



Aged Care
Standards and Accreditation Agency Ltd

Regis The Grange

RACS ID 3239

1 Wyuna Street

ROSEBUD WEST VIC 3940

Approved provider: Regis Aged Care 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 27 October 2015.

We made our decision on 7 September 2012.

The audit was conducted on 31 July 2012 to 1 August 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 The Grange 3239

Approved provider: Regis Aged Care Pty Ltd

Introduction

This is the report of a re-accreditation audit from 31 July 2012 to 1 August 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 31 July 2012 to 1 August 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:	Gillian Walster
Team members:	Stephen Koci
	Janice Bennett

Approved provider details

Approved provider:	Regis Aged Care Pty Ltd
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Details of home

Name of home:	Regis The Grange
RACS ID:	3239

Total number of allocated places:	129
Number of residents during audit:	121
Number of high care residents during audit:	93
Special needs catered for:	Dementia area

Street:	1 Wyuna Street	State:	Victoria
City:	Rosebud West	Postcode:	3940
Phone number:	03 5986 3322	Facsimile:	03 5981 2732
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Management	3	Residents/representatives	14
Registered and enrolled nurses	5	Maintenance	1
Administration staff	2	Laundry	2
Care staff	6	Catering	4
Allied health staff	3	Cleaning	3
Lifestyle staff	3		

Sampled documents

	Number		Number
Residents' files and care plans	13	Medication charts	23
Residents' files (lifestyle)	8	Resident agreements	8
Personnel files	10		

Other documents reviewed

The team also reviewed:

- Care plan consultation
- Cleaning manual and schedules
- Clinical forms and charts
- Clinical pathways and protocols
- Compliment certificate
- Compulsory reporting register
- Continuous improvement form, log, plan and reports
- Corrective action (audits) and plan
- Document achieving records
- Education calendar and records and inservice training evaluation
- Essential safety measures maintenance certificate and records
- Evacuation maps and resident lists
- External contractor information and register
- Feedback forms
- Fire and emergency plan and procedures
- Food safety plan and certifications
- Handover sheet

- Hazard alert log
- Incident report data
- Job descriptions
- Lifestyle documentation, cultural care kit and calendars
- Material safety data sheets
- Meeting minutes
- Memoranda'
- Missing person register
- Newsletters (corporate and site)
- Occupational health and safety information
- Police record check register
- Policies, procedures and flowcharts
- Repairs and maintenance manual
- Residents' information package and surveys and handbooks
- Rosters
- Self assessment accreditation information
- Staff handbook
- Test and tag folder, results and assets list

Observations

The team observed the following:

- Activities in progress
- Aged care brochures
- Chemical storage and dispensing system
- Cleaning in progress and cleaning trolleys and equipment
- Clothes labelling equipment
- Contractor and volunteer sign-in register
- Equipment and supply storage areas
- Facility map showing evacuation points
- Feedback forms and suggestion box
- Fire fighting equipment, egress routes, evacuation kit and fire panel
- First aid kit
- Fluid thickness modification poster
- Infection control equipment
- Interactions between staff and residents
- Internal and external living environment
- Kitchen, laundry and cleaning areas
- Laundry activities in progress

- Meal service
- Medication storage and administration
- Notice boards
- Notification to stakeholders of reaccreditation audit
- Nurses' stations
- Staff assisting residents with meals
- Staff room
- Waste systems

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a continuous improvement system demonstrating improvements in management, staffing and organisational development. Residents and representatives can access the continuous improvement system by completing feedback forms, continuous improvement forms, surveys and by direct feedback to staff or management. Staff can provide continuous improvements by completing continuous improvement forms, hazard forms, staff meetings, direct feedback and audits. Information on the continuous improvements systems is in the resident handbook. The continuous improvement plan records improvements and these improvements are monitored and evaluated. The organisation's quality and compliance manager reviews continuous improvement activities. Feedback on continuous improvements is provided via direct feedback or at meetings. Residents, representatives and staff advised they are satisfied continuous improvement occurs at the home.

Examples of continuous improvement in Standard one include:

- Management introduced a mentoring program and identified talented staff and support staff to increase their skills, knowledge and leadership skills. Management report they have promoted a number of existing staff into senior roles within the home and organisation.
- Following identification of a change in resident care needs and the need for more staff, management recently conducted staff open days that included tours of the home, afternoon tea, explaining the roles available and conducting group interviews. Management report the open days enabled management to employ four new personal care assistants to fill extra shifts.

