criminal record check as required. The home has contracts with external services including cleaning, laundry, continence products, medical supplies, chemicals and catering.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes. In relation to Standard 2 Health and personal care, staff record any adverse events in relation to resident falls, skin tears, medications, behaviours and absconding and this information is analysed for trends. Residents and staff are satisfied that the organisation actively promotes and improves residents' physical and mental health.

Examples of improvements related to Standard 2 include:-

- In response to a request from senior staff to attend an external course relating to palliative care, various initiatives have been implemented. These include, a booklet to provide families with information, a focused care plan with specific needs of the individual resident and debrief counselling session with the pastor is made available for residents, staff or families. Management have received positive feedback from families and staff regarding the support provided by these initiatives.
- Management identified via an audit that staff were not consistently reading the current care plans of residents, when changes had been made. As a result, management have developed an assessment process where by staff are to read care plans and to answer a questionnaire to test their knowledge. Management stated the questionnaire has been completed twice by all care personnel and the results provided have shown increased awareness by all staff for the required treatments, aids and changes required by the individual residents.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant health and personal care. Management and staff are aware of their responsibilities in relation to the provision of specified care services and the notification of residents' unexplained absences.

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 systems and processes to ensure staff have appropriate knowledge and skills. The home provides ongoing education and training for staff in relation to health and personal care services and management and staff demonstrate knowledge and skills relevant to their roles in relation to promoting residents’ physical and mental health. In relation to Standard 2 Health and personal care, relevant education is identified through specific health care related issues for residents and includes but is not limited to, pharmaceutical information, incident reporting, wound management, mobility and podiatry care needs.

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 deliver appropriate clinical care in partnership with each resident and their family. Residents’ individual needs are assessed and care plans are developed by a registered nurse utilising information gathered from the assessments and residents/representatives input. Daily care needs are monitored by the registered nurse and changes are made to the care plans and communicated to staff as required. Communication and referral between allied health professionals for residents’ individual care needs is appropriate and staff have a clear understanding of individual resident care needs and preferences. Residents/representatives expressed a satisfaction with all aspects of care delivery.

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 through assessment and care planning processes conducted on entry to the home and as required. The care coordinator is supported by registered staff in the provision of specialised nursing care. Assistance is sought from specialist health services as required. Ongoing monitoring of care needs is conducted through observation, discussion with residents, review of residents’ records, and feedback from staff and other health professionals as needed. The visiting medical officers, allied health practitioners and specialist services are contacted if additional support is required for individual residents. Residents who receive specialised nursing care are satisfied with the care they receive.

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’ need for allied health services is identified on entry to the home and referral to appropriate health specialists is undertaken as required. A variety of health specialists are utilised by the home including; physiotherapy, podiatry, dietician, speech pathology and hospital in the home. Assessments and reassessments are undertaken for individual residents as required and staff demonstrates an understanding of the circumstances to refer residents for re-assessment by other health specialists. The outcome of the referral and plans of care are documented appropriately and retained in residents’ records. Residents/relatives indicated that they are referred to appropriate health specialists in accordance with their needs and preferences and are satisfied with the care and services 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 processes to identify residents initial and ongoing medication management needs. The home utilises a prepacked medication sachet system for resident’s routine medications with ‘as required’ and short course medications supplied in their original packaging. Registered nurses, enrolled nurses and personal carers (deemed competent) administer medications. Residents who manage their own medication administration are assessed by the registered nurse to be safe to self-administer. All medications including controlled and refrigerated drugs are stored and monitored appropriately. Resident medication charts contain photographic identification, allergies and specific instructions for administration. Evaluation of the medication administration process is achieved by the monitoring of medication incidents and through internal and external audits. Residents are satisfied that their medication is administered safely and correctly.

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’ need for pain management is identified on their entry to the home and on an ongoing basis. Factors contributing to pain are identified and referrals for medical assessment are initiated as needed. The home uses a variety of pain management strategies such as heat, repositioning, massage and exercise/movements are implemented for residents to ensure they remain as free as possible from pain. The effectiveness of pain management strategies is closely monitored by registered nursing staff. Progress notes entries show that action is taken in response to residents’ reports of pain and residents are satisfied with the way their pain is managed.

