Prescare - Roslyn Lodge

RACS ID 5141
24 Main Western Road
NORTH TAMBORINE QLD 4272

Approved provider: The Presbyterian Church of Queensland

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 29 September 2015.

We made our decision on 27 August 2012.

The audit was conducted on 17 July 2012 to 18 July 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

Prescare - Roslyn Lodge 5141

Approved provider: The Presbyterian Church of Queensland

Introduction

This is the report of a re-accreditation audit from 17 July 2012 to 18 July 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 17 July 2012 to 18 July 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:	Gayle Wain
Team member:	Jan Gallagher

Approved provider details

Approved provider:	The Presbyterian Church of Queensland

Details of home

Name of home:	Prescare - Roslyn Lodge
RACS ID:	5141

Total number of allocated places:	38
Number of residents during audit:	37
Number of high care residents during audit:	34
Special needs catered for:	Dementia and other related disorders

Street/PO Box:	24 Main Western Road	State:	QLD
City/Town:	NORTH TAMBORINE	Postcode:	4272
Phone number:	07 5545 7822	Facsimile:	07 5545 7811
E-mail address:	lharding@prescare.org.au		

Audit trail

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

Interviews

	Number		Number
Facility Manager	1	Residents/representatives	9
Registered staff	3	Resource Manager	1
Personal Care staff	5	Laundry/cleaning staff	1
Administration Officer	1	Maintenance Coordinator	1
Activities Officer	1	Health and Safety Manager	1
Catering staff	1	Food Service and Catering Manager	1
Maintenance Officer/Workplace Health and Safety Officer/Fire Safety Advisor	1		

Sampled documents

	Number		Number
Residents' files	7	Medication charts	34
Personnel files	5		

Other documents reviewed

The team also reviewed:

- Activity calendars

- Audit schedule and audits

- Building emergency procedure summary

- Certificate of Classification

- Cleaning schedules and check lists

- Clinical assessments and observation data

- Clinical indicator data

- Clinical review schedules

- Comments and complaints information

- Communication diaries

- Continuous improvement plan

- Education attendance records

- Fire equipment monitoring and maintenance records

- Food safety plan

- Have your say and improve it forms

- Incident reports

- Lifestyle assessments and documentation

- Maintenance records

- Mandatory reporting records

- Memoranda

- Menu

- Minutes of meetings

- Newsletters

- Occupier's Statement

- Policy manuals

- Position descriptions and duty lists

- Resident evacuation lists

- Resident handbook

- Restraint authorisations

- Roster

- Safety data sheets

- Staff fire event protocol

- Staff handbook

- Thickened fluids, nutritional supplements and diet lists

- Weight charts

Observations

The team observed the following:

- Accreditation information displayed

- Activities in progress

- Administration and storage of medications

- Advocacy, internal and external complaints brochures and posters

- Charter of residents' rights and responsibilities displayed

- Chemical and cleaning storage areas

- Colour coded cleaning equipment

- Emergency assembly areas and egress route

- Fire panel

- Fire/emergency evacuation instructions, signage and maps

- First aid kits

- Hand washing facilities

- Interactions between staff and residents

- Internal and external living environment

- Meal and beverage service

- Notice boards and notices on display

- Ordering processes
- Outbreak management kits
- Personal protective equipment
- Sharp disposal
- Spills kits
- Suggestion box

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's continuous improvement system identifies improvement opportunities against the Accreditation Standards. Staff, residents and representatives contribute to the improvement system through meetings, the comments and complaints system, audits and the lodgement of 'Improve it' forms. Improvements are discussed and monitored through monthly meetings prior to being evaluated and completed. Residents, representatives and staff are satisfied the home actively pursues continuous improvement.

Examples of recent improvements undertaken by the home in relation to Standard 1 Management systems, staffing and organisational development include:

- The home has implemented an online ordering system for continence aids. Management and staff stated the new system has not only improved the ordering process but has also resulted in a more reliable stock control system for continence aids.

