



Aged Care
Standards and Accreditation Agency Ltd

Percy Baxter Lodges

RACS ID 3392

45-95 Ballarat Road

NORTH GEELONG VIC 3215

Approved provider: Barwon Health

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 06 December 2016.

We made our decision on 07 October 2013.

The audit was conducted on 10 September 2013 to 11 September 2013. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

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

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

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Percy Baxter Lodges 3392

Approved provider: Barwon Health

Introduction

This is the report of a re-accreditation audit from 10 September 2013 to 11 September 2013 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 10 September 2013 to 11 September 2013.

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

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

Assessment team

Team leader:	Ann De Pellegrin
Team members:	Dawn de Lorenzo
	Marian (Sandra) Lacey

Approved provider details

Approved provider:	Barwon Health
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Details of home

Name of home:	Percy Baxter Lodges
RACS ID:	3392

Total number of allocated places:	105
Number of residents during audit:	73
Number of high care residents during audit:	9
Special needs catered for:	N/A

Street:	45-95 Ballarat Road	State:	Victoria
City:	North Geelong	Postcode:	3215
Phone number:	03 4215 5563	Facsimile:	03 4215 6386
E-mail address:	annha@barwonhealth.org.au		

Audit trail

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

Interviews

	Number		Number
Management	8	Residents and representatives	13
Clinical, care and lifestyle staff	15	Education staff	4
Hospitality, safety and environment staff	6	Pastoral care staff	1

Sampled documents

	Number		Number
Residents' files	8	Medication charts	6
Summary/quick reference care plans	22	Resident agreements	8
Lifestyle files	8		

Other documents reviewed

The team also reviewed:

- Activities calendar
- Alcohol management plan
- Audits, audit tools and summary results
- Cleaning schedules and records
- Clinical care charting and reviews
- Comments and complaints register
- Compulsory reporting register
- Continuous improvement plan, improvement registers and records
- Controlled substance register
- Data, trend analysis and clinical indicators
- Education calendar, matrix and documentation
- Electronic and paper based programs and records
- Electronic software tagging and referral system
- Food safety plan with kitchen third party audit
- Food safety records
- Generic and industry standard risk assessments
- Handover sheet and self-assessment
- Human resources records
- Identification of signature omission charts
- Incident reports (electronic)

- Improvement records and registers
- Infection control documentation
- Information handbooks – resident, volunteer, staff and maintenance
- Job descriptions and duties list
- Lifestyle documentation, participation records and evaluations
- Meeting minutes
- Newsletters and 'staff bulletin'
- Nurse registration summary record
- Pharmacy review
- Policies, procedures and associated flow charts
- Preventative and reactive maintenance records and reports
- Regulatory compliance registers
- Risk assessments
- Quarterly clinical indicators
- Resident consents
- Resident of the day system
- Service agreement template
- Survey information

Observations

The team observed the following:

- Activities in progress
- Charter of residents' rights and responsibilities displayed
- Cleaning in progress
- Equipment and supply storage areas
- Evacuation kits, resident list and related checklists
- Fire fighting equipment, evacuation maps and egress areas
- Hand hygiene facilities and personal protective equipment
- Information brochures and comments box accessible to stakeholders
- Interactions between staff and residents
- Living environment
- Meal and refreshment service
- Medication administration and storage of medications
- Menu and alternative meal choices displayed
- Paper based information displayed and disposal mechanisms
- Resident using aids
- Staff assisting residents
- Waste management systems

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has established systems to actively pursue continuous improvement supported and linked to the organisation's improvement system. Management and stakeholders identify improvements using a consultative approach from a variety of opportunities including stakeholder comments, meetings, quality activities, satisfaction surveys, incidents, observations and the changing needs of residents. Improvements identified through formal or informal processes are actioned and recorded on various improvement registers, which may record time frames, actions, progress, outcomes and re-evaluation as required. Management drive and evaluate the system in an ongoing manner and regularly report progress, results and satisfaction to stakeholders, individuals and/or corporate management. Staff, residents and representatives said they are encouraged to participate in improvement activities and confirm ongoing improvement activities occur at the home.