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

The home uses a team approach to ensure the comfort and dignity of the terminally ill is maintained. The pastoral visitor visits all residents and assists the care staff to ensure that residents’ end of life requests are met. Copies of information such as terminal wishes, enduring power of attorney and advanced health directives (if applicable) are located in the residents’ records. The home provides an information booklet for relatives and has access to external palliative care services as required. A palliative care plan is developed in consultation with residents’ family members to ensure their individual needs are being met. Staff have the knowledge and skills to provide comfort, dignity, emotional and spiritual support. Residents/representatives are satisfied staff are caring and respectful of their wishes and in ensuring their needs are met.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents’ nutrition and hydration needs are identified on entry to the home through the completion of a dietary profile. The information gathered is used to develop the resident’s care plan and inform the kitchen, to ensure appropriate meals are provided. Residents are weighed on admission then monthly or more frequently, as needed. Variances in weights are closely monitored by the registered nurse and weight variances are appropriately actioned. Strategies implemented to assist residents to maintain adequate nourishment include the provision of texture modified diets and dietary supplements. Residents are referred to the general practitioner, dietician and or speech pathologists as required and expressed satisfaction with the quality of food and fluids provided.

2.11 Skin care

This expected outcome requires that “residents’ skin integrity is consistent with their general health”.

Team’s findings

The home meets this expected outcome

Residents’ skin integrity is assessed on entry to the home or when the resident’s care needs change. Care staff monitor resident’s skin integrity during daily care delivery and refer back to the registered nurse for reassessment as required. Changes to resident’s care needs are communicated to staff via the day book, progress notes and care plan. When resident’s skin is compromised, a wound assessment is undertaken and treatment regime is implemented and closely monitored by a registered nurse. Staff have access to suitable stocks and equipment including emollients, pressure relieving devices and wound care products to maintain resident’s skin integrity. Residents are satisfied with the care provided by staff to help maintain their 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 processes to ensure that residents’ continence management is assessed by a registered nurse on entry to the home and as care needs change. Any factors that affect each resident’s continence are determined and strategies incorporated in their continence management plan. The process for ensuring sufficient and appropriate supplies of products to meet residents’ care needs is effective. Staff demonstrated knowledge of individual residents continence care needs and residents confirm they are supported to manage their 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

The home has processes to ensure that residents’ who exhibit challenging behaviour have their needs identified and managed effectively. Residents’ are assessed for behaviour needs on entry to the home and their needs are reassessed as required. Strategies to address the behavioural triggers are evaluated for effectiveness and the plans are modified as appropriate. Strategies for behaviour management are recorded in the residents’ care plan and reviewed every two to three months or more frequently if the residents’ health status changes. Staff demonstrate the knowledge and skill to manage residents with challenging behaviours and staff are able to access behaviour management support services if required. Residents/relatives are satisfied with the way residents with challenging behaviours are managed and supported.

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

Residents’ mobility and dexterity needs are assessed on entry to the home by a registered nurse and a physiotherapist. Mobility aids and programs are implemented to assist residents to maximise their mobility and to keep them as safe as possible. Residents’ transfer requirements are documented on a physiotherapy care plan and staff demonstrated knowledge of resident’s’ individualised mobility needs. The lifestyle and physiotherapy programs include a variety of sessions used to promote exercise and residents are encouraged to attend. Staff report sufficient mobility equipment and residents indicated that they are supported to optimise their 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 assessed and the resident's level of assistance to maintain their oral and dental hygiene is determined. The identified care need is recorded on each resident's care plan for staff to refer to. Residents have access to a mobile dentist and mobile denture service which visits the home. Staff are provided with sufficient equipment to assist residents maintain their oral hygiene and staff have access to education on oral and dental health and hygiene. Residents are satisfied with the level of support provided to assist them to maintain their oral hygiene and their access to dental health services.

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 needs are assessed on admission including; vision, hearing and speech and sensory impairment. Identified needs are recorded on each resident's care plan which is reviewed regularly. Residents are referred to specialists such as audiologists, optometrists and speech pathologists in accordance with assessed need and in consultation with the resident/representative and doctor. Appointments are diarised and staff support residents to attend external appointments as required. Aids to assist sensory loss are provided such as, large print song books and talking books and staff demonstrate strategies to promote effective communication. Residents are satisfied with the assistance and support they receive from staff in relation to any sensory loss need they may have.

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' sleep patterns are identified through assessment processes including a sleep monitoring chart. The practice by night staff promote an environment that is conducive to sleep and factors that may compromise sleep such as pain and discomfort, confusion, incontinence, are identified and addressed. Staff conduct regular checks overnight to identify residents who are awake or uncomfortable. Strategies to promote sleep include; additional bedding, light adjustment, repositioning, toileting, massage and/or food and fluids. Residents are satisfied that they slept well and receive sufficient rest.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes. In relation to Standard 3 Resident lifestyle, resident meetings and resident surveys are used to gather suggestions. Feedback is regularly evaluated from all lifestyle and care activities. Staff also contribute to improvements to resident lifestyle with regular quality meetings and encourage and support residents and others to provide feedback and suggestions.

