



Aged Care
Standards and Accreditation Agency Ltd

Regis Shelton Manor

RACS ID 3708

93 Ashleigh Avenue

FRANKSTON VIC 3199

Approved provider: Regis Group Pty Ltd

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 19 October 2015.

We made our decision on 27 August 2012.

The audit was conducted on 23 July 2012 to 24 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

Regis Shelton Manor 3708

Approved provider: Regis Group Pty Ltd

Introduction

This is the report of a re-accreditation audit from 23 July 2012 to 24 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 23 July 2012 to 24 July 2012.

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:	Adrian Clementz
Team members:	Jenny Salmond
	Lynore Mercer

Approved provider details

Approved provider:	Regis Group Pty Ltd
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Details of home

Name of home:	Regis Shelton Manor
RACS ID:	3708

Total number of allocated places:	106
Number of residents during audit:	68
Number of high care residents during audit:	66
Special needs catered for:	Dementia support wing

Street:	93 Ashleigh Avenue	State:	Victoria
City:	Frankston	Postcode:	3199
Phone number:	03 9789 6999	Facsimile:	03 9789 8412
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Residents	13
Corporate quality compliance managers	2	Representatives	9
Care manager	1	Catering regional manager	1
Enrolled nurses	1	Chef	1
Care staff	8	Catering staff	2
Physiotherapist aid	1	Cleaning staff	2
Lifestyle staff	2	External contractor (cleaning)	1
Office coordinator	1	Laundry staff	1
Reception	1	Physiotherapist	1
Maintenance staff	2	Dietitians	2

Sampled documents

	Number		Number
Residents' files	10	Medication charts	18
Diabetes management	8	Restraint documentation	8
Weight charting	12	Wound management plans/documentation	10
Resident agreements	6	Personnel files	7

Other documents reviewed

The team also reviewed:

- Agency staff orientation folder
- Archive register
- Audit and survey results
- Chemical register and material safety data sheets
- Cleaning and laundry schedules and records
- Comments and complaints documentation
- Competency records
- Continuous quality improvement plan
- Cultural information
- Dangerous drugs registers
- Dietary preferences sheet
- Dietitian intervention summary

- Education records, monitoring records and training plan
- Emergency procedures
- External contractor agreements and related documentation
- Falls documentation and management system
- Feedback forms and hazard alerts
- Corrective action plans
- Four weekly menu
- Handover documentation
- Incident reports and related system
- Infection control manual
- Lifestyle program, activity records and evaluation
- Maintenance log book
- Medication and other competency records
- Medication management manual, policies and procedures
- Memoranda
- Minutes of meetings
- 'Mosaic' information tool
- Kitchen cleaning and monitoring documentation, audit reports and food safety plan
- Newsletters
- Nutritional screening tool
- Pain management program and related documentation
- Performance appraisal records
- Pest control records
- Physiotherapy assessment and care related documentation
- Planned maintenance schedules, worksheets and service reports
- Policies and procedures
- Position descriptions and staff duty lists
- Purchase records and process
- Regulatory compliance folder
- Regulatory compliance monitoring and mandatory reporting registers
- Resident of the day process and related documentation
- Resident self medication form
- Residents' information package and handbook
- Rosters
- Staff handbook pocket guide
- Staff survey and relevant action
- Training calendar and clinical blast session related documentation

- Weight tracking chart and related documentation
- Wound manual and wound and skin integrity related documentation.
- Yearly summary comments/complaints statistics

Observations

The team observed the following:

- Activities in progress
- Archive room
- Call bell system
- Charter of residents rights and responsibilities (displayed)
- Chemical storage and material safety data sheets
- Cleaning trolleys and processes
- Clinical resource information
- Clothes labelling machine
- Designated smoking area
- Emergency evacuation maps, egress routes and assembly areas
- Emergency evacuation pack
- Equipment and supply storage areas
- External complaints and advocacy information
- Fire detection, fire fighting and containment equipment and signage
- Gastroenteritis outbreak management kit
- Handover
- Infection control inventory, equipment and staff practice
- Interactions between staff and residents
- Internal and external living environment
- Kitchenettes, dietary summary board and menu
- Meal and refreshment service and assistance to residents
- Memories folder
- Mobility aids and transfer equipment in use
- Noticeboards and displayed information
- Notification to stakeholders of reaccreditation audit
- Oxygen storage
- Laundry processes
- Safety and security processes
- Secure documentation storage
- Sensory room
- Staff education notices
- Staff room and notice boards

