



Aged Care
Standards and Accreditation Agency Ltd

Regis Inala Lodge
Approved provider: Retirement Care Australia
(Inala) Pty Ltd

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 28 December 2014. We made the decision on 1 November 2011.

The audit was conducted on 3 October 2011 to 4 October 2011. The assessment team's report is attached.

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

Home and approved provider details

Details of the home

Home's name:	Regis Inala Lodge				
RACS ID:	3424				
Number of beds:	130	Number of high care residents:	114		
Special needs group catered for:	<ul style="list-style-type: none"> • Dementia specific wing 				
Street:	220 Middleborough Road				
City:	Blackburn South	State:	Victoria	Postcode:	3130
Phone:	03 9895 5000		Facsimile:	03 9899 1091	
Email address:	Nil				

Approved provider

Approved provider:	Retirement Care Australia (Inala) Pty Ltd
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Assessment team

Team leader:	Gerard Barry
Team members:	Tamela Dray
	Jenny Salmond
Dates of audit:	3 October 2011 to 4 October 2011

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

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

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

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

Site Audit Report

Regis Inala Lodge 3424
220 Middleborough Road
BLACKBURN SOUTH VIC

Approved provider: Retirement Care Australia (Inala) Pty Ltd

Executive summary

This is the report of a site audit of Regis Inala Lodge 3424 from 3 October 2011 to 4 October 2011 submitted to the Accreditation Agency.

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

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home's accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency visits the home to conduct a site 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 each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team's reasons for its findings.

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 3 October 2011 to 4 October 2011

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:	Gerard Barry
Team members:	Tamela Dray
	Jenny Salmond

Approved provider details

Approved provider:	Retirement Care Australia (Inala) Pty Ltd
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Details of home

Name of home:	Regis Inala Lodge
RACS ID:	3424

Total number of allocated places:	130
Number of residents during site audit:	114
Number of high care residents during site audit:	114
Special needs catered for:	Dementia specific wing
Email address for submission of Site audit assessment information:	Accreditation_VIC@regis.com.au

Street:	220 Middleborough Road	State:	Victoria
City:	Blackburn South	Postcode:	3130
Phone number:	03 9895 5000	Facsimile:	03 9899 1091
E-mail address:	Accreditation_VIC@regis.com.au		

Audit trail

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

Interviews

	Number		Number
Management	6	Residents	10
Nurses/care/lifestyle	16	Representatives	12
Hospitality/environment	4		

Sampled documents

	Number		Number
Residents' files	23	Resident lifestyle plans	12
Residents' administration files	13	Personnel files	6
Medication charts	11		

Other documents reviewed

The team also reviewed:

- Audit schedule and results
- Bowel charts
- Chair/walking aid cleaning schedule
- Cleaning schedules
- Clinical assessments
- Comment and complaint records
- Communication diary
- Continuous improvement log and plan
- Daily activities for nurse in charge folder
- Daily workbook folder
- Doctors' communication folder
- Drugs of addiction register book
- Education calendars, attendance records and evaluations
- External contractor documentation
- Feedback forms
- Fluid balance charts
- Food safety program and temperature monitoring sheets
- Heat/massage therapy treatment charts
- Incident reports
- Key information data analysis and trending records
- Lifestyle program and documentation
- Maintenance logs
- Maintenance request folder
- Medication trolleys
- Meeting agendas and minutes
- Memoranda
- Newsletter
- Oxygen checklist
- Pharmacy return box
- Police certificate register
- Position descriptions

- Preventative maintenance schedules
- Professional certificate register
- Resident handover sheets
- Resident of the day file
- Residents' welcome package, including residents' hand book and information pack
- Selected policies and procedures
- Self assessment package
- Shower list
- Staff competencies

Observations

The team observed the following:

- Activities in progress
- Carers' stations
- Charter of Residents' Rights and Responsibilities on display
- Chemical storage and material safety data sheets
- Cleaners' rooms and trolleys
- Cleaning in progress
- Drugs of addiction storage
- Emergency plan and egress routes
- Equipment and supply storage areas
- Feedback forms
- Fire panel, monitoring equipment, alarms and fire fighting equipment
- Fire safety equipment in designated smoking areas
- Group activities
- Hand washing facilities throughout the home
- Information brochures
- Information noticeboards
- Interactions between staff and residents
- Internal and external living environment
- Key pads locks to doors
- Kitchenettes, food serving and food storage
- Laundry
- Lifestyle resources
- Lifting equipment
- Medication dispensing system
- Medication round
- Medication storage
- Oxygen storage with appropriate signage
- Resident bedrooms
- Residents' art on display
- Residents' assistance with meals and mobility
- Signage
- Staff handover
- Staff responding to clinical incident
- Staff rooms
- Storage of residents' clinical information
- Visitor sign in book

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

Regis Inala Lodge is a residential aged care home within the Regis Group and subsequently is supported by that corporate body with policies/procedures and support staff. The quality management system consists of registers that record and monitor the continuous improvement plan (long term improvement opportunities) and a quality improvement register (short term improvement opportunities) which includes, complaints, incidents, accidents and hazards. The improvement register is summarised monthly with the objective of all complaints, accidents or incidents being resolved within that period. Anything that remains unresolved is carried forward or transferred to the continuous improvement plan if long term action is required. Other sources of information leading to continuous improvement opportunities include clinical indicators, internal and external audits, regulatory or process changes, compulsory reporting incidents, resident and staff surveys and meetings, corporate initiatives, resident and family consultations and general suggestions. The home has internal auditing and an annual peer auditing processes in place to monitor the effectiveness of its systems. Recent improvements include:

- The recent introduction of a corporate initiative to provide ‘e-learning’ to its staff. All mandatory training programs such as fire and emergency, infection control and manual handling are provided through this medium. The courses can be done during working hours or after hours and staff must complete the courses to stay on the roster. Staff have responded favourably to the initiative.
- The home has prepared “mosaic” boards for each resident and mounted these in blank forms on resident doors. The corporate program is to be introduced on 10 October 2011 at which time the blank forms will be replaced with resident specific designs based on a resident profile for areas of care such as behaviour management.
- The refocus on staff performance appraisals following the results of an internal audit showing this process had fallen well behind schedule. All staff have now had their appraisals completed. Information gathered from these appraisals has also been used to develop the site’s education calendar.

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 in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home’s corporate organisation receives current legislation updates and legislative alerts through a variety of means and then alerts each facility manager of the changes. Corporate quality personnel are responsible for amending any procedures and uploading them to the intranet. Staff are informed of changes to legislation and updates of policies and procedures through memoranda, newsletters and staff meetings. A police certificate register and statutory

declarations regarding any employee who has lived permanently overseas is maintained for all staff.

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

Staff are employed according to the prerequisites for each position as specified in the relevant position descriptions. The corporate body issues a training program across all of its residential aged care sites and management at the home adds their own specific training requirements to complete their annual education calendar. Management offers assistance to staff in accessing external professional development opportunities. A range of delivery methods such as in-house sessions, consultants, seminars/conferences, competency evaluation and on-line learning packages are used to address the requirements of adult education. Attendance records are maintained, course evaluations conducted and a database is used to monitor staff training records. Continued staff employment is dependent upon their attendance at the mandatory training sessions which are now conducted through an on-line service. Recent training includes:

- the Commonwealth funding tool
- customer service
- continuous improvement
- orientation
- workplace communication
- resident agreements
- using resident feedback

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

Information on the comments and complaints system is published in the resident information handbook and in pre-entry information as well as being discussed in resident meetings. Spare forms and multilingual information brochures on the complaints resolution scheme are available in the home. Residents and their representatives can verbalise their concerns to staff, use the feedback form or raise any concerns at residents' meetings. If a concern cannot be resolved promptly it is transferred to the continuous improvement plan for long term corrective action.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home displays the vision, philosophy and quality statements in various parts of the building and documents these statements in staff and resident handbooks and in the orientation program. The home's overarching philosophy is one of continuous improvement. The Regis Group develops a national continuous improvement plan and the home maintains

a site specific plan. Facility managers meet and report to senior management monthly on operational and strategic matters.