Examples of improvements in relation to Standard 1 Management systems, staffing and organisational development includes:

- In response to staff surveys and education reviews, the organisation has introduced an electronic education portal. The program enables the recording of staff attendance and evaluation with certification generated following completion of further competency tests. Although recently introduced, management demonstrated a number of improvements including the increased number of permanent and casual staff completing mandatory education topics. The program has various applications including data summary analysis enabling management to effectively monitor individual staff attendance and performance indicators. Staff said the program has enabled them to complete education topics during work and out of work hours as preferred and build on their professional development.
- Following audits identifying material safety data sheets out of date or not accessible, management subscribed to a comprehensive database portal. This enables management and staff to access current material safety data sheets applicable to preferred chemical suppliers and/or one off chemicals items purchased. Management said safety information regarding chemicals such as essential oils and chemical solutions used by health and beauty therapists were difficult to locate and is now easily accessible. Staff confirmed the safety information enables them to act promptly according to the manufacturers' guidelines in the event of an adverse incident.

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

The organisation has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines and to monitor compliance in relation to the Accreditation Standards, particularly Standard 1. Management receives updates and changes from committee groups and corporate office, who have membership and subscription to professional advisory services, peak industry bodies, legislative and government communiqués. Regulatory changes result in policies and procedures reviewed with associated information updated and communicated to relevant stakeholders.

Management generally monitor compliance through reviews of audits, data analysis, competency testing and observation of staff practice. This includes utilising orientation, information handbooks and other communication mechanisms to flag specific regulatory compliance issues. Staff said they are aware of their obligations in relation to regulatory compliance and confirmed management informs them when changes occur. Residents and representatives state they are satisfied they are kept informed of any regulatory changes and were notified of the re-accreditation visit.

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

- Processes to ensure the currency of police certificates and statutory declarations as appropriate.
- Processes for the secure storage of resident information and destroying of confidential information.
- Management informed stakeholders of the re-accreditation audit.
- Policies and procedures reflect professional and regulatory guidelines.

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 and staff have appropriate knowledge and skills to perform their roles effectively. Prior to commencement of employment, management confirm relevant training of prospective staff. Staff participate in an orientation program and mandatory education relevant to their role. The organisation’s central education department implements additional education as required based on training needs identified through staff feedback, analysis of incidents and observation of practice. Relevant staff maintain attendance records with evaluations to monitor the effectiveness of the training. Management encourages staff to attend additional education for their professional development. There are designated areas on site for staff education and training. Staff said they are satisfied with education in the organisation.

Examples of recent education relating to Standard 1 Management systems, staffing and organisational development include:

- bullying and harassment

- computerised care plan system training
- philosophy of aged care.

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 organisation ensures the internal and external complaints mechanisms are accessible to all stakeholders. The system includes feedback forms, stakeholder meetings, satisfaction surveys, informal interactions with staff, an organisational liaison officer, an 'open door' policy of access to management. Each building has a locked comments box providing the ability to post confidential complaints. Information about internal and external complaint services and advocacy services is accessible and generally available in English and languages other than English. Comments and complaints are actioned and documentation indicates stakeholders raise concerns and receive feedback in a timely manner. Regular audits and data analysis assist management in evaluating the effectiveness of actions taken and to identify any trends associated for further response. Staff said they raise matters with management and expressed their responsibility in assisting residents with concerns or complaints. Residents and representatives said they are comfortable in approaching staff and management with any issue and actions occur to their satisfaction.

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 displays the vision, values and mission statement in the entry and corridor areas with all buildings of the home and details this in information booklets, orientation programs, resident agreements and within policy and procedures.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The organisation has processes to ensure there are sufficient and appropriately skilled and qualified staff to deliver care and services to residents. Policies and procedures guide management in the processes of staff recruitment, orientation, staff development, retention, counselling and the monitoring of staff skills and qualifications. New staff participate in an induction and orientation program with an information pack and employment contract provided. There are current position descriptions, duty statements and procedures available, which define individual responsibilities and other requirements. Rosters show adequate staffing levels and skill mix occurs, vacant shifts filled and a registered nurse on duty on all shifts. Management monitor staff allocations to ensure an appropriate mix of skills and

attributes to deliver service requirements. Casual and bank staff cover planned and unplanned leave. Regular discussions with staff, audits, training, competencies and general observations ensure staff practice and knowledge are maintained and enhanced. Staff said they are generally satisfied with staffing levels and have various opportunities for professional development. Residents and representatives state they are satisfied with skills, knowledge and responsiveness of 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