- Statements of strategic intent.
- Storage of medications
- 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 as part of a larger organisation has well established systems and processes in place to actively pursue continuous improvement across the four Accreditation Standards. Opportunities for improvement are obtained from comments and complaints forms, incident and hazard alert forms, audits, surveys, trend analysis, observations, corrective action plans, informal feedback and meetings. Documentation confirms there is a system for the actioning and prioritising of both short and longer term issues. This involves monitoring, feedback, timelines, expected outcome, evaluation, follow-up and completion and review of improvement opportunities. There is regular monitoring, analysis and benchmarking of the system both internally and through the organisation's compliance team. Continuous improvement is discussed and reported at various meetings at a local and a corporate level. Residents, representatives and staff stated they are familiar with processes for raising improvements and supported to provide ideas, feedback and solutions. Staff confirm their knowledge and participation in improvement activities and residents know how to make a suggestion for improvement.

Recent improvements relevant to Standard 1 include:

- A staff suggestion to improve communication between management and staff has resulted in the purchase of a short message service package. The system enables management to contact staff in a more efficient manner and has been effective in saving time and the number phone calls. Management report they use it when shifts are available and to inform staff of education. Management report it has been very successful and there is a much quicker response from staff.
- During staff performance appraisals staff indicated they would like better access to external education. As a result of management's support for this enhancement there has been a big increase in the uptake of external education from the previous six months. Feedback has been positive from staff in relation to the increased opportunity to attend external education.
- The facility manager identified six shower chairs were in the need of decommissioning. A selection of shower chairs was trialled, with feedback sought from staff and residents. New chairs have been purchased and staff have requested more of the same chairs be purchased when further replacements are required.
- Results of a staff survey indicated staff felt there could be an improved understanding of the internal complaints system. Management discussed the process at staff meetings and assured staff there was an open door policy to management. The facility manager reported there has been a significant increase in the number of comments and complaints generated and staff reported to the team they are very comfortable in raising issues with management and they always got a response.

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 is part of a larger organisation that has a system to identify relevant legislation, regulatory requirements, professional standards and guidelines across all four Accreditation Standards. Information is received through sources such as legislative update services, peak bodies, legal firms and through Government bulletins. Delegated corporate staff interpret this information and table updates at relevant corporate forums. As part of this process the organisation reviews and amends policies and procedures as required. Legislative alerts and policy changes are released to management through formal channels and staff in turn are made aware through meetings and memoranda. Staff are required to complete annual education and competencies in relation to key legislation. Staff confirmed they receive information about regulatory compliance issues relevant to their roles and demonstrated knowledge of regulatory requirements. Management demonstrated processes to monitor compliance with key legislation across the four standards.

Examples of responsiveness to regulatory compliance obligations relating to Standard 1 include:

- The home has a system to maintain police record checks for staff and volunteers.
- There are processes to maintain statutory declarations for staff and volunteers who were citizens or permanent residents of a country other than Australia since turning 16 years of age.
- Management notified stakeholders of the reaccreditation audit in terms of regulated time frames.
- The home displays revised information for stakeholders about the Aged Care Complaints Scheme.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively across all four Accreditation Standards. Recruitment processes and selection criteria incorporate the knowledge, skills and qualifications required for each position and a student placement program augments the recruitment process. There is a high value placed on staff development and staff have access to a range of internal and external training and education opportunities. The home identifies individual and group education needs through observations, performance reviews, staff requests, incidents, surveys, clinical and care requirements and changes to processes and legislation. The home requires staff to complete a wide range of annual mandatory education topics and there are processes to ensure attendance and competency. The home advises staff of upcoming education opportunities through memoranda and notice boards. Staff are satisfied with education opportunities and we observed them applying appropriate skills and techniques in relation to their roles.

Recent examples of education and training relating to Standard 1 include:

- bullying and harassment
- communicating incidents
- customer service
- electronic workcover documentation
- understanding accreditation.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has formal and informal comments and complaints processes that are accessible to residents and representatives, staff and visitors. Resident and staff handbooks and brochures on display in the home convey information about the internal complaints process and external resolution services. Mechanisms made available to notify management of concerns or suggestions include feedback forms, the suggestion box, surveys and management's open door policy. Forums used to discuss concerns include resident and staff meetings. Records show the home is responsive to stakeholder feedback and concerns are actioned and evaluated in a timely manner. Stakeholders are satisfied the home addresses their concerns in an appropriate and timely manner.