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 processes in place to ensure there are appropriately skilled and qualified staff sufficient to deliver care and services to residents. A staff selection criterion ensures the recruitment of staff who meet the needs of residents and matches current position descriptions. New staff are provided with a structured orientation in line with their role and regular performance appraisals are undertaken. Rosters show consistent allocation of staff across the home with least one registered nurse on duty at all times, supported by medication endorsed enrolled nurses and personal care assistants. Lifestyle staff provide a comprehensive daily programme within the home and an additional programme for residents in the secure wing in the evening. Staff are satisfied with current staffing levels and human resource management and residents and representatives are satisfied with staff skills and availability.

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 in place to ensure stocks of appropriate goods and equipment are available for quality service delivery. A centralised corporate system manages product evaluation and ensures that the implementation of new equipment and supplies is supported by staff education and meets the needs of residents and staff. A corporate system underpins regular stock ordering through preferred suppliers that meet the needs of the home and includes catering supplies, clinical and non-clinical supplies, oxygen and chemicals. Storage areas are clean and tidy and inventory stock lists and effective stock rotation systems are in place to ensure sufficient goods and supplies are stored safely in secure areas. Effective preventative and corrective maintenance programmes and electrical testing and tagging programmes are in place. Staff, residents and representatives are satisfied the home has sufficient and appropriate goods and equipment available.

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

Staff have access to the intranet for policies/procedures/forms and registers and to the internet for work related research. Electronic systems are password protected and have file access restrictions to maintain privacy laws. Computerised documentation is automatically backed-up. Personnel and resident files are securely stored with restricted access and older files are archived. Residents and their representatives can have access to their files upon request either in hardcopy or in the presence of a management representative who can answer their queries. Information is shared amongst staff through handover notes,

memoranda, staff meetings, noticeboards, the corporate intranet, electronic mail and verbal instruction. Staff, residents and their representatives confirmed they are kept informed through case conferences, newsletters, meetings, letters and verbally.

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 corporate organisation has contracted service arrangements for the provision of external services to meet the home's care and service goals. An external contract and service agreement file is maintained. Evaluation of external contractors is undertaken through risk assessment, job safety analysis and feedback from residents and staff. The agreements for external contractors contain performance clauses outlining the organisation's expectations. A number of external contractors provide training and education to staff as part of their service agreement. Residents confirm their satisfaction with external contractors related to their care.

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 more details on the home's continuous improvement system. Staff complete quality improvement forms and/or feedback forms that may have been verbalised to them by residents. The team observed that staff submit suggestions to management and that actions are promptly addressed with staff being kept informed of improvement activities through meetings and a formal feedback system. There is reference material, information folders and key performance indicator data displayed in the staff room. Recent improvements include:

- Following an observation from an assessment contact visit that staff lacked understanding or knowledge in the area of privacy and dignity the home introduced a series of training programs for staff on this expected outcome. Understanding has been improved according to resident/representative feedback, staff confirmed their knowledge had improved and the team did not observe any instances of undignified practices while on site.
- Following a report highlighting that nine residents had lost greater than 2kg in one month the home has consulted with its dietitian and introduced high protein high calorie choices to the menu. Audits have indicated that there has been a reduction in weight loss and some of the residents involved have gained weight.
- Following an internal audit in pain management the home implemented further education for staff to improve this outcome for residents. The home has involved the consultant pharmacist and works closely with their physiotherapist. All nursing staff have attended the education and an audit will be conducted in late October to evaluate the success of the initiative.