The home with the support of organisational systems ensures appropriate goods and equipment are available for quality care and service. The organisation supports the maintenance, replacement and supplementation of inventory and equipment through budget allocations, ordering systems and the provision of corporate resources. Management authorises the purchase of capital equipment following trial and evaluation. Specific staff monitor and review clinical and non clinical stock levels, expiry dates and re-order supplies as required through the organisation's central stores and/or preferred suppliers. Stock and equipment storage areas are clean, sufficiently stocked and secure as required. The home maintains equipment in good condition supported by cyclic and reactive maintenance programs. Staff, residents and representatives said they are satisfied with the appropriateness and quality of supplies and equipment used 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

The home has effective information management systems that assist management and staff to perform their roles and to provide care to residents. Mechanisms such as handover, meetings and memoranda, communication books, electronic programs and information portals convey information to staff and health professionals. Information handbooks and displays, newsletters, meetings and minutes, care consultations and personal contact support the provision of information to residents, representatives and visitors. Electronic and paper based documentation is generally stored securely and accessed by authorised staff. The organisation backs up electronic information with archiving and document destruction processes to ensure information privacy and confidentiality principles are applied. Management monitor the information management system through internal audits and stakeholder feedback. Staff said they are satisfied they receive appropriate and sufficient information to support their roles and responsibilities. Residents and representatives expressed satisfaction with the level of information provided to them.

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 organisation has appropriate systems to ensure the quality and suitability of externally sourced services. Corporate office organises preferred suppliers and services which includes processes for tender, orientation, monitoring and review of services. All contractors sign service agreements which include the scope, services, responsibilities, confidentiality, regulatory compliance terms and conditions of the services provided. The organisation seeks feedback from all stakeholders and formally through cyclic review. An internal review system ensures monitoring of quality and performance with issues addressed initially by management or if needed escalated to corporate office. External service providers include pharmacy, linen services, essential services and tradespeople. Staff and residents' representatives' said they are satisfied with the external services provided in the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has an established continuous improvement system that shows ongoing improvement in resident health and personal care. For a description of the home's system of continuous improvement refer to expected outcome 1.1 Continuous improvement. Staff and management document incidents such as falls, skin tears, behaviours, medication administration or supply issues. Management regularly collate incident and clinical data which is analysed for trends, discussed with appropriate staff and actioned. Staff, residents and representatives are satisfied the home is actively working to improve residents' health and personal care.

Examples of improvements in relation to Standard 2 Health and personal care include:

- In response to an audit, discussions occurred regarding the level of supervision required regarding residents' mobility and use of aids. Staff suggested a colour code system with a coloured taped band placed on residents' mobility aids and the system applied within the handover sheet and residents' care plans to prompt staff. Further discussions resulted in the entry and resident of the day process updated to include more specific information regarding mobility and dexterity. Staff commented they continue to prompt residents in using their aids. We observed data analysis showing a steady decrease in falls in living areas as a result. Management said they plan a formal evaluation later in the year.
- A staff initiative regarding residents' gradual or unacknowledged hearing loss resulted in management sourcing a program in conjunction with a government hearing service. This includes a vouchers scheme for hearing services for older Australians. Management arranged an inservice session for staff which included hearing aids' care and maintenance, hearing tests, interventions and evaluation. Staff developed a list of residents whose possible hearing loss may impair individual resident lives and where no hearing aid is in place. Fifteen residents were identified, consent sought and those residents screened which identified further testing required. Management said evaluations show staff expressed improved knowledge and skills in identifying hearing loss, guiding them to professional services and supporting 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

There is a system to identify and monitor relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident health and personal care. For a description of the overarching system refer to expected outcome 1.2 Regulatory compliance.

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

- Appropriately qualified and trained staff plan, supervise and undertake specialised nursing care.
- Procedures for the reporting of an unexplained absence of a resident.
- Processes to ensure compliance with legislative and policy requirements in relation to medication storage and administration.

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

Please refer to expected outcome 1.3 Education and staff development for information regarding the education system and processes.