- The home has implemented online medication management education for registered staff. Management stated the online education allows for better staff access to the education. Registered staff stated the medication management education has increased their knowledge regarding medication administration, storage and use of medications. Management stated the online training has also resulted in two registered staff requesting to attend further medication management facilitated by an external provider.

- The home has introduced a new staff roster and timesheet process which includes a new timesheet folder and colour coded roster. Management stated the roster is now displayed in the staff room and the new colour coding process has allowed staff to quickly identify available extra shifts that they may want to work. Staff stated the timesheet folder allows them to sign on and off their shift faster and easier.

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 changes to legislation and regulatory requirements. Policies are updated to reflect any changes and are accessible to staff via the intranet. Compliance with legislation and the Accreditation Standards is monitored through audits and observation of staff practice. Staff are informed of relevant legislative changes through

meetings, education sessions, memoranda and the newsletter. The home has a system to monitor police checks and professional registration requirements.

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

There are processes to ensure staff have the appropriate knowledge and skills to perform their roles. Education and training needs are developed in response to legislative requirements, performance appraisals and observation of staff practice. Staff are encouraged to attend internal and external training opportunities with further educational needs being identified through annual training needs analysis, meetings, audits and the needs of residents. 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.

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

Team's findings
The home meets this expected outcome

Residents and representatives have access to internal and external complaint processes. Information relating to internal and external complaint mechanisms is provided through the resident handbook and brochures are displayed in the home. Management has an 'open door' policy or alternatively residents and representatives can complete 'Improve it' or 'Have your say' forms and place them in the suggestion box located in the home. Residents also have the opportunity to raise issues of concern at regular resident meetings. Residents, representatives and staff indicated they are aware of and have confidence in the complaints process.

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 has documented the home's vision, values, philosophy, objectives and commitment to quality. This information is available in the residents' handbook, staff handbook and displayed in the home.

1.6   Human resource management

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

Team's findings
The home meets this expected outcome

The home has a system to manage human resources including the recruitment, selection, orientation, training and development of staff. The orientation program includes training specific to their role and staff receive 'buddy' shifts. All staff have a current criminal history clearance prior to commencement of work. To ensure there is appropriate and adequate staffing for all shifts a roster is maintained which is reviewed regularly in response to residents' changing care needs. Planned and unplanned leave replacements are maintained from the home's current staffing numbers and casual staffing pool. Staff state they have adequate time to complete their duties. Residents and representatives are satisfied with the timeliness of staff response to requests for assistance.

1.7   Inventory and equipment

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

Team's findings
The home meets this expected outcome

The home has systems and processes to ensure appropriate goods and equipment are available for service delivery. Equipment and stock is monitored in line with legislative requirements, infection control and work health and safety practices. Equipment is maintained through preventative maintenance schedules and 'sundry' maintenance processes. Residents and staff are satisfied adequate stocks of goods and equipment are available within 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 systems and processes to guide the confidential collection, use, storage and destruction of information in accordance with regulatory requirements. The home utilises a combination of paper based and electronic information systems for the dissemination and storage of resident and staff information. Information is provided to staff and relevant stakeholders through written and electronic correspondence, minuted meetings, newsletters and memoranda distributed and/or displayed. Ongoing monitoring of the information management system occurs through internal auditing processes as well as staff and resident/representative feedback. Staff reported sufficient information is provided to enable their duties to be carried out effectively. Residents and representatives are satisfied the communication of information is timely and 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

The home has systems to ensure external service providers meet the home's needs and service goals. A preferred providers' list is available for regularly used services and all contractors visiting the home are required to register at reception. Preferred providers' service contracts outline the home's requirements and the quality of service to be provided. There are systems to ensure external providers have a current criminal record check and contractors attending the home are supervised by the Maintenance Officer. Staff and management are satisfied with the external service contractors providing the home's care and service needs.