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

For further information on the overarching system refer to expected outcome 1.2 Regulatory compliance. Information related to legislation, regulatory compliance and other standards and guidelines are made available to staff. Registered and enrolled nurses provide management with their annual registration information. Medications are stored and administered according to legislated processes and guidelines. Competencies in clinical care and medication management are undertaken. Management advises staff of updates to guidelines and legislation affecting their work practices through memoranda and meetings.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details on the overall system used at the home for determining educational programs. Staff attend in-house training sessions on clinical topics and must complete a comprehensive range of competencies. Staff stated they are pleased with the amount and type of training that management provides and the support that is offered for self development. Recent education includes:

- the role of the contemporary registered nurse in the Aged Care environment
- medication administration
- advanced care planning
- wound care
- palliative care
- certificate IV in Aged Care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has clinical protocols in place to assist staff in completing clinical care. Residents are assessed upon entry to the home and a care plan is generated which outlines residents’ needs, preferences and care requirements. Registered nurses oversee the care planning process and appropriately qualified staff provide care to residents as required. Clinical charts, progress notes, assessments, communication boards and handover provide staff with the knowledge of each resident’s care. Care planning is altered when resident care is reviewed through the resident of the day program or when the resident’s changing health status warrants modification in care. Monitoring of care is through scheduled audits, resident/representative feedback and the formal review process. Staff state they have enough time to complete planned care and residents/representatives confirm their satisfaction with the care provided by the home.

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

Specialised nursing care needs are assessed, planned, managed and reviewed by the registered nurses. Specialised nursing care is demonstrated in medication management, diabetic care, wound management, pain management, complex behaviour management and indwelling and suprapubic catheter management. Specialised nursing care needs have a care plan developed to guide staff and the registered nurses have a folder for complex care needs to be managed by the person in charge of the wing on the day. Registered nurses are rostered on every shift. Specialised nursing care is monitored through care plan reviews, the formal audit schedule and feed back from residents and representatives. Residents and representatives confirm their satisfaction with specialised nursing care.

2.6 Other health and related services

This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.

Team’s findings

The home meets this expected outcome

All residents are seen regularly by the visiting podiatrist. Other allied health specialists such as a physiotherapist, dietitian and speech pathologist are consulted on an as needs basis for each resident. Allied health staff provide input into the care needs of the resident upon entry to the home and as required. The home has visiting general practitioners who have a dedicated treatment room or provide care in the resident’s own room if required. The home liaises with “Hospital in the Home” for complex care needs or post discharge from hospital. Residents and representatives state they have access to visiting allied health professionals and are assisted to attend outside appointments as the need arises.

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

Registered nurses manage residents’ medication safely and correctly and administer medication from multi dose packaging along with the medication endorsed enrolled nurses. Residents are identified by current photos on their medication charts and the home has a system in place for assessing residents’ self administration abilities, however currently no residents in the home self administer any medication. Medication management is monitored through medication charts and audits. The pharmacist reviews medication regularly. The team observed that general medications are stored securely in a locked room and in locked trolleys while drugs of addiction are stored with additional security and are checked daily. Residents and representatives generally confirm that medications are given in a safe and timely manner.

2.8 Pain management

This expected outcome requires that “all residents are as free as possible from pain”.

Team’s findings

The home meets this expected outcome

The home has systems and processes in place to ensure that residents’ pain is managed appropriately. Residents are assessed for pain on entry to the home and a care plan established to manage chronic pain. Pain management strategies are reviewed if there is a change in clinical status, when there is a new episode of reported pain and when ‘whenever necessary’ analgesia is administered over a period of time. Pain management care planning is also reviewed at this time and as part of the resident of the day program. A pain management program is managed by the physiotherapist. Non-pharmacological and pharmacological pain management strategies are implemented including group and individual exercise programs and the physiotherapist’s use of heat-packs and massage. Residents and representatives said they are satisfied with the home’s management of 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