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 documents and displays Regis's vision, mission and philosophy in a consistent manner and 'The Regis way' articulates core values and standards required of staff. Central to this strategic intent is a commitment to quality care and services. Observations of staff practice during the visit demonstrated a commitment to the organisation's purpose.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Management demonstrate the numbers and types of staff rostered at the home are appropriate to meet residents' requirements and that the home reviews this in response to changing circumstances and resident needs. There are processes to fill unplanned leave that prioritises staff availability and the use of bank staff before sourcing agency staff who are oriented at their first shift. A corporate human resource department supports the home with

recruitment, selection and thorough orientation processes. Staff are supported in their role through policies and procedures, position descriptions, handbooks, meetings, regular education sessions and a scholarship program. Processes to monitor staff practice include a three month post employment appraisal, performance reviews, annual competency tests, an audit system and feedback mechanisms. Staff confirm they are provided with sufficient time and support to perform their roles. Residents provided positive feedback about the care and services provided by staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has a system to ensure stocks of appropriate goods and required equipment are available. Delegated staff purchase consumables to regular order cycles and the home maintains adequate stock holding levels. Relevant staff explained processes to maintain adequate stock levels and rotate perishable items. The home identifies required equipment through observations, feedback mechanisms, incidents, meetings and visiting professional services. Trial and evaluation of new equipment occurs where applicable and suppliers provide initial and ongoing training as required. A program of preventive and unscheduled maintenance enables timely corrective and ongoing cleaning maintenance of equipment. Storage areas are secure, clean and sufficient for inventory and equipment not in use. Staff, residents and representatives are satisfied with the sufficiency and quality of inventory supplies at 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 to ensure all stakeholders have access to current information on the processes and activities of the home. The home provides residents and representatives with information at entry and keeps them updated through meetings, newsletters, noticeboards, care consultations and interaction with staff and management. Staff have access to current policies and procedures and information specific to their position and are kept informed through scheduled meetings, memoranda, handover and noticeboards. There are processes to routinely collect, analyse and make available key data to designated staff. The home maintains the confidentiality and security of staff and resident information. Archived material is catalogued and stored securely pending destruction according to legislated requirements. Staff are well informed on issues relating to their position. Residents and representatives are satisfied the home keeps them informed on aspects relating their care and lifestyle.

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 is part of a larger organisation that contracts with a wide variety of external service providers. Service agreements set out the scope, frequency and standard for the services required. Corporate management require external services to provide evidence of registration, certification and insurances as part of the contractual engagement and review process. There is a process to monitor police record checks and relevant statutory declarations of service providers. The home orients external services providers who work on site. The home evaluates the quality of services through formal and informal feedback processes. Staff and residents are satisfied with the services provided by external services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a system that shows ongoing improvements in resident health and personal care. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard 2 include:

- The organisation has introduced a national program called MOSAIC. Introduction of the program has been to improve the quality of service delivery and provide a basic resident profile, providing staff with a conversation starter. The program has commenced at the home and consists of a resident visual identification chart, consisting of coloured floral designs. The chart is located on each resident's door and is a simple system to visually recognise the profile of the residents care and social structure. Information includes dietary needs, interests, mobility status and susceptibility to behaviours. Staff have been provided with education and an audit tool produced. There has been positive feedback from staff on the implementation, as the system gives them a very quick snapshot of the resident before entering the room. We were informed the system is still being evaluated but to date feedback has been positive.
- A staff member suggested a sensory garden would benefit the residents in the dementia specific wing. Management responded to the suggestion and purchased raised garden beds, and herbs and vegetables. Residents participated in the planting and have enjoyed the vegetables from the garden. Positive feedback has occurred from families and residents. Staff stated residents are enjoying the garden, particularly in the warmer weather.
- To improve resident hydration needs during the warmer months, staff suggested water coolers be purchased and placed in each resident lounge. This initiative occurred and verbal feedback has been positive.
- Staff identified five residents were a falls risk, particularly at night, when getting out of bed. Staff suggested the instillation in the resident's rooms, of a sensory night light activated on movement. The lights were purchased and residents and staff support a reduction in falls. One resident commented on the fact the light did not require any physical contact and was a useful addition to their room.