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 organisation and home have systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Management demonstrated the home receives updates and information pertaining to regulatory compliance from head office, notices from government departments and agencies, membership with a peak industry bodies, attendance at external meetings and education sessions. Staff and management of the home said they are informed of changes through

memoranda, email, meetings, newsletters, staff and resident handbooks and educational activities. Residents said they are informed of relevant changes through meetings and newsletters.

Examples of responsiveness to regulatory compliance relating to Standard one includes:

- There are processes to ensure the currency of police record checks for staff, contractors and volunteers
- The home monitors the credentials of registered and enrolled nurses
- Management notified residents, representatives and staff of the reaccreditation assessment visit
- The home maintains and archives documentation and records in accordance with legislative requirements.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Staff have access to an education program ensuring they have appropriate knowledge and skills to perform their roles effectively. The organisation has a scholarship program to enhance professional development and a mentoring program to assist new managers to understand and undertake their roles effectively. The organisational learning and development team develop an education calendar which the home's management augment from staff feedback, residents' clinical needs, organisational changes, mandatory requirements, new equipment and issues identified through audits. Training delivery is face-to-face or via an e-learning platform. Management monitor staff attendance at mandatory training sessions, maintain attendance records and evaluate sessions for effectiveness. Staff said they are satisfied with the education opportunities available.

Examples of education provided in Standard one includes:

- corporate orientation
- incident reporting
- aged care funding instrument
- business certificate completed by the receptionist.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The organisation has a comments and complaints mechanism accessible to residents, representatives, staff and other stakeholders. Residents and representatives can access the comment and complaint systems by completing feedback forms, through meetings, or by direct feedback to management. The resident's handbook and agreements discuss the home's comment and complaints systems and complaint resolution. Brochures about the external complaints service are available to residents and representatives. All complaints go

directly to the facility manager and are actioned in a timely manner and residents and representatives get feedback directly or by phone or letter or at resident meetings. General information on the comments and complaints received are provided in the regular newsletter. The home has processes for the handling of confidential complaints and has suggestion boxes for the delivery of the forms. Residents and representatives can also go directly to the organisation's head office. Residents, representatives and staff confirmed their knowledge about the home's comment and complaints processes and feel comfortable to raise any concerns.

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

Regis Aged Care group has documented its vision, mission and philosophy and commitment to continuous improvement. The organisation also has documented "The Regis way" that is about optimism, passion, integrity and respect. The vision, mission and philosophy is displayed throughout the home and is in resident's handbook provided to residents on entry to the home. The corporate orientation for all staff includes discussions regarding the Regis way and the vision, mission and philosophy. The organisation holds regular facility manager, regional manager and planning days.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The organisation has processes to ensure the recruitment of appropriately skilled and qualified staff for the delivery of care and services to residents. A formal recruitment process is followed and management monitor staff qualifications and credential information. Management hold regular staff open days which include tours of the facility and conduct group interviews of perspective staff. New staff complete a formal orientation program including 'buddy shifts' and a corporate orientation is held monthly to assist them in adjusting to their new roles. All roles have position descriptions to guide staff and new staff receive a staff handbook. Rosters confirmed adequate staffing levels occur over all shifts and a registered nurse is in charge of all shifts. Permanent staff and a casual bank of agency staff fill advertised roster vacancies. Residents, representatives and staff are satisfied with current staffing levels.

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 suitable goods and equipment for quality service delivery. All food, cleaning materials and clinical supplies are ordered through preferred suppliers. All supplies are stored in clean, secure areas around the home. Head office has a central ordering system for management to order any new equipment. Corrective and preventative maintenance programs and electrical testing and tagging programs are in place. Staff, residents and representatives said goods and equipment are readily available and maintenance is completed in a timely manner.

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

Management has information management systems to provide information, including meetings, minutes, resident handbooks, noticeboards and lifestyle calendars. The systems to inform staff include orientation, meetings and minutes, noticeboards, policy, flowcharts and procedures, memoranda and clinical files. Clinical notes, resident and staff files are securely stored. Old files are stored on site in a secure archive room and offsite at a central archive contractor warehouse. Staff have access to a security destruction bin. Residents and staff confirm their satisfaction with access to information and with the communication mechanisms at the home.