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.

Examples of recent improvements undertaken by the home in relation to Standard 2 Health and personal care include:

- Due to the inconsistent communication of information following the podiatrist's visits, the home has implemented a podiatry folder where staff can refer residents for treatment and the podiatrist can communicate resident treatment information to staff following a visit to the home. Management stated the new process allows staff and the podiatrist to be more responsive to any changing resident needs. Staff stated they are now aware of the residents the podiatrist has treated on each visit.

- To increase the use of the computer based clinical documentation system, the home has commenced using wound care treatment forms located within the system. Staff stated the use of the computerised forms make it easier to access the forms from any location within the home.

- The home has updated the outbreak management kits at the home to include new personal protective equipment and updated policies and procedures for staff. Management and staff stated they now have access to the latest information available should an outbreak occur.

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 to health and personal care. Management maintains and monitors systems to ensure residents' care is in accordance with the *Quality of Care Principles 1997*.

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 maintain staff knowledge and skills. 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 provided relevant to Standard 2 includes, but is not limited to, continence management, medication management and pain management.

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

Team's findings
The home meets this expected outcome

There are systems and processes to assess residents' care needs both prior to and on entry to the home. Care plans are developed by registered nurses utilising information gathered from discharge or specialist summaries, assessments and residents/representatives input. Processes to review care activities include the general ongoing monitoring of resident care needs and the three monthly reviews. Daily care needs are evaluated, monitored and reviewed by the registered nurse and the care team through the handover process, review of progress notes and clinical incident data. Communication and referral between external and allied health professionals for residents' individual care needs is appropriate and timely. Staff demonstrate an understanding of individual resident care needs and preferences and are satisfied with the communication processes utilised to inform them of resident clinical care changes. Residents expressed satisfaction with the care provided by staff at the home and confirm the clinical care they receive is appropriate to their needs and preferences.

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

Team's findings
The home meets this expected outcome

Residents' specialised nursing care needs are identified through assessment and care planning processes. The Facility Manager supports registered staff in the provision of specialised nursing care, with assistance sought from specialist health practitioners and/or services as required. Specialised care needs currently being provided include diabetic management, oxygen therapy and management of supra-pubic and indwelling catheters. Ongoing monitoring of care needs is conducted through observation, discussion with residents, review of residents' records and feedback from staff and health professionals. 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' allied health needs are identified prior to and on entry to the home, allowing for referrals to health specialists to occur in a timely manner. A variety of health specialists are utilised by the home including physiotherapy, podiatry, dietary, speech pathology and older person's mental health services. The Allied Health Coordinator, with the direction from registered staff, organises referrals to allied health practitioners and manages the timely reporting of care directives to inform clinical practices. The outcomes of referrals are documented appropriately and retained in residents' records; reviews of assessments are undertaken as required. Staff demonstrate an understanding of the processes to refer residents for re-assessment by other health specialists. Residents indicate they are referred to appropriate health specialists in accordance with their needs and preferences.

2.7　Medication management
This expected outcome requires that "residents' medication is managed safely and correctly".

Team's findings
The home meets this expected outcome

The home has systems and processes to identify residents initial and ongoing medication management needs. The home utilises a sachet pack system for residents' medications. Registered and enrolled nurses administer medications. Registered nurses are responsible for ensuring the timely supply of medications and for notifying pharmacy of changes to residents' medication orders. 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 system is conducted through the monitoring of internal medication incidents and internal auditing processes. Residents are satisfied 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 with pain are identified on 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 has a pain management program and a variety of pain management strategies such as aromatherapy, repositioning, massage and exercise/movements are implemented for residents to ensure they remain as free as possible from pain. Progress notes entries show action is taken in response to residents' reports of pain. The effectiveness of pain management strategies is evaluated. Staff outlined pain management strategies for individual residents and residents reported they 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