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

The home has a system to identify and meet regulatory compliance obligations in relation to resident health and personal care. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 2 include:

- Professional registrations of staff are monitored and maintained.
- Appropriately qualified and trained staff plan, supervise and undertake specialised nursing care.
- The home demonstrates its compliance with policy and legislative requirements in relation to medication storage and management.
- The service maintains a centralised mandatory reporting register which includes a section for those residents who reported as having absconded.

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

There is a system and processes to ensure staff and management at the home have the appropriate knowledge and skills to perform their roles effectively in the area of resident health and personal care. The service supports education through the provision of additional clinical blast sessions and attendance at external certificate courses. Clinical staff confirm their satisfaction with the opportunities offered in accessing continuing education reflecting health and personal care. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 2 include:

- call bell rounding
- compulsory reporting
- diabetic management
- how to manage behaviours in dementia
- medication management and supervising clinical care
- nausea, vomiting and bowel management
- wound management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Management demonstrates residents receive care appropriate to residents’ needs and preferences. On entry to the home, staff develop an interim care plan and identify residents at risk of poor clinical health. Staff conduct assessments according to a schedule to determine each resident’s needs and preferences. Assessments, care plans, handover sheets and verbal handovers inform staff of resident care needs. A resident of the day process ensures re evaluation and adjustment of care plans in consultation with residents and representatives. Appropriately qualified and experienced staff provide care to residents and maintain records of care. Regular medical reviews and increased monitoring occurs when needed. Management monitors clinical care through the continuous improvement system. Residents and representatives are complimentary of the care provided residents. Staff respond to changes in residents’ health promptly and keep representatives informed.

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

Management demonstrates appropriately qualified staff meet residents’ identified specialised nursing care needs. On entry to the home nursing staff assess all residents for their specialised nursing care needs and develop a care plan specific to each identified need. Residents with specialised care needs include those with diabetes and those who require feeding through a tube, catheter care, wound management, oxygen therapy, stoma care and pain management. Qualified nursing staff supervise resident care needs to ensure they are met in the prescribed manner. There is regular consultation with residents and/or representatives, medical officers and allied health professionals as required. Staff review care plans on a regular basis and attend education specific to residents’ specialised care needs. Residents and representatives are satisfied with the knowledge of staff and the quality of specialised care residents 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

Staff facilitate residents’ referrals to appropriate health specialists in accordance with their assessed needs and preferences. Staff assess all residents for their health related requirements on entry to the home. Medical practitioners visit the home at regular intervals. The physiotherapist and dietitian assess residents when they enter the home and review residents as required. Speech pathology, optometry, audiometry, wound management, dental services, palliative care and external mental health services review residents when referred by the home. Established communication processes ensure staff are aware of changes to residents’ care as a result of review by health specialists. Residents and representatives are satisfied with the assistance provided by staff in accessing appropriate health specialists, both at the home and externally.