The home has systems and processes in place to ensure that palliative care is managed in a way that promotes residents’ comfort and dignity. End of life care wishes are established when residents enter the home. The home accesses medical care for residents as necessary during the palliative care phase. Palliative care needs are provided and includes input from visiting religious representatives if desired by the resident. Review of documentation indicates residents are monitored by appropriately qualified staff in consultation with the resident’s medical practitioner and family.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems and processes in place to ensure the adequate management of residents’ nutrition and hydration needs. Nutrition and hydration needs are assessed on entry to the home and care plans and catering files ensure the delivery of these needs. Allergies, preferences and clinical needs are considered when planning nutrition and hydration care and input from the dietitian and speech pathologist ensures nutrition and hydration needs are optimally managed. Residents are weighed monthly with changes (losses and gains) being managed appropriately. Staff are aware of residents’ requirements for texture modified diets. Residents state they are happy with the food 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

The home has systems in place that promote optimal skin integrity for residents. Skin integrity is assessed on entry to the home and when care plans are reviewed as part of the resident of the day cycle. Barrier creams are applied where necessary and the importance of adequate nutrition in the maintenance of skin integrity noted. Residents are assisted to maintain their skin, hair and nails in a healthy state and a podiatrist and a hairdresser are available if a resident chooses to use them. Skin tears and wounds are monitored, managed and records of care are reflected on appropriate charts. The home has policies and procedures for wound assessment and management. Residents are satisfied with the home’s approach to maintaining 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 in place to ensure that residents’ continence needs are managed effectively. The home assesses residents’ continence needs on entry to the home and as

their needs change. The assessments take into consideration the staff assistance levels required by the resident and continence aids needed. Continence care plans encourage the promotion of resident independence and dignity. Staff discreetly maintain residents' dignity and state they have access to sufficient continence aids for residents' needs and confirm their knowledge of residents' toileting requirements. Management of continence assisting stock is via a dedicated continence resource person responsible for all areas of the home. Residents state their continence needs are met and that mobility aids are provided to assist their independence in the bathroom.

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 provides care for residents with challenging behaviours. The home has a dementia specific wing and the resident population includes some residents with intellectual disabilities and mental health diagnoses. Individual behavioural challenges are assessed upon entry to the home and monthly as part of the resident of the day cycle and additionally as required. Behavioural management strategies note any triggers to particular behaviours and best care options to minimise and reduce these are documented in the care plan. Staff state they are provided with education to manage behavioural challenges and are aware of mandatory reporting requirements if the behaviour results in this needing to be done. Residents report that challenging behaviours are generally managed well and challenging behaviours of other residents do not impact on their own wellbeing, including sleep.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

The home provides care that promotes residents' mobility and dexterity. Each resident's mobility and dexterity needs are assessed upon entry to the home and mobility aids supplied by the physiotherapist if required. The physiotherapist visits regularly and provides exercise programs, individual consultation and rehabilitation strategies in conjunction with the local hospital if a resident has recently returned from surgery or a stay in hospital. Staff state there are adequate mobility aids to cater for residents' needs and that they are provided with adequate training for using any aids such as lifting devices. Residents state their mobility and dexterity is supported by staff when needed and encouragement given to maintain their independence with the assistance of mobility aids if required.

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

The home has systems in place to assist residents to maintain optimal oral and dental health. The home has a visiting dentist available. Assessments for oral and dental needs and preferences are conducted upon entry to the home and care plans are regularly reviewed and include details about any assistance required with daily care of teeth, mouth and dentures. Staff assist and prompt residents with daily dental hygiene and observe and document any relevant dental issues. Specific strategies are formulated for residents with

swallowing difficulties that include texture modified diets and staff assistance with meals. Residents state that staff provide assistance with their swallowing and oral and dental hygiene.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Residents’ sensory deficits are assessed following entry to the home and managed effectively by care staff. Vision and hearing losses are assessed as part of the communication assessment, while taste, touch and smell assessments are conducted in conjunction with the lifestyle staff. Residents are assisted to attend appointments with their own preferred provider or specialist providers are accessed by the home when required. Staff assist residents with their sensory aids including hearing aids and glasses. The home is well lit, with handrails, appropriate signage and secured outdoor gardens. Staff are aware of residents’ individual needs and assist residents who require help with the care, maintenance, fitting and cleaning of aids and devices. Residents state staff assist with their sensory needs.