Residents' end of life requests are collected in consultation with the resident and their representatives when appropriate. Copies of information such as enduring power of attorney and advanced health directives (if applicable) are located in the residents' records and are accessible to registered staff. Staff have the knowledge and skills to co-ordinate and provide appropriate clinical care and emotional/spiritual support in a multidisciplinary capacity. Pastoral care support is provided by visiting chaplains at the resident's and their familiy's request. The home has access to external palliative care services as required. Care plans are developed in consultation with residents' family members and representatives and form part of the resident's pain management interventions. Residents report staff are caring and respectful of their wishes and preferences in ensuring their care 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, including likes, dislikes and cultural requirements, allergies and assistive equipment devices required, are identified on entry to the home through the completion of assessments and dietary profiles. The information gathered is used to develop the resident's care plan and inform the kitchen to ensure appropriate meals are provided to all residents. Residents are weighed on entry, then monthly or more frequently, as needed. Variances in weights are trended and unintended weight loss or gain is analysed for causative factors. Strategies implemented to assist residents to maintain adequate nourishment include the provision of texture modified diets, dietary supplements, and referral to dieticians and speech pathologists, as required. Residents are satisfied with the quality and sufficiency 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 care needs and preferences are identified by registered staff on entry to the home and ongoing assessment and review processes include overall general skin integrity status and potential risk of breakdown. Skin care interventions and preventative actions are planned to meet individual needs in line with their general health. Products, such as moisturisers, protective aids and wound care products, are readily available. Staff provide assistance in maintaining residents' skin integrity which is consistent with the planned care. The incident of skin tears or skin breakdowns is reported, monitored and actions are taken where trends are identified. Residents indicated they 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 residents' continence management is assessed on entry to the home and on an ongoing basis by registered nurses. Any factors affecting each resident's urinary and faecal continence are determined and strategies to manage their continence are outlined in care planning documentation. Dedicated clinical staff manage the assessment and distribution of continence aids in consultation with the resident and registered staff. The home monitors the use of continence aids, aperients and urinary tract infections. Residents confirm they are provided with support 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 residents with challenging behaviour are managed effectively. Residents' behaviour is assessed with consideration given to the context of behaviours, the possible triggers and successful interventions. Strategies for behaviour management are documented in the resident care plan and are reviewed three monthly or more frequently if the residents' health status changes. The home has access to community behaviour management support services if required. Representatives report satisfaction with the way their relatives with challenging behaviours are managed.

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. There is a referral process to alert the physiotherapist to new admissions and to request review of residents in response to changes in their health status. Staff receive training on safe manual handling practices and use of assistive and mobility aids. The lifestyle and physiotherapy programs include a variety of sessions to promote exercise and residents are encouraged to attend. Residents' transfer requirements are documented on a mobility and manual handling care plan and staff are familiar with the individualised needs of the residents. Residents expressed satisfaction with the support provided to maintain their mobility and dexterity in line with their general health status.

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 status is identified on entry to the home through assessments with the level of assistance required to maintain oral and dental hygiene identified and included in the care plan to guide staff. Strategies to assist residents to maintain their oral and dental health include referral to relevant external or visiting dental services, fluid maintenance and application of oral moisturisers. Texture modification of meals is provided where oral and dental health is compromised. Staff are provided with education on oral hygiene safety for those residents with impaired swallowing capacity. Residents are satisfied with the level of support provided to assist them with the maintenance of 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 with sensory loss indicated they were satisfied with the assistance they receive from staff. Information relating to the residents' sensory needs including vision, hearing and speech is identified on entry to the home and on an ongoing basis. Residents are referred to specialists such as audiologists, optometrists and speech pathologists in accordance with assessed need and in consultation with the resident, their representative and medical officer. Appointments are diarised and staff assist residents to attend as required. Staff have an understanding of individual resident needs and strategies to promote effective communication.