Examples of improvements related to Standard 3 include-:

- Management stated that a review of the activities provided by the home have been re-invigorated with the introduction of various activities. It had been identified that the increased acuity of residents required a diverse approach. The song book, previously in small print, and has now been converted to large print, due to the changing needs of the residents. Card making activities have been implemented, based on the current skills of identified residents, who use the cards for their personal use and who are now fundraising with the sale of their cards to visitors to the home. Weekend activity bags/kits are available to provide activities for residents with specified needs and interests.
- Lifestyle staff lobbied council to provide seating for residents’ who access the local bike paths, on their mobility scooters. As a result council have installed tables and seats in adjacent parks to the home. Staff and residents stated they are enjoying morning or afternoon teas at these benches.
- The home is situated in an integrated community, of schools and retirement village. In response to suggestions from staff, a six meter long, all weather, bench seat has been donated and positioned at the adjacent school oval for the resident’. Staff stated this provides seating for residents doing activities such as boules and residents stated they enjoy watching the children at play.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to Resident lifestyle. Staff training and monitoring processes are effective in ensuring staff are aware of their responsibilities in relation to compulsory reporting of assaults.

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 systems and processes to ensure staff have appropriate knowledge and skills. The home provides ongoing training in relation to Resident lifestyle and management and staff demonstrate knowledge and skills relevant to their roles in the maintenance of residents' rights. In relation to Standard 3 Resident lifestyle, relevant education is identified through regulatory compliance which includes but is not limited to, elder abuse/compulsory reporting, resident rights and responsibilities and privacy and dignity.

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 are orientated and made to feel welcome on admission and are supported to establish friendships and participate in social activities. Residents receive additional emotional support by the pastoral visitor, volunteers and staff during sad times and adverse events. Residents and families are encouraged to actively participate in the home's community including; meetings, devotions, celebrations and special events. Communication processes between staff ensure relevant staff are informed of the current emotional needs of the residents. Staff demonstrated understanding of strategies to provide assistance and emotionally support residents. Residents/representatives are satisfied with the ongoing emotional support they receive from various staff groups.

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

Initial and ongoing assessment of residents' needs is conducted to ensure residents are assisted to achieve maximum independence. Staff support residents to access the wider community, external social networks and maintain friendships. Care staff are aware of their responsibility to promote resident independence and follow care plans to assist residents to achieve a maximum level of independence. Residents' relatives and other significant persons are informed of events at the home and are encouraged to participate in social functions and outings. Residents/representatives are satisfied with the support residents receive 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

Residents' individual needs and preferences for privacy and dignity is identified and communicated to staff through care plans, progress notes and the day book. The home's expectations for maintaining privacy, dignity and confidentiality are reinforced during orientation and ongoing staff training. Residents' confidential information is stored securely. Staff demonstrated awareness of interventions to maintain residents' privacy and dignity including; identifying residents' preferred title, include obtaining consent for entry to residents' rooms, closing doors and curtains during residents' cares. Residents/representatives are satisfied residents' privacy is respected and confidentiality and dignity maintained.

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' needs and preferences for leisure interests are assessed on entry to the home and revised as needed. A monthly activities calendar is developed by the activities staff and distributed to residents and their family through the resident/relative newsletter. Residents and their families are encouraged and supported to attend activities and social events. Residents who experience sensory impairment are provided with resources that enable their participation in individual and group activities. Residents provide feedback on social events and have input into the program through monthly meetings and on a one to one basis. Monitoring mechanisms also include surveys, audits, resident attendance at activities and evaluation of events. Residents/representatives are satisfied in the range and frequency of activities and that the staff are responsive to their needs.

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' spiritual beliefs, customs and cultural and ethnic backgrounds are identified through initial consultation with the resident/representatives and ongoing reassessment as required. Religious services are regularly held and residents are supported to attend devotions and services within or outside the home. The pastoral visitor visits daily and provides emotional and spiritual support to residents and their families. Days of personal, cultural and spiritual significance are planned and celebrated in the home as a community, and on an individual basis. Staff are aware of the cultural and spiritual needs of the residents and residents/representatives are satisfied residents' cultural practices and spiritual beliefs are provided for and respected

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Communication sharing processes support residents' decision-making regarding the care and services they receive. Information is provided to residents/representatives pre and post entry to the home including, how residents are enabled to exercise choice and be involved in decisions that impact on their life at the home. Case conferences with each resident and their family enable residents to be informed of their rights and responsibilities, complaints and advocacy processes. Residents' preferences are identified and communicated to staff through individual resident care plans, shift handover and meetings. Staff are aware of interventions to enable residents to exercise choice and make decisions relating to activities of their daily living. Residents/representatives are satisfied residents are enabled to exercise choice and control over their lifestyle at the home.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents are offered a residential care service agreement that provides security of tenure and information about residents' rights and responsibilities. Residents access further information about complaints mechanisms and their rights and responsibilities from the resident handbook, notice boards and brochures. Should a change in residents' living arrangements be required such as a room change, the process of consultation with staff, the resident and their representative is outlined in the resident handbook. The manager is accessible to both resident and relatives to discuss any concerns, and also provide information at resident meetings. Residents are satisfied that management respects their rights as residents and they feel secure in their tenure at the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes. In relation to Standard 4 Physical environment and safe systems, information collected from staff about any hazards, incidents, infections, and the environment is analysed for trends. Staff and residents are satisfied that the organisation actively monitors and improves the physical environment and safe systems.