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 a system in place to safely manage residents’ medications. Medications are securely stored and checking mechanisms are in place. Medications are dispensed from multi dose blister packs by registered nurses, endorsed enrolled nurses and medication competent care staff. There are processes to monitor compliance with the medication management system through audits, documentation of incidents and annual competencies. Processes are in place to order supplies and access after hour medications. Independent annual medication reviews are undertaken. The home has a medication advisory committee that meets three monthly and medication incidents are discussed at this meeting. Residents who self medicate are assessed as competent to do so and are reviewed three monthly or more frequently if appropriate. Residents stated that they are satisfied with the management of their medications.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Management demonstrates its pain management approach ensures all residents are as free from pain as possible. On entry to the home staff assess residents for pain and develop individualised care plans in consultation with residents and representatives, including health professionals as required. Staff assess and monitor residents’ verbal, non verbal and behavioural indications of pain and implement appropriate strategies. In addition to pain relieving medication alternative strategies include referral to the physiotherapist’s pain management clinic, repositioning, massage, heat packs and rest. Staff monitor the effectiveness of administered pain relieving medication and alternative interventions. Residents and representatives confirm they are satisfied with management of residents’ pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Management and staff ensure the comfort and dignity of terminally ill residents. Staff consult all residents and representatives on entry to the home and document residents’ end of life wishes. Palliative care plans include multidisciplinary input, symptom management, comfort measures and complementary therapies as appropriate. Staff access medical care for residents as necessary and make referrals to specialist external services if required. A family room is available for those whose loved ones require palliative care. Residents and representatives receive emotional and spiritual support and supplies of specialised equipment are available. Staff confirm that educational opportunities and access to specialised advice ensures they provide effective palliative care. Management and staff say they give extensive support to residents, families and staff throughout the palliative care process.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Management and staff demonstrate there is a system to ensure residents receive adequate nutrition and hydration. Staff have a systematic, multidisciplinary approach to assessing residents’ needs which involves appropriate professionals. Staff assess all residents for their nutrition and hydration needs, texture requirements, food allergies and cultural and personal dietary preferences. A range of assessment tools including regular weight monitoring and mealtime observation identifies residents at risk of developing malnutrition and/or dehydration. Regular care plan reviews document strategies to optimise residents’ nutrition and hydration status. Staff provide nutritional supplements, adaptive cutlery and crockery and personal assistance as required. Residents and representatives report satisfaction with the choice, quality and quantity of food offered to residents.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Management and staff demonstrate there is a system to ensure residents’ skin integrity is consistent with residents’ general health. Staff assess all residents on entry to the home and identify residents at risk of impaired skin integrity and those with existing skin conditions. Individual care plans provide specific directions for maintaining and improving skin integrity. Strategies used to prevent skin breakdown include regular position changes, the application of emollients and the use of pressure relieving devices. Regular review of care plans occur and management monitors staff practices through observations and analysis of incident reports and audits. Staff are familiar with the skin care needs of residents and monitor the condition of residents’ skin while they assist with personal care tasks such as showering. Residents and representatives are satisfied with the home’s approach to maintaining resident’s skin integrity.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

Management demonstrates established processes ensure effective management of residents’ continence. Staff assess all residents on entry to the home to determine individual continence needs and to determine the assistance and aids they require. The development of a comprehensive care plan includes consultation with residents and/or representatives and other specialist services as required. Nursing staff regularly review care plans and monitor infections and skin integrity. Staff receive education on the optimal management of continence and discreetly maintain residents’ dignity. Staff confirm they have access to sufficient continence aids to meet residents’ needs and are aware of residents’ toileting requirements. Residents and representatives are satisfied with the continence management of residents.

2.13 Behavioural management

This expected outcome requires that “the needs of residents with challenging behaviours are managed effectively”.

Team’s findings

The home meets this expected outcome

Management demonstrates its approach to management of challenging behaviours is effective in meeting residents’ needs. Staff assess all residents upon entry to the home for any behavioural management needs. Behavioural assessments consider medical and cognitive reasons for challenging behaviour and involve charting the description of behaviours and effective management strategies. In consultation with the resident and/or representative and other key health professionals care plans are developed and reviewed regularly. Staff access medical practitioners and advisory services for residents who require additional review and management. Established processes guide the use of restraint and qualified staff undertake regular monitoring. Staff confirm education on appropriate methods for managing residents with challenging behaviours and provide assistance to residents in a calm, respectful manner. Residents and representatives said they are satisfied with the management of behavioural issues within the home.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Management ensures that established processes optimise residents’ levels of mobility and dexterity. On entry to the home clinical staff and the physiotherapist assess each resident’s mobility and dexterity. In consultation with residents and representatives and other health specialists as required a care plan is developed and regularly reviewed. An established process ensures a targeted review following a fall and the implementation of falls minimisation strategies. The physiotherapist and leisure and lifestyle staff provide individual and small group exercise programs. The team observed residents using mobility aids and staff encourage residents administer pain relief as appropriate to encourage comfortable movement. Residents and representatives are satisfied with the mobility and dexterity assistance residents receive.

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

Management and staff ensure the maintenance of residents’ oral and dental health. Staff assess residents’ oral and dental needs and preferences on entry to the home through the established assessment program. In consultation with residents and representatives a care plan is developed and reviewed regularly. Specific care plans detail the assistance residents require in order to ensure attendance to regular oral care; with risks and difficulties identified and documented. Staff support resident attendance at their regular dentist or their utilisation of the visiting dental service. There are processes for storage and replacement of toothbrushes and other oral equipment. Residents and representatives confirm their satisfaction with the management of residents’ oral and dental care.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Management demonstrates the effective identification and management of residents’ sensory loss. Following entry to the home staff assess residents’ sensory deficits and identify the use and type of aids, including the care of aids required. In consultation with residents and representatives staff develop a care plan. Care delivered is consistent with care plans and staff evaluate and review care plans regularly. Regular audits and inspections ensure the home is safe and uncluttered and provides safe accessibility for residents with sensory difficulties. Residents receive support to take part in the leisure and lifestyle program and to access services of their choice. Residents and representatives confirm they are satisfied with the home’s approach to managing residents’ sensory losses across all five senses.