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

The home has processes in place to ensure that residents’ sleep is managed in a natural and non invasive way. Normal sleep and wake patterns are assessed for residents upon entry to the home and these patterns are supported by the home through the care planning process where practical. Pharmacological and non pharmacological methods are used to promote sleep. Review of documentation confirms that staff respect residents’ wishes regarding sleep. Residents stated that the home is quiet at night and that they sleep well.

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 more details on the home’s overarching system for continuous improvement. The home conducts continuous improvement activities in relation to residents’ lifestyle through internal audits and resident satisfaction surveys. Comments, complaints and feedback from the resident/representative meetings are also fed into the continuous improvement register. Evaluation of the success of improvements is formally conducted with results being documented and feedback provided to the originator. Recent improvement activities include:

- The home has been participating in a behaviour management project with the Peter James Centre and Eastern Health Aged Persons’ Mental Health Service to improve service delivery in the home’s dementia specific wing. The project involved an extended training program aimed at “understanding behaviour in the setting of dementia”. Upon completion of the training the home embarked on dementia care mapping of the residents housed in this wing. New behaviour management charting was introduced in September 2011 with staff being provided with prompts. The prompt sheet detailed types of behaviour, triggers, interventions and outcomes to assist in the process of behaviour charting. Staff report they now have improved confidence, experience, skill and knowledge when working with the residents.
- The introduction of a pet therapy programme to stimulate residents. The home is working with a not for profit organisation that provides volunteers with their pets under the “Pets Are Loving Support” (or PALS) programme. Residents look forward to this weekly programme.
- Following an internal audit it was identified that the three monthly lifestyle care plan reviews were not up to date. A change was made to the process which was then discussed with staff. Following group education and the provision of materials staff implemented the changed process and now all plans are current.
- Following a staff suggestion an “art conversation” group has been commenced to stimulate residents. Residents’ art is displayed around the home and an exhibition/sale is scheduled for later in October with all funds raised going into the lifestyle programme to be returned in other forms to residents.

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

For further information on the overarching system refer to expected outcome 1.2 Regulatory compliance. Management and staff have access to relevant legislation relating to this Standard. Residents receive required information upon entering the home and the resident agreement and resident information pack provides information relating to the comments and complaints mechanisms, privacy, security of tenure together with their rights and responsibilities. Staff receive information and education on elder abuse and mandatory

reporting and could advise the team of the procedures to follow. Staff and residents report they are satisfied with information provided.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details on the overall system used at the home for determining educational programs. The home supports staff in accessing various training and education opportunities to continuously improve their skills to deliver improved services to residents. The education schedule ensures that outcomes associated with resident care and lifestyle has been included. Education recently delivered includes:

- dementia training – the essentials
- certificate IV in Community Service (lifestyle and leisure)
- communication and the elderly
- compulsory reporting of elder abuse.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home assists residents and their families adjust to life in the new environment and on an ongoing basis. An information pack and guided tours of the home to explain the living environment, routines and services provided are offered to anyone who enquires about accommodation in the home. Assessment of a resident's emotional needs is undertaken in collaboration with lifestyle staff, the resident and their representatives and is regularly reviewed and updated. Lifestyle staff take an active role in supporting residents and their representatives throughout their stay at the home. The home encourages family, friends and pets to visit and the interaction with other residents and staff. Staff show awareness of residents' emotional needs and preferences and describe how they provide support to residents and their families. Residents and representatives are satisfied with the level of emotional support 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

On entry to the home residents' needs and preferences for maintaining an independent lifestyle are assessed via leisure and lifestyle and clinical assessments. In consultation with the resident and/or their representative a care plan is formulated and regularly reviewed and updated to support residents' physical and social independence. Residents are assisted to access and use mobility and other aids to optimise their independence and garden areas are well maintained and readily accessible. Residents are assisted to participate in regular bus outings and transport is arranged for residents for external visits/appointments. Activities are modified to allow participation of residents to their preferred level and residents have access

to telephone and newspapers. Residents confirm their satisfaction with the support they receive in optimising their independence.