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

Robust organisational systems ensure agreements and contracts are in place for all of the home's external service providers; level of service is specified, police checks are current and maintained for all relevant persons. Contracts are regularly reviewed and an organisational preferred supplier list is readily available for management and staff. Management evaluate performance through monitoring and staff and resident feedback. Regular reporting between the home and the organisation is in place to assist with the provision of quality, appropriate and timely external services for the home. Residents, representatives and staff confirm satisfaction with the home's externally sourced 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 continuous improvement system demonstrating improvements in resident health and personal care. The continuous improvement system is described in expected outcome 1.1 Continuous improvement. Residents advised they are satisfied they receive appropriate clinical care. Staff confirmed improvements have occurred in resident health and personal care.

Examples of continuous improvement in Standard two include:

- Following a review of resident wounds, management introduced a wound tracker program that staff complete when resident wounds are identified. This identifies where wounds are located and the time they occur. Management then review the data and discuss the wounds with staff. Management said they have provided extra education on manual handling to assist staff reduce resident wounds from manual handling processes.
- Following identification of difficulties in the medication management system within the two wings of the home with external access, management have started installing medication safes in resident rooms. Management reports staff will be able to access the safes at night and provide medications to residents.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The organisation and home has systems to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident health and personal care and there are processes to ensure and monitor compliance. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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

- Registered nurses oversee provision of care and specialised nursing needs for residents
- Medications are stored safely and administered according to regulations
- There are policies and procedures to manage unexplained resident absences.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The education program supports staff to develop and maintain skills and knowledge in the area of health and personal care. Please refer to expected outcome 1.3 Education and staff development for description of the home’s staff education processes.

Education provided relevant to Standard two includes:

- diabetic parameters
- falls risk
- continence management
- nutrition and hydration
- pain management

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Management demonstrate residents receive appropriate clinical care. Staff conduct assessments according to a schedule and determine each resident’s needs and preferences. Assessments, care plans, handover sheets and verbal handovers inform staff of individual resident care needs. There is a resident of the day process to evaluate residents and adjust care plans. Appropriately qualified and experienced staff provide care to residents and care records are maintained. Regular medical reviews and increased monitoring occurs when needed. Staff said they have sufficient rostered time to provide the planned care for residents. Residents and representatives are complimentary of the care provided to residents and said staff usually respond quickly and properly to episodes of ill health or accident and representatives are informed appropriately.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

Appropriately qualified staff identify and meet residents’ specialised nursing care needs. Specialised care plans include each resident’s needs and preferences and specific instructions and strategies to manage their care. Referral and consultation with health professionals occur. Residents with specialised care needs include those with diabetes, oxygen therapy, wound management and pain management. Audits and clinical reports are used to monitor and analyse specialised care and competencies in specific relevant areas ensure staff skill levels are appropriate. Staff said they have sufficient resources available to provide specialised care and education opportunities in areas of complex care specific to residents’ needs. Residents and representatives said they are satisfied with the 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 refer residents to specialists as required and as preferred. Medical practitioners visit the home at regular intervals. The physiotherapist assesses residents when they enter the home, provides exercise and pain management programs and reviews residents regularly and when requested due to incidents or declining health or condition. Podiatry, optometry and audiology review residents regularly and speech pathology, dietetics, wound specialists, dental services, palliative care and external mental health services review residents when referred by the home. Residents and representatives said staff refer residents to specialists as needed and assist them in visiting outside specialists as required.

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

There are systems to safely and effectively manage residents’ medication. Medication competent staff administer medication and undergo annual competency testing. Staff conduct audits to monitor the system, issues are discussed at medication meetings and an external pharmacist reviews residents’ medications. The home has policies and procedures available to guide staff in the administration of medication. The home has processes to ensure the supply of medication is consistent and storage of medication is according to legislative requirements. There are assessment and review processes to ensure residents self administering medications are safe to do so. Staff administering medications said they have a thorough understanding of the medication management system used at the home and residents said they are satisfied with their medication management.