2.17 Sleep

This expected outcome requires that “residents are able to achieve natural sleep patterns”.

Team’s findings

The home meets this expected outcome

Staff provide care to residents to assist them in achieving natural sleep patterns. Staff assess residents’ usual sleep patterns on entry to the home including settling and waking times, bedding and environmental preferences for sleep. Staff develop a comprehensive care plan in consultation with residents and representatives and staff promote natural sleep to meet individual residents’ needs. Care plans document the use of non pharmacological and pharmacological methods that promote sleep and staff regularly review these. Residents say they feel secure at the home and report they are generally able to 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

The home has a system that shows ongoing improvements in the area of resident lifestyle. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard 3 include:

- Lifestyle staff identified some residents who did not always have the ability to leave the home, would like to be able to purchase general merchandise. A trolley has been set up and is taken around the home twice a week for residents to buy goods. Feedback has been that residents are enjoying the trolley and the ability to be able to purchase goods.
- A staff member suggested residents may benefit from pet therapy. The lifestyle staff researched animals that would be appropriate and decided on a rabbit, following discussion with the residents. The rabbit is now in residence, with one resident having the responsibility for feeding the rabbit. The men’s group built the hatch for the rabbit. The purchase of the animal has been a very positive experience for the residents.
- The home has installed a letter box in the garden of the dementia specific wing to improve the environment of the garden and provide the residents with an activity. Staff has observed the residents using and enjoying the letter box.
- As a result of feedback from a resident survey that residents would like more craft and shopping trips, craft is now on the calendar twice weekly, as well as walking and shopping trips. A new seven days a week lifestyle program, called ‘Connecting with life’ is commencing 1 August 2012. Residents have expressed satisfaction with these changes.
- The home has established a memorial garden to acknowledge those residents who have passed away. The lifestyle and maintenance staff has been involved with the project and purchased plants and stones to enhance the garden area. An annual service is to be held. Very positive comments have been expressed from residents, families and staff.

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

The home has a system to identify and meet regulatory compliance obligations in relation to resident lifestyle. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 3 include:

- The home has a policy and procedure in relation to elder abuse and there are processes to make staff aware of responsibilities for identifying elder abuse and compulsory reporting.
- The home provides information about rights to privacy and confidentiality to residents, representatives and staff.
- The home offers a resident agreement to residents at the time of entry.
- The home provides residents with goods and services as required by legislation.

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

There is a system and processes to ensure staff at the home have the appropriate knowledge and skills to perform their roles effectively in the area of resident lifestyle. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 3 include:

- choice and decision making
- confidentiality
- dementia
- privacy and dignity
- the diversional therapist has completed a ten week course in palliative care.

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 has processes to support residents' emotional needs in adjusting to their new environment and on an ongoing basis. On entry, staff orientate residents and representatives to the home and provide them with relevant information. Representatives contribute information to the residents' lifestyle plan when required. Documentation, interviews and observations during the visit confirms the provision of regular emotional support to residents through one-to-one chats or individual and group activities. Interviews with staff confirm that they are familiar with and are perceptive to residents' individual emotional needs and we observed staff interacting with residents in a caring and friendly manner. Residents indicated staff provide them attention and are responsive to their emotional needs.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home demonstrates the support provided to residents to achieve optimal independence through the provision of equipment, friendships, family connections and community links. The home's assessment and care planning process identifies the residents' cognitive, mobility and dexterity levels, any risk taking behaviours and preferences for social interaction. Residents are encouraged and actively supported to participate in, enjoy and maintain a range of individual interests in the home and the broader community. Regular bus outings provide residents with the opportunity to access the community. The local mobile library attends the home monthly. The home provides equipment and utensils to encourage independence and audits are conducted to ensure the environment is free of hazards. Residents' say staff assist them 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