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 privacy, dignity and confidentiality of each resident is recognised and respected. The majority of residents of the home are accommodated in single rooms with en-suite facilities; the remainder in double and four bed rooms with privacy screens in place and en-suite facilities. Residents are encouraged to personalise their rooms and quiet internal and external areas are available for residents and their visitors to access. Resident related information is securely stored. Staff were observed to address residents with courtesy and to respect residents' privacy and dignity when attending to their care needs. Residents were observed to be well groomed and dressed appropriately for the weather conditions. Residents and representatives are satisfied with the level of respect shown by staff to residents' privacy and dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has systems and processes in place to encourage and support residents to participate in a range of activities of interest to them. On entry to the home a thorough assessment of each resident's lifestyle and social preferences occurs and an individualised leisure and lifestyle plan is developed and regularly reviewed. A wide range of group and individual activities are available seven days a week and a program is offered for residents in the secure unit who become restless in the early evening. Regular bus trips are held, a wide variety of movies and music is available and visiting entertainers attend on a regular basis. Individual resident participation in lifestyle activities is monitored and resident satisfaction is regularly evaluated to ensure the responsiveness of the lifestyle program. Residents and representatives express satisfaction with the variety of lifestyle activities offered by the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has systems and processes in place to foster residents' cultural and spiritual life. Care plans to meet residents' cultural and spiritual needs are developed in consultation with the resident and/or their representative and are regularly reviewed. Cultural differences are acknowledged and respected and links with local community groups are encouraged. The lifestyle program includes activities designed to address the needs of culturally diverse residents and theme days are held regularly. Catering services work with lifestyle staff to accommodate dietary preferences for residents of different ethnic backgrounds, mark special occasions and cultural events. Regular religious services are offered. Residents are satisfied with the support provided to maintain their cultural and spiritual beliefs and customs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has systems and processes in place to support residents making informed choices and decisions about services they receive and their lifestyle choices. The Charter of Residents' Rights and Responsibilities is prominently displayed and as part of the entry processes into the home residents receive a comprehensive residents' handbook. Residents and/or their representative are consulted about preferences in relation to their activities of daily living, diet and beverage intake, sleep patterns and lifestyle during their initial assessment. This information is included in the resident's care plan and is regularly reviewed and updated. Residents are supported in choice of their doctor and other health care providers. Residents and their representatives are encouraged to participate in residents and representative meetings and to provide verbal and written feedback to the home. Residents and representatives are satisfied with their level of involvement in relation to the decision making process.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has systems and processes in place to ensure security of tenure and related responsibilities are respected. A review of residents' agreements and the resident handbook confirms relevant information is provided to residents and representatives as part of the home's entry process. The Charter of Residents' Rights and Responsibilities is prominently displayed. The home has processes in place to ensure residents and representatives are consulted about any proposed room change. Residents expressed satisfaction with their knowledge of their rights and responsibilities within the home. Representatives are satisfied that residents have secure tenure within 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

Please refer to expected outcome 1.1 Continuous improvement for more details on the home’s continuous improvement system. The physical environment and safety systems are monitored through environmental inspections, analysis of incident/infection reports, resident and staff surveys, comments and complaints. Resident surveys are used to assess the level of satisfaction and to highlight equipment or environmental needs. Long term actions identified for attention are included on the home’s continuous improvement plan for further development. Recent improvements include:

- Following an internal gap analysis the fire evacuation plans have been revised and reissued.
- Following work place inspections the home has reviewed its cleaning programme. Extra hours, new schedules, revised procedures and duty lists have all been implemented. Staff are happy with the changes. Residents/representatives report an improvement in the home’s cleanliness.