Examples of improvements related to Standard 4 include:-

- In response to a concern raised with management, relating to residents unable to attend some outings due to the residents’ individual mobility status, a mobility outing assessment has been developed. The assessment identifies mode of transport required, bus, maxi taxi or car for organised outings, and risks associated to maintain staff and resident safety, assessing residents individual cognitive and physical abilities’ to access the identified transport. Staff stated residents are able to access the appropriate vehicle safely.
- In response to increasing resident complaints relating to the laundering of personal items, management transformed a bathroom into an operational laundry with commercial grade equipment to minimise the risk of cross infection. Education and training was provided to staff to ensure their knowledge of safe use of equipment and infection control practices. As a result, management stated that there have been no further resident complaints relating to their personal laundry items.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to the physical environment and safe systems. The home’s food safety program is accredited and external audits generally conducted; a Food Safety Supervisor and a Fire Safety Adviser are available to guide staff. The home is currently implementing the ‘harmonisation’ 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 systems and processes to ensure staff have appropriate knowledge and skills. The home provides ongoing education related to the physical environment and safe systems and management and staff demonstrate knowledge and skills relevant to their roles in maintaining the welfare of residents, staff and visitors in safety and comfort. In relation to Standard 4, relevant education is identified via regulatory requirements, incident and hazard reporting and includes but is not limited to fire emergency and first response, infection control, incident reporting and 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

Monitoring of the living environment occurs through the reporting and actioning of hazards and the investigation of incidents. Restraint authorities are sought for residents requiring a secure environment and the need for restraint is reviewed regularly. The environment and equipment is maintained in accordance with the preventative maintenance schedule, cleaning duty lists and maintenance requests. The residents are encouraged to personalise their rooms with furnishings and decorations. Dining and lounge areas are furnished in ways to provide a safe and comfortable environment to support the lifestyle needs of the residents and enable easy access. The home is secured each evening and night lighting ensures a safe environment for residents and staff. Residents/representatives are satisfied that management is actively working to provide a safe and comfortable environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Processes and procedures to identify hazards, review safe work practices and evaluate new equipment. The home maintains a safe working environment through ongoing education and providing information to direct staff practice. Occupational health and safety information is provided during orientation and staff meetings contribute to a safe working environment. Audits, risk assessments, hazards and incidents are logged and discussed at relevant meetings and information is made available to staff through minutes of meetings. Staff are aware of the home's occupational health and safety system, contribute to safety improvements and indicate that management is responsive to providing a safe workplace.

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 documented policies and procedures to manage fire safety, evacuations and other emergencies. Evacuation plans are located across the site in accordance with regulatory guidelines and exits are clear of obstruction. External providers maintain fire systems, equipment and signage. Emergency procedures are documented and available to staff. Mandatory fire safety training and education is provided for staff at orientation and annually and processes monitor ongoing attendance. An annual fire drill is conducted and staff have knowledge of the home's fire and emergency and evacuation procedures and their role in the event of an alarm.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program to identify and contain potential or actual sources of infection, including an outbreak event. Processes are established for the identification of resident infections and incidents are collated on a monthly basis for analysis and trending. Audits and risk assessments are undertaken and issues relating to infection control are discussed at relevant meetings. Staff generally demonstrate an understanding of infection control practices relating to their area of work. Hand washing facilities are located throughout the home and personal protective equipment is available and used by staff. Laundry items are laundered in a way that aims to reduce the risk of cross infection. Safe food practices are followed in the kitchen and cleaning schedules are in place for all areas of the home. Residents/representatives are satisfied with the care provided by the staff in the management of infections and with the cleanliness of the home.

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

Residents expressed satisfaction with the standard of the catering and cleaning as well as laundry services provided at the home. Residents' dietary needs are assessed and identified including allergies, likes, dislikes and cultural preferences which are documented to ensure their individual needs and preferences are met. There is a four week rotational menu and in consultation with residents, alternative meal preferences are provided. Residents/representatives are invited to forums to discuss menu issues and residents' satisfaction with the meals is monitored via surveys. Flat linen is processed by an external contractor and personal laundry is processed on site. There is a scheduled cleaning program which includes duty lists and schedules to guide staff to ensure cleaning of residents' rooms and the environment.