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

There are processes to ensure residents are as free as possible from pain. Staff conduct a pain assessment when residents enter the home and a care plan is formulated. Staff review assessments and care plans at regular intervals and if required due to presentation of new pain, medication changes, injury or clinical issues. Staff assess and monitor residents’ verbal, non verbal and behavioural indications of pain and implement the strategies recommended which include repositioning, analgesia, massage and heat packs. The physiotherapist also provides pain management therapy. Staff said they monitor residents’ pain including non verbal response to pain and provide interventions as needed. Residents said staff respond appropriately whenever they have 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

Staff provide care to residents who are terminally ill and promote their comfort and dignity needs. Staff access medical care for residents as necessary and make referrals to external services if required. Terminal care wishes are determined and individual care plans are developed which include symptom management, routine comfort measures and psychosocial needs. Consultation with representatives occurs regarding the care environment and their role in the residents care. Care for residents includes nursing care, pastoral and complementary care and staff help support families at this time. Staff said the comfort and dignity of terminally ill residents is maintained.

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

There are processes to ensure residents receive adequate nourishment and hydration. Staff assess residents’ nutritional requirements on entry to the home. Residents’ likes and dislikes and specific dietary and cultural requirements are identified, recorded and communicated to the kitchen and are accommodated. Meals are prepared on site daily and residents are offered a choice at every meal. Snacks and drinks are provided throughout the day and supper is provided at night. Staff weigh residents regularly and manage resident weight losses or gains according to protocols. The dietician and the speech pathologist review residents when requested. Staff provide nutritional supplements, texture modified food and fluids and personal assistance when required. Staff said they are aware of residents’ requirements, personal preferences and any individual assistance needed. Residents said staff meet their nutritional and hydration needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

There are processes to promote residents’ skin integrity consistent with their overall health. Residents have an assessment of skin integrity on entry to the home to identify risks or review an existing skin condition; care plans outline strategies to prevent skin breakdown. Staff assist residents with ambulation and position changes when needed, monitor skin tears and wounds, access consultants as required and maintain records of care. Staff said they are familiar with residents’ skin care needs and monitor residents’ skin condition while they undertake personal care tasks such as showering. Residents and representatives said they are satisfied with the home’s approach to maintaining resident’s 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

There are processes to manage residents’ continence and toileting requirements. Staff assess residents’ individual continence needs and determine the assistance and aids they require. Care plans outline strategies to promote continence levels and independence. A staff member has the responsibility of the continence portfolio, ensuring the most appropriate aids are used and maintaining sufficient stocks. Staff education is provided to assist residents with continence requirements and discreetly maintain residents’ dignity. Management use infection rates as clinical performance indicators which are trended, analysed and reviewed monthly by the facility manager. Staff said they have access to sufficient continence aids for residents’ needs and state their knowledge of residents’ toileting requirements. Residents said their continence needs are met and aids are provided as necessary and to assist their independence.

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

Staff identify the needs of residents with challenging behaviours and provide appropriate care. Staff assess residents’ behaviours and identify medical, emotional and cognitive reasons for challenging behaviour and consider each resident’s right to maintain independence, personality traits, friendships and associations with the community. Care plan interventions inform staff about effective strategies to manage episodes of challenging behaviour. Staff have access to education and resources and can access medical practitioners and advisory services for residents who require additional review. Staff provide assistance to residents in a calm, respectful manner and said management support them in managing residents’ behaviours. 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

The physiotherapist and registered nurse assess residents’ levels of mobility and dexterity. The physiotherapist completes a falls risk assessment, reviews residents after falls and develops exercise programs for individual residents. Staff and the physiotherapist communicate changes to a resident’s condition and make recommendations for specialised equipment and safety management strategies to ensure optimal outcomes for each resident. Staff complete incident forms following falls, notify representatives and documentation reviewed demonstrates residents receive appropriate follow up by a doctor and physiotherapist. Staff described how they monitor the environment for clutter and assist residents to walk around the home. Residents and representatives confirmed staff assist residents with their mobility and dexterity needs.