Residents' privacy, dignity and confidentiality are recognised and respected. This is demonstrated in policies, procedures, observation of staff practices and the inclusion of confidentiality and privacy principles at staff orientation and in the resident handbook. The home ensures residents' privacy, dignity and confidentiality is recognised and respected at all times. Care planning is individualised, considering each resident's unique requirements with regard to privacy and dignity. Residents sign a consent statement for release of personal and health information and display of photograph and to attend outings. Resident administrative and clinical files are stored in a secure area. Staff were observed to respect residents' privacy when interacting with each resident. Representatives confirmed that privacy, dignity and confidentiality is recognised and respected in accordance with individual needs and preferences.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home encourages and supports residents to participate in a range of activities and events both individually and in groups. Lifestyle profiles capture past and current interests, preferences for social interaction and community and family links. Lifestyle staff provide a diverse program seven days a week and review it regularly to suit the needs and preferences of different residents. Staff note limitations to participation and detail effective strategies and assistive devices as required. Observation of activities, feedback from meetings and residents' activity records monitor satisfaction and staff encourage residents to make suggestions for future planning. Community groups are welcomed and the home has a small base of volunteers. There is a limited program for those residents who become restless at

sunset. Residents confirm staff invite them to the daily activities and they are satisfied with the variety of the lifestyle program.

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' individual customs, beliefs and cultural backgrounds are valued, fostered and supported in the home. The resident's lifestyle profile contains documentation of the resident's cultural and spiritual needs. Local priests and ministers visit regularly and provide ecumenical services and individual visits. The majority of residents currently at the home are English speaking and from an Anglo-Saxon background. If required interpreter services, cultural kits and pamphlets in other languages will be sourced. Every two months a cultural day is held, with appropriate food offered and staff participate by dressing appropriately. Staff confirm they are aware of the needs and how to access information for other cultures as required. The activities program incorporates cultural and religious days throughout the year. Residents indicated they were satisfied with how the home addresses their cultural and spiritual needs.

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 are encouraged and respected to continue to participate in making decisions about their care and services they receive. Consultation occurs with resident and or their representative about the resident's individual preferences on entry to the home and these are reviewed regularly. Assessment occurs as to the resident's decision-making capacity and if reduced their authorised representative is involved with decision making on their behalf. A range of reviews, information and forums is available to residents to encourage and facilitate their choice and decision making. There include audits, surveys, meetings, focus groups, comment/complaint processes, advocacy services and the use of powers of attorney. Residents confirmed that they are encouraged and supported to continue to have control over their life choices and staff are very respectful of this.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents have secure tenure within the home and there are processes to ensure they understand their rights and responsibilities. The home communicates information about security of tenure, residents' rights and responsibilities, specified care and services and independent complaint mechanisms through the resident handbook, resident agreement and/or brochures and posters on display in the home. Management also discuss these topics

with a resident and representatives at entry. Staff are made aware of resident rights and responsibilities, security of tenure and elder abuse through ongoing education. The resident and/or their representative is formally advised when a resident is reclassified as requiring high care. A process of consultation and agreement precedes a change in a resident's room. Residents and representatives were satisfied with the security of resident tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a system that shows ongoing improvements in the area of physical environment and safe systems. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard 4 include:

- To ensure the safety of non-ambulant residents who choose to smoke and are able to smoke unsupervised, staff suggested the installation of a call bell in the smoking area. This occurred and a staff member wears a receiver on a lanyard which registers a resident’s use the call bell when they are ready to return inside. Management trialled this and feedback from residents and staff indicates the process is working well.
- A fire safety report recommended a fully charged mobile phone and battery powered radio be made available in the event of an emergency evacuation. The recommendation was accepted and management purchased the items and they are located in the fire evacuation pack. An audit tool was developed and the equipment is checked weekly to ensure it is in working order. Management report this is working well.
- A complaint from a family member about the state of the furniture in the dementia wing resulted in the removal or cleaning of old furniture, the matching of dining chairs and couches in the lounge area. Walls are now brighter with pictures and wall hangings. Feedback from the family member who raised the concern has been positive and she is now more comfortable in bring friends to visit her husband. There has also been positive feedback from other family members. The team observed the area to be very bright and attractive.
- Feedback from a resident and relative survey in May 2012 identified too many curries served and residents would like a choice of main meal. A new menu was introduced in July 2012 and is now in the third week of the new menu. Residents interviewed were all very happy with the meals.
- As a result of complaints from residents about the meal served on Good Friday, the Victoria catering manager has responded by introducing an Easter menu. The chef/manager informed the team this was a good outcome.