Examples of recent education in relation to Standard 2 Health and personal care include:

- behavioural management
- managing residents with unexplained absences
- pain management
- skin care
- vital signs.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Management and staff promote residents’ physical and mental health at optimum level in consultation with residents, representatives and the health care team. Staff assess all residents for their clinical care needs on entry to the home and complete an interim care plan. Development of the final long-term care plan is achieved through use of generic and industry standard risk assessments, conversations with residents and representatives and health professional input. Nursing staff evaluate care plans and these are changed accordingly as residents’ care need change. Residents and representatives said they are satisfied with clinical care provision.

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

Appropriately qualified nursing staff meet residents’ specialised nursing care needs. Staff assess all residents for any specialised nursing care needs when residents enter the home and thereafter as required. Delivery of specialised nursing care is consistent with residents’ care plans. Nursing staff undertake assessments and have the appropriate qualifications to

develop plans, deliver care, identify problems and undertake evaluations and reviews of residents requiring specialised nursing care. Nursing staff consult with residents' medical officers to determine what kind of specialised nursing care is required. Residents and representatives said staff provide appropriate nursing care to residents, according to their needs and preferences.

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

Management and staff arrange referrals to appropriate health specialists in accordance with assessed needs and preferences. Staff said and residents and representatives confirm staff support residents to attend external appointments or arrangements made for urgent referrals. Staff confirmed nursing staff keep communication diaries to manage information relating to external health specialist appointments and residents' needs and preferences are considered. Staff evaluate developed care plans on a regular basis and information stored to assist visiting medical practitioners. Residents and representatives said staff make referrals to appropriate specialists as needed and as preferred.

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

Management demonstrate staff manage residents' medication safely and correctly. Staff generally comply with the medication management system, is safe according to relevant legislation, regulatory requirements, professional standards and guidelines. Residents assess all residents for their medication requirements on entry to the home and develop a care plan in response to assessed information, including medical orders. Management ensure they conduct quality assurance audits to monitor staff practices. Appropriately qualified nursing staff evaluate care plans and there is regular updates maintained. Residents and representatives said they are satisfied staff manage their medication 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

Management demonstrate its pain management approach ensures all residents are as free as possible from pain. Staff assess all residents for pain using industry standard assessments when residents enter the home and regularly thereafter, as required. Staff develop specific care plans in consultation with assessments and residents/representatives' preferences. As required, nursing staff consult with appropriate health specialists. Nursing staff regularly evaluate pain management programs to ensure interventions delivered are consistent with care planning. Documentation review and staff confirm there is regular evaluation of the effectiveness of pain medication interventions. Residents and representatives said they are satisfied with how staff manage residents' pain.

2.9 Palliative care

This expected outcome requires that “the comfort and dignity of terminally ill residents is maintained”.

Team’s findings

The home meets this expected outcome

Management and staff ensure the comfort and dignity of terminally ill residents. Staff consult all residents on entry to the home and document residents’ terminal wishes and palliative care requirements, if appropriate to do so at that time. The development of palliative care plans takes place at the time of requirement and the home uses a multidisciplinary approach, which includes complementary therapies as appropriate. Staff say supportive educational opportunities ensure staff are able to provide effective palliative care to residents. Management and staff said they give extensive support to residents, families and staff during this important stage of a resident’s life.

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

Staff and management demonstrate residents receive adequate nutrition and hydration. Staff regularly assess residents for their nutrition and hydration needs. On entry to the home, staff identify each resident’s specific needs and preferences, using a systematic approach involving appropriate professionals and multidisciplinary approaches. This ensures identification of specific allergies, likes, dislikes, risks of malnutrition assessment, and monitoring of body weight. Staff develop specific dietary care plans in consultation with residents and representatives. We observed staff encouraging resident independence and dignity during meal times. Residents and representatives said they are satisfied with the home’s approach to meeting residents’ nutrition, hydration and associated support needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Management demonstrate its practices maintain residents’ skin integrity consistent with residents’ general health. When residents enter the home, staff identify residents at risk of impairment to skin integrity as well as their specific needs and preferences, including wound management, nail and hair care. Staff consult with residents regularly and health professionals as required, ensuring development of individual care plans and staff complete regular evaluations. Staff and documentation review confirm there is review of the living environment to ensure it is safe for all stakeholders. Residents and representatives said they are satisfied with the care provided in relation to residents’ skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Management demonstrates there is an effective continence management program. Staff assess all residents on entry; obtaining a detailed history through interview and/or the assessment process. The development of a comprehensive care plan includes consultation with residents and/or representatives and other specialist services, as required. Nursing staff regularly review care plans and management monitor staff practices through a comprehensive auditing and incident reporting system. Staff are supported in the provision of care and services by registered nurses and further specialist services are available should the need arise. Residents and representatives said they are satisfied with the continence management of residents.