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. Staff conduct regular checks overnight to identify residents who are awake or uncomfortable. Night routines maintain an environment conducive to sleep and factors that may compromise sleep such as confusion, incontinence, pain, temperature variances and noise are identified and addressed. Strategies to promote sleep include additional bedding, light adjustment, repositioning, toileting, massage and/or a light snack if requested. Residents report they obtain 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.

Examples of recent improvements undertaken or in progress in relation to Standard 3 Resident lifestyle include:

- The home has purchased a large flat screen television for the Violet Room. Management stated resident feedback about the new television has been positive. One resident stated the new television allows them to 'see their shows better'.

- The home has developed a new 'Residents Welcome Handbook'. The handbook contains specific information about the home for new residents and representatives. One representative new to the home stated the handbook was 'very useful' when they first arrived at the home and they refer to the handbook on an ongoing basis.

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. Management maintains and monitors systems to ensure residents' care is in accordance with the *Quality of Care Principles 1997*.

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 maintain staff knowledge and skills. Education provided relevant to Standard 3 includes, but is not limited to, elder abuse 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

Information about the home is provided to residents prior to and on entry to the home and orientation is provided to residents to assist their adjustment to the new environment. Residents' emotional needs and preferences for support are identified and are included in care planning documentation. Emotional support is further enhanced through assisting residents to access external support services, personalisation of their rooms and regular one to one interaction with staff and/or volunteers. Staff provide emotional support to families, particularly during the transition period following entry to the home. Family members and friends are welcomed as part of the supportive network. Residents expressed satisfaction with the support they received from 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

Residents' previous interests and lifestyle, as well as current interests and abilities, are identified during baseline assessments to maximise individual resident's independence. Residents are assisted with those aspects of personal care and other activities they are unable to manage unaided and appropriate equipment is provided to support residents' independence. Risk assessments are conducted and discussions held with residents whose mobility may be compromised and who wish to maintain a level of independence with mobility and activities. Staff indicated they maintain respect for resident's independence while monitoring the safety of activities undertaken. Residents report they are encouraged and supported to be independent.

3.6 Privacy and dignity

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

Team's findings
The home meets this expected outcome

The home maintains policies and processes to protect residents' privacy and dignity. On entry, residents are provided with information about their rights including their right to privacy; staff receive information on commencement of employment and further education in relation to these topics is included in ongoing education program. Files containing residents' personal information are stored in locked areas, with access limited to authorised staff and visiting health professionals. Staff are respectful of appropriate practices, such as knocking on residents' doors when providing personal care and aim to ensure discretion and maintenance of residents' dignity at all times. Residents expressed satisfaction with the way staff are courteous and respectful of their privacy.

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' past and current interests are identified following entry through interview and completion of a social profile. Individualised leisure interest care plans are developed by the Diversional Therapist in consultation with the resident and/or representative. The leisure care plans reflect the resident's physical, sensory and cognitive abilities as well as their identified interests. The activities program is developed with individual interests and capabilities in mind and includes large and small group and one to one activities. The activities program is communicated through notice boards, resident meetings and daily contact with individual residents. Activities are evaluated through resident meetings, individual/group feedback, resident surveys and review of comments and complaints. Residents reported they are assisted to participate in activities of choice and expressed satisfaction with the programming of activities.

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' specific cultural and spiritual needs are identified on entry to the home through consultation with the resident and/or representative. Religious services of various denominations are held regularly on site and attendance at external religious observances is encouraged and facilitated. Celebrations are held to mark days of cultural and religious significance, with the catering service able to provide special meals as required for these occasions. Individual residents' specific cultural dietary preferences are identified and met at all times. Staff receive information to increase their awareness of cultural and religious considerations when providing personal care and residents report their cultural and spiritual needs and preferences are respected and supported.