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

Registered nurses assess residents' oral and dental needs on entry, review regularly and document their needs on their care plans. Care plans are generated to assist care staff, and contain details about the assistance required, daily care of teeth, mouth and dentures, as appropriate. Residents are able to identify their preferred provider of dental care and are assisted to attend the practitioner of their choice according to their needs. Residents stated staff assist them with their 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

Registered nurses assess residents' sensory requirements on entry and as part of the review process which includes all five senses. Staff are aware of individual resident's needs and those who require assistance to fit and clean their aids. Residents have access to auditory, optometry and speech pathology services as required. The home has a range of equipment and aids to assist residents with sensory impairment such as large print books, clocks, calendars and large screen televisions. The kitchen has a list of resident's dietary preferences and residents have access to condiments at meal times. Residents confirmed staff assist them with their sensory aids.

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 conduct initial and ongoing assessments of residents' usual sleep patterns and personal preferences in consultation with the resident and/or their representative. Staff assess and chart residents sleep for three days to assist with the formulation of an individualised sleep program. Staff monitor and discuss the use of sedation with the medical practitioner and non-pharmacological strategies such as reassurance, hot drinks and snacks are trialled first. Documents reviewed by the team confirmed assessments, sleep charting and the care plans reflect the strategies put into place. Staff are aware of residents' individual settling routines and were observed to be assisting residents in accordance with these.

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 continuous improvement system that demonstrates improvements in resident lifestyle. The continuous improvement system is described in expected outcome 1.1 Continuous improvement. Residents, representatives and staff are satisfied with the home's improvements in the area of resident lifestyle.

Examples of continuous improvement in Standard three include:

- Following identification of changing resident needs, management have introduced a ‘Twilight group’ activity program. Lifestyle staff report the group includes movement time, reading, music, chats and hand massages and has assisted staff with providing activities assisting residents to settle and rest at certain times.
- with the assistance of an allied health staff assistant, lifestyle staff hold regular tai chi sessions. Residents report they enjoy the activities and get involved in the program.
- Management have installed golf putting greens and are having a grand opening on 15 August 2012. Residents report they enjoy playing golf and look forward to using the greens.

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 organisation and home have systems to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident lifestyle and there are processes to ensure compliance. For a description of the system refer to expected outcome 1.2 Regulatory compliance

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

- The organisation has systems to demonstrate compliance related to residential agreements
- The home has policies, procedures, guidelines and staff education for appropriately managing reportable incidents of suspected or alleged elder abuse
- Policies and procedures to maintain privacy and confidentiality of resident information are in place and followed.

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

The education program supports staff to develop and maintain skills and knowledge in the area of resident lifestyle. Please refer to expected outcome 1.3 Education and staff development for description of the home's staff education processes.

Education provided relevant to Standard three includes:

- privacy and dignity
- lifestyle workshop
- death and dying
- mentoring for lifestyle staff

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

Management and staff support residents in adjusting to life in the home and on an ongoing basis. Residents' emotional support needs and preferences are assessed on entry to the home and care plans are developed to meet their needs. Nursing and lifestyle staff review residents' emotional needs on a regular basis and update care plans as required. Residents receive a resident handbook to assist their orientation to the home. The home can refer residents and representatives to a counselling service through the organisation. Lifestyle staff run a formal one to one visiting program. Residents and representatives confirmed their satisfaction with the initial and ongoing emotional support residents receive at the home

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Initial and ongoing assessment and care planning processes identify, assess and plan for residents' physical, social, cognitive and emotional needs. Strategies to maximise independence include freedom of movement within the home, access to a community bus that stops outside the home and runs to a local shopping centre, onsite shopping and the use of individual mobility aids. Management and residents welcome visitors and lifestyle staff maintain contact with local community groups. Residents and representatives confirmed they are satisfied residents' independence is supported by the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff recognise and respect residents' right to privacy, dignity and confidentiality. Management have a privacy and dignity policy to guide staff practice. The home has single and shared rooms with private facilities and shared en suites. There are large multipurpose rooms and private sitting areas for residents to meet privately with friends and family. Staff describe appropriate practices to protect residents' privacy and dignity including knocking on doors and announcing the staff member's name, calling residents by their preferred name, using privacy curtains in shared rooms and locking doors in bathrooms when assisting residents. Residents confirmed and the team observed staff respect residents' rights to 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