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

For further information on the overarching system refer to expected outcome 1.2 Regulatory compliance. Management identifies changes in legislation relating to this Standard via information received from professional associations and legislative update services. Chemicals are securely stored with material safety data sheets at points of use/storage. Fire and emergency equipment is serviced as per mandated requirements and records maintained. Regular workplace inspections are conducted to ensure that hospitality services and the environment meet the requirements. There is a registered food safety plan in place for catering with the kitchen being registered with the local council.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details on the overall system used at the home for determining educational programs. Management has a comprehensive schedule for training that includes in-service and external courses or consultants. All staff must participate in a programme of on-line learning and observational competencies for issues determined by the home as compulsory training or risk being removed from the staff roster. Recent training includes: infection control

- fire and emergency

- manual handling
- occupational health and safety
- safe chemical handling
- hand washing
- safe food handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home provides a warm, comfortable and clean living environment with secure internal and external living area. The majority of residents of the home are accommodated in single rooms with en-suite facilities; the remainder in double and four bed rooms with privacy screens in place and en-suite facilities. Residents are encouraged to personalise their rooms with furniture and memorabilia and have access to areas for private time with and friends. The safety of the living environment is monitored via regular reviews, audits, incident and hazard reporting processes and via feedback and is supported by reactive and preventative maintenance programs. Staff described how they ensure safety of the environment for residents and key stakeholders. Residents and representatives are satisfied with the living environment of the home and the level of comfort and safety.

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 has systems in place to provide a safe working environment that meets regulatory requirements. Formal policies are in place for the identification of hazards, incident analysis, environmental auditing, maintenance of equipment and planning for emergencies. Occupational health and safety responsibilities are outlined for all staff in their job descriptions and supported by an active occupational health and safety committee. Regular training related to occupational health and safety issues is provided for all staff and information is conveyed to all staff via notice boards and through meetings and minutes. Chemicals and oxygen are stored safely with material safety data sheets and personal protective equipment is available. Staff confirm that they are aware of safe work practices and the process in place to address any occupational health and safety issues.

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 is actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Emergency and evacuation plans are in place, emergency exits are clearly signed and fire safety training with a theory and practical basis occurs on a regular basis. The home is equipped with fire fighting equipment that is regularly maintained and includes thermal and smoke detectors, alarms fire blankets, fire extinguishers, sprinklers, smoke and fire doors and a fire panel. The availability of floor plans

of the home, the use of the visitors sign in book and the updated residents' lists, which include mobility status and are kept at the fire board, support effective evacuations procedures. There is key pad security and the doors are checked nightly by a security firm and informally monitored by night staff. The home has processes in place to enable it to respond to other emergencies such as interrupted essential services and flooding. Staff confirm that fire and emergency training is provided and residents and representatives are satisfied with the safety of the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program in place. Key staff ensure that infection data is regularly collected, analysed for trends and then discussed at meetings and actioned. This data is utilised to benchmark the home within the organisation at state and national levels. Infection control and preventative measures include information in staff and resident hand books, staff training at orientation, hand washing competencies, hand hygiene products, staff and resident vaccinations, an effective cleaning programme, a food safety programme, a pest control programme and the availability of body fluid spill kits. Processes are in place to manage infectious linen, sharps and infectious waste. Infection control training is provided regularly for staff and the home is well stocked with personal protective equipment and infection control and outbreak resources. Staff confirm that they have access to infection control resources and regular education and demonstrated appropriate infection control practices.

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

Hospitality services are provided in a way that enhances residents' quality of life and the staff working environment. The provision of catering, cleaning and laundry services is the responsibility of the hospitality services manager. Details of these services are contained within the residents' handbook. Residents are offered choices at each meal from a monthly rotating seasonal menu and tea and coffee making facilities are available throughout the home. Processes are in place to ensure individual and specialised dietary and beverage needs are met. A food safety program is followed and regularly reviewed and audited. All personal and flat linen items are laundered off site. An in-house clothing labelling process reduces the incidence of mislaid laundry. Enhanced cleaning service hours and a consultative review of the cleaners' duty lists has resulted in a systematic cleaning schedule that meets the needs of the home. The home monitors hospitality services through feedback mechanisms, observations and internal and external audit processes. The home was observed to be clean and well maintained with a good supply of linen in good order. Staff describe procedures and processes relevant to their role and the regular training they are required to attend in line with their scope of duties. Residents and representatives are satisfied with the quality of hospitality services.