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

Team's findings
The home meets this expected outcome

Residents at the home are provided with opportunities to exercise choice and decision making throughout the planning and provision of care. Methods to identify residents' choices are incorporated into entry processes and on an ongoing basis, through resident meetings, surveys, the comments and complaints process and daily one to one contact between staff and residents. Staff respect and accommodate residents' choice and preferences, such as participation in particular activities, ensuring flexibility in routines. Residents are able to exercise their decision-making rights at resident meetings and residents/representatives are informed of processes to access advocacy services if required. Residents are satisfied with the choices they are offered in matters relating to the care and services they receive.

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

Prior to entry to the home residents are offered a residential care service agreement providing 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 available in the home. A process involving staff, residents and their representatives is followed if changes to living arrangements are required. The Facility Manager is accessible to both resident and relatives to discuss any concerns. Residents expressed satisfaction with the way in which management respects their rights as residents, that they are aware of their responsibilities and 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.

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

- In response to a staff suggestion regarding unpleasant odours, management has introduced 'bags of rocks' which are placed in rooms to absorb unpleasant odours. Staff stated the odours have decreased significantly and management stated the introduction of the 'bags of rocks' have also reduced chemical usage in the home.

- The home has purchased additional dining room chairs for the main dining room. Staff stated the new chairs are lighter to move. Residents stated the new chairs are much 'prettier' and more comfortable.

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 Physical environment and safe systems. Management maintains and monitors systems to ensure residents' care is in accordance with the *Quality of Care Principles 1997*.

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 maintain staff knowledge and skills. Education provided relevant to Standard 4 includes, but is not limited to, fire and emergency response, infection control, workplace health and safety and manual handling.

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

Team's findings
The home meets this expected outcome

The environment and equipment are maintained in accordance with preventative maintenance schedules, cleaning duty lists and sundry maintenance requests. Residents are encouraged to personalise their rooms with furnishings and decorations. Monitoring of the living environment occurs through the reporting and actioning of hazards and the investigation of resident and staff incidents. Restraint authorities are sought for residents requiring protective assistive devices and are reviewed regularly. The home is secured each evening ensuring a safe environment for residents and staff. Residents are satisfied 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

The home demonstrates a commitment to providing a safe working environment that meets regulatory requirements through its processes, monitoring systems and education programs. Regular audits of the internal and external environment are completed. Staff are introduced to safe working practices through the orientation process, one-on-one buddy shifts and annual training sessions. Staff practices are monitored through ongoing observation. There is a preventative and sundry maintenance program to ensure equipment and the working environment are maintained in a safe working condition. Staff are trained in the operation of new equipment. Staff have opportunities to provide input into the safety program through meetings, improve it forms, have your say forms, hazard and incident forms.

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 to manage fire safety, evacuations and other emergencies. Mandatory fire safety training is provided for staff at orientation and annually thereafter. Regular fire drills are conducted and staff have knowledge of the home's fire and emergency procedures. Evacuation plans are located across the home 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 and residents. The home has processes for maintaining the security of the building after hours. Staff have knowledge of the emergency procedures and the actions to be taken in the event of a fire or other emergency.

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

Team's findings
The home meets this expected outcome

The home has an infection control program consisting of preventative procedures and practices, appropriate equipment and staff training relevant to their role responsibilities. Staff can access hand washing facilities and personal protective equipment. The home has a food safety program and outbreak policies and kits have been developed to guide staff practice should an outbreak occur. There is a monitoring program overseeing the incidence of resident infections to identify trends that may occur. Staff have knowledge and practiced infection control principles during resident care and service delivery.

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' dietary needs are assessed and identified including allergies, likes, dislikes and cultural preferences which are documented to ensure individual needs and preferences are met. The home has a rotational menu, with allowances made for residents' alternative meal preferences. Residents have input into menu planning through resident meetings, surveys or specialised menu meetings. There is a scheduled cleaning program to guide staff to ensure weekly cleaning of residents' rooms and the environment. Residents' personal laundry items are processed at the home using equipment and practices minimising risks of cross infection. Other linen is sent off site to be laundered. Residents are satisfied with the catering, cleaning and laundry services provided at the home.