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 demonstrates its approach to managing the needs of residents with challenging behaviours is effective. Staff assess all residents on entry for any behavioural management needs and a care plan developed through consultation with the resident and/or representative. Staff confirm they received education on appropriate methods for managing residents with challenging behaviours. If the need for restraint has been determined, staff assess the need for it, use it as a last resort, is authorised and administered at a minimum form and level in accordance with safety guidelines. Residents said they are satisfied with how staff manage challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

To optimise levels of mobility and dexterity staff assess all residents on entry to the home. There is comprehensive care plans developed in consultation with the physiotherapist, resident and representative and health specialists as required. Staff ensure there are strategies in place to minimise falls risks to the resident, including nursing and/or physiotherapy review of each fall that occurs. Staff review mobility and dexterity care plans on a regular basis. We observed residents using mobility aids. Staff encourage residents to attend exercise programs and administer pain relief to residents requiring it. Residents and representatives said they are satisfied with the mobility assistance residents receive.

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

Management and staff ensure maintenance of residents’ oral and dental health. Staff assess residents’ oral and dental care on entry to the home through the established assessment program. Staff develop an individualised care plan in consultation with residents and representatives and registered nurses review this regularly. Staff offer residents the option of continuing to visit their regular dentist, with support to attend external appointments, or to utilise a visiting dental service. Specific care plans detail the assistance residents require in order to ensure attendance to regular oral care; with risks and difficulties identified and documented. Residents and representatives confirm they are satisfied with the home’s approach to managing residents’ oral and dental care.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Management demonstrate its approach to residents’ sensory losses is effective in identifying and maintaining residents’ needs in relation to all five senses. Staff assess all residents on entry for any sensory loss and develop a care plan in consultation with residents and representatives. Care delivered is consistent with care plans, staff regularly evaluate and review care plans. Management review the home environment, monitor staff practices through the quality system, identify and document improvements. Residents and representatives confirm they are satisfied with the approach to managing residents’ sensory losses in relation to all five senses.

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

Management and staff demonstrate its practices enable residents to achieve natural sleep patterns. Staff assess all residents on entry for their sleep requirements with identification of established patterns. Staff develop a comprehensive care plan in consultation with residents and representatives and staff promote natural sleep to meet individual residents’ needs. Care plans document the use of sleep aids, medication strategies for sleep promotion as appropriate and any alternative strategies for sleep support. There is regular review of the care plan by staff. Residents said they feel safe at the home and report they usually get a good night’s sleep.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home actively pursues improvements in the area of Standard 3 Resident lifestyle. For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement. Documentation shows staff consult residents about their lifestyle and encourage their feedback and suggestions. Staff, residents and representatives are satisfied the home is actively working to improve resident lifestyle.

Examples of improvement in relation to Standard 3 Resident lifestyle include:

- Following resident feedback from the previous fete which was low key and held during the week, management identified a number of residents with prior experience in running similar events. This resulted in a resident committee formed who meet regularly and discuss project managing the event such as the date, time, the contents of stalls and set up. Lifestyle staff support the committee in accessing equipment as required. Although the fete is to occur next week, we observed residents are active and busily making handicrafts, potting plants and other fete related activities which has generated a lot of social and community interaction within the home. Several residents said they have never enjoyed themselves so much and developed new friendships with like-minded people within the home and the community.
- A representative concern, regarding the cancelled campus bus service and a resident being stranded, resulted in discussions with the volunteer support program on campus. Following discussions, the communication processes has altered with volunteers now directly contacting lifestyle staff of any bus break downs or cancellations. Management said that since the communication process changed, there has been no incidents or concerns raised by either residents or representatives. A resident said they feel well cared for and safe even when out in the community knowing that staff will contact them and/or arrange alternative transport for unforeseen circumstances.

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

There is a system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about resident lifestyle. Refer to expected outcome 1.2 Regulatory compliance for details of the home’s regulatory processes.