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

The home has a system to identify and meet regulatory compliance obligations in relation to physical environment and safe systems. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 4 include:

- The review of bed poles used in the home in line with recent recommendations by a legislative body.
- The home complies with annual essential services safety measures reporting requirements.
- Block flow tests for chemicals are carried out on a scheduled basis in response to guidelines by a legislative body.
- Responsiveness to changes in occupational health and safety legislation.
- Responsiveness to the release of guidelines for influenza in 2012.
- The home shows evidence of following relevant protocols in relation to compliance with food safety regulations and guidelines.

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

There is a system and processes to ensure management and staff at the home have the appropriate knowledge and skills to perform their roles effectively in the area of physical environment and safe systems. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 4 include:

- accredited occupational health and safety five day course
- attendance of a chef's workshop
- call bell systems, sensor mats and sensor beds
- chemical safety
- infection control.

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 has a system and processes to assist in providing residents with a safe and comfortable environment consistent with residents' care needs. Resident rooms are generally single with ensuite bathrooms. Private and communal living areas are well maintained, light, cleaned regularly and kept at a comfortable temperature. Residents are encouraged to personalise their rooms with their belongings. The home maintains the building, grounds and equipment through regular servicing and maintenance programs by maintenance staff and external contractors. Staff are educated in and employ appropriate practices to ensure the safety and comfort of residents. Ongoing audits monitor the home's

compliance in providing a safe and comfortable living environment. Residents are satisfied with the living environment provided by the home and said they feel safe and secure.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has a system to support the provision of a safe working environment in a manner that meets regulatory requirements. There are documented policies and procedures in relation to safe work practice and staff are made aware of their responsibilities through the orientation process, meetings, the staff handbook, notice boards and posters on display. All staff are required to attend annual mandatory education and competencies in relation to occupational health and safety, manual handling and chemical handling. Occupational health and safety representatives have attended accredited external training. The home identifies hazards through environmental inspection audits, maintenance requests, feedback mechanisms, hazard alerts and incident reports, meetings and observations. Records of action and the minutes of two monthly occupational health and safety meeting show the home is very responsive to identified hazards and incidents. We observed safe chemical storage, current material safety data sheets, personal protective equipment in use and processes to test and tag electrical equipment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to maintain a secure environment and minimise fire, security and other emergency risks. Qualified external contractors monitor and maintain the home's fire and emergency equipment. Emergency exits and egress routes are free from obstruction and the home has recently placed direction indicators on external pathways. The home maintains current emergency evacuation lists and displays the name of the fire warden on duty at reception and recently reviewed emergency evacuation plans throughout the home. An emergency management plan sets out procedures for a range of external and internal emergencies. Staff attend mandatory annual fire and emergency education and competencies and are able to outline their responsibilities in relation to emergency situations. Security systems include an overnight locking system, keypad access, surveillance system, external lighting and a sign in procedure. Residents are satisfied the home provides a safe and secure environment.

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 systems and processes to demonstrate an effective infection control program. Strategies are in place for the management of infectious outbreaks, hand washing, waste segregation and disposal, food safety, cleaning, temperature monitoring, disinfecting and

sterilising and pest control. Personnel protective equipment is available for staff use. A surveillance program trends infections and infection data is analysed and benchmarked on a monthly basis at a local and organisational level. Infection control is included in the orientation program for new staff and all staff attend mandatory annual infection control and food safety education. Discussion of infection control occurs at relevant meetings. Management report the home has an influenza vaccination program for both residents and staff. Observation of staff practices demonstrated appropriate infection control measures and staff confirmed attendance at infection control education.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home has systems to ensure the provision of catering, cleaning and laundry services meets the needs and supports residents' quality of life and the working environment for staff. Monitoring mechanisms include internal and external audits, reports and temperature records. Resident's dietary requirements and preferences are met and meals are freshly prepared. The menu is on a four week rotation cycle, with a new menu recently introduced. The daily menu is displayed in the dining rooms and alternative meals, snacks and tea and coffee making facilities are available at all times. Cleaning is provided by a contract cleaning service seven days a week, with schedules in place to ensure that cleaning tasks are completed. Linen and personal laundry is undertaken on site seven days a week and resident's personal items are labelled to minimise lost property. Staff, residents and representatives expressed satisfaction with the catering, laundering of their clothes and the cleanliness of the home.