Residents are encouraged and supported to participate in a wide range of interests and activities. Staff complete a leisure interest and activities assessment on entry to the home that includes background information on the resident, including information on social support needs, physical, cognitive, social and emotional needs. Staff develop a leisure, interests and activities care plan in consultation with residents and representatives and regularly review the care plans. The monthly program includes a wide range of activities and staff evaluate the effectiveness of the activities program. Lifestyle staff produce a calendar and newsletters, which are given to residents and representatives. Management obtain feedback on the program via direct feedback, observation, staff comments, visiting residents that are not attending activities, attendance data and meetings. Residents and representatives are satisfied with the lifestyle program and confirmed the support of residents to participate in a range of activities at 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

Management and staff value and foster residents individual interests, customs, beliefs and their cultural and ethnic backgrounds. Staff identify residents' religion and spirituality needs, if any church/religious services were attended and how often residents would like to go to church. There are regular church services for residents at the home. Management support residents who wish to attend their own local churches or social groups. There are theme days and special days held throughout the year. Staff have access to culturally specific services, including the internet and a cultural care kit, to meet specific cultural needs as required. Residents and representatives reported they are satisfied with the home's response to residents' 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

There are processes promoting residents' right to exercise choice and control over their lifestyle. Residents and representatives are encouraged to participate in the assessment process. The home provides residents' and representatives with regular meetings and feedback forms to provide feedback on the home. The resident meetings are advertised on noticeboards and at the front door of the home. Management and lifestyle staff produce monthly newsletters provided to all residents, as well as regular organisation newsletters. Management have an open door policy to ensure they are easily accessible if needed. Management has a petty cash system in place and a number of residents still handle their own financial affairs. A wide range of activities is on offer and residents' can choose their participation levels. Residents confirmed their individual choices and decisions are encouraged, respected and supported by management and staff.

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

Management provide residents and representatives with information about security of tenure, residents' rights and responsibilities and specified care and services prior to entry. The home documents this information in the resident handbook. Residents or their representative are offered an agreement on entry and open discussion occurs to ensure all parties understand the conditions of the agreement. Security of tenure is discussed in the resident newsletter. Documentation reviewed confirmed security of tenure is discussed at resident meetings. Residents stated they feel secure in the home and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a continuous improvement system demonstrating improvements in the physical environment and in the area of safe systems. The continuous improvement system is described in expected outcome 1.1 Continuous improvement. Staff confirm ongoing improvements occur at the home. Residents and representatives are satisfied with the safety and comfort of the home’s environment.

Examples of continuous improvement in Standard four include:

- Management have implemented a program to refurbish resident rooms. Management reports that sixteen rooms have been completed with another sixty eight rooms to be completed. The refurbishment includes new floors, new bathroom, installing split systems, retiling and new appliances. The team observed one of the newly refurbished rooms.
- Following problems with the nurse call bell system, management have reviewed and updated the nurse call system management throughout the home. Management reports the new system is reliable and management can review call bell response times.

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 organisation and home has systems to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to the physical environment and safe systems and there are processes to ensure compliance. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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

- The home complies with annual essential safety measures.
- The home has a food safety program audited annually by a third party.
- Chemical storage is secure and current material safety data sheets are available.

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

The education program supports staff to develop and maintain skills and knowledge in the area of physical environment and safe systems. Please refer to expected outcome 1.3 Education and staff development for additional information.

Education provided relevant to Standard four includes:

- fire and emergency
- manual handling
- chemical handling
- food safety training
- 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

Residents are accommodated in single, double and unit-style rooms connected by covered walkways. Residents are able to personalise their rooms and the home is generally free from clutter. Internal communal areas including dining rooms and sitting areas are available for residents throughout the home. The home maintains external courtyards, pathways and gardens, including a six hole putting green, in a manner conducive to residents needs. Environmental audits and checks are completed. Reactive and preventative maintenance and hazard reporting is completed in a timely manner in line with organisational systems and processes. Residents and representatives are satisfied with the comfort and safety of the home's environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management work to promote a safe working environment that meets regulatory requirements. Staff are aware of health and safety responsibilities through documented procedures, minutes of meetings, education and the orientation process. Occupational health and safety systems and processes include incident reporting and audit processes to identify and minimise the impact of workplace hazards. Risk assessments are conducted on equipment and on various tasks involving risk. Maintenance staff implement a system of corrective and preventative maintenance to ensure the safety of equipment and furnishings. All staff attend appropriate education. Staff confirm they receive training in manual handling and know