Examples of regulatory compliance relating to Standard 3 Resident lifestyle includes:

- The home has processes to manage compulsory reporting obligations and to educate staff in recognising and responding to circumstances that may require compulsory reporting.
- There are processes to ensure privacy of residents' personal information.
- The organisation offers a residential agreement to residents and representatives.
- Residents receive specified good and services as appropriate.

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

Please refer to expected outcome 1.3 Education and staff development for information regarding the education system and processes.

Examples of recent education in relation to Standard 3 Resident lifestyle include:

- compulsory reporting
- dementia training
- elder abuse
- emotional and spiritual support.

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

There is a system to ensure each resident receives emotional support adjusting to life in the home and on an ongoing basis. Prior to or on entry, management give residents and their representatives information regarding the entry process, explain services and provide a tour with introductions to staff and other residents as possible. Lifestyle and pastoral care staff assist care staff in offering support to residents adjusting to the new environment. Staff complete an assessment and care plan which includes emotional needs of residents and review these regularly. The lifestyle program provides individual time with residents with an aim to maintain personal interests where possible. Residents said they are satisfied with emotional support offered by management and staff.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Management and staff encourage residents to achieve maximum independence and maintain community ties. Lifestyle care plans identify residents needs to participate in

specific interests, maintain their independence and retain ongoing community and social associations. Management and staff encourage and support residents to maintain contact with friends and family as well as participate in activities in the community. Residents personalise their rooms as they wish. Residents said staff assist them to be as independent as possible.

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

Management and staff recognise and respect each resident's privacy, dignity and confidentiality. There is a privacy policy and resident information is generally stored securely and appropriately. Residents secure their rooms to store private items as they wish. Quiet areas are available for residents to meet privately with visitors. Staff assist residents in a respectful manner when attending to activities of daily living. Residents and/or their representatives sign various consent forms including confidentiality of information. Staff are aware of respecting each resident's privacy and dignity including knocking on doors prior to entering resident rooms. Residents said staff treat them with dignity and respect.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Management and staff encourage and support residents to participate in a range of activities both in groups and on an individual basis. Lifestyle staff complete an assessment in consultation with each resident and their representative to identify such information as each resident's social and recreational preferences. This assessment forms the basis of the care plan which undergoes regular review. Lifestyle staff plan daily activity programs in both groups and individual settings and offer a range of activities including the celebration of special occasions. Volunteers assist lifestyle staff with programs on a regular basis. Lifestyle staff evaluate and redesign programs as necessary based on resident feedback and participation. Information from resident meetings also assists lifestyle staff in planning programs. Residents said they are satisfied with leisure interests and activities offered.

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

Management and staff ensure residents' individual customs, beliefs and cultural backgrounds are fostered and valued. Lifestyle assessments and care plans document cultural and spiritual needs. There are regular church services with pastoral care available. Management and staff ensure the celebration of cultural and significant days. Information is available in languages other than English and interpreting services are available, if required. Staff have

access to services specific to cultural sensitivities. Residents said they are satisfied with cultural and spiritual life.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Management and staff promote and support residents to exercise choice and decision making over his or her lifestyle while not infringing on the rights of others. Residents have input into the services they receive such as preferred rising and settling times, dining preferences, level of participation in activities and preferred title and name. Management encourages residents and their representatives to provide feedback about care and services through meetings, surveys and consultation. Staff encourage residents to make their own decisions. Residents said they are satisfied with the opportunities provided to them to make their own choices. Residents said other residents do not infringe on their rights.

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

There is a system to ensure residents have secure tenure within the service and to understand their rights and responsibilities. Prior to or on entry, the organisation provides prospective residents with an information booklet. Management offers all residents a resident agreement which includes information on care and services. Management consults with residents and their representatives if there is a change to specified care and services. The Charter of residents' rights and responsibilities is displayed and other information applicable to security of tenure. Residents said they feel secure and understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home pursues continuous improvement related to the physical environment and safe systems, with the overall system described in expected outcome 1.1 Continuous improvement. Management undertake regular workplace and environmental audits and inspections, review data analysis and updated on better practice concepts by consultants and professionals. Together with staff education and training, appropriate equipment, resource information and safety representatives, these strategies promote and ensure safe work practices and a safe and secure environment for all. Staff outlined procedures for hazard and incident reporting and confirmed prompt action occurs with results fed back to staff, residents or other stakeholders. Residents said they are satisfied with the comfort and safety of the home.

Examples of improvements in relation to Standard 4 Physical environment and safe systems include:

- Management recognised the need to improve influenza outbreak management strategies in the home. Following research and discussion, key organisational staff developed a flow chart with resource information and applicable signage. Management said they have received positive feedback from staff who feel the new process has improved their awareness of symptoms of influenza. Management also said this has improved infection control in the home with more residents requesting influenza vaccination.
- Management identified the need to improve the resident environment. The home purchased a large wall mounted television and cabinets. The home also purchased new vertical blinds with thermal backing to assist in maintaining comfortable temperatures. Residents chose their preferred fabrics and furniture. Management said there has been positive feedback regarding the improved environment from residents. Staff said the wall mounted televisions have provided more space for residents in the living areas.

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

There is a system to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines about physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for details of the home’s regulatory processes.

Examples of regulatory compliance relating to Standard 4: Physical environment and safe systems include:

- Registration of a food premise on site and external auditing of food safety systems.
- Qualified and specialised contractors regularly check and maintain essential services.

- Active promotion and management of workplace health and safety.
- Access to current material safety data sheets.
- Outbreak management and reporting procedures.

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

Please refer to expected outcome 1.3 Education and staff development for information regarding the education system and processes.

Examples of recent education in relation to Standard 4 Physical environment and safe systems include:

- chemical training
- fire and safety
- food handling
- infection control and hand hygiene
- manual handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management are actively working to provide a safe and comfortable environment consistent with residents' care needs. There are single rooms for residents or rooms for couples with private or shared ensuite and/or communal bathrooms. Rooms have individual controlled heating. Throughout each hostel, there is safe access to clean, comfortable and well-maintained communal, private, dining and outdoor areas with sufficient and appropriate furniture. Management and relevant staff monitor the safety of the home including preventative and routine building and equipment maintenance. Management generally monitors comfort and safety through regular audits, inspections and daily observations. Staff help to make the residents safe and comfortable through ensuring access to items such as call bells and mobility aids. Residents said they feel safe and comfortable.

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 ensure staff practices provide a safe working environment to meet regulatory requirements. Staff have input into the home's occupational health and safety system through meetings and reporting of any hazards. A committee meets regularly and occupational health and safety representatives have received appropriate training externally. Management ensures the completion of regular audits and workplace inspections with risk assessments as required. Management and relevant staff ensure equipment in the home receives routine and preventative maintenance. There are areas to provide secure storage for all chemicals and dangerous goods. Staff said they are aware of how to report hazards and are satisfied management provides a safe environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff provide an environment with safe systems of work to minimise fire, security and emergency risks. Emergency and evacuation plans are in place, emergency exit signage illuminated, egress routes generally clear of obstacles and fire and emergency education regularly occurs. Each building within the home is equipped with fire fighting equipment and alarm systems including fire blankets, smoke doors, sprinklers and a fire panel. Staff secure external doors before night fall with regular checks by staff and security personnel at night. The home has documented procedures in response to other emergencies including threats and power failures. The home manages risk through internal and external audits and inspections. Staff detailed their actions in the event of an emergency evacuation. Residents expressed their confidence in staff directing them to safety and said they are satisfied with security measures at the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The organisation has an effective infection control program with delegated staff as the central point of responsibility. Management collects data on infections and uses this to identify any infection control issues. There are contingency plans for various outbreaks. There are facilities to implement hand hygiene and standard precautions with staff practice consistent with government guidelines. The organisation offers influenza vaccinations to both residents and staff. Management arranges for regular audits of the food safety program. There is a pest control program and an appropriate waste disposal system. Staff said they regularly receive infection control training with practices monitored.

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 organisation provides hospitality services in a manner which is generous towards residents and others. Meals are prepared on site in a central kitchen with resident allergies, likes and dislikes taken into account. Care staff assist with preparation of some meals and serve the meals in the hostels. Staff clean the kitchens in the hostels according to a schedule. Cleaning staff provide cleaning according to a schedule with provisions for ad hoc cleaning. Residents have the option of laundering their own clothes in laundrettes in the home or sending clothing to a central laundry on site which processes all other linen. Management monitors hospitality services through regular surveys and internal and external audits with regular education provided for staff such as chemical training and infection control. Residents, representatives and staff said they are generally satisfied with the home's catering, cleaning and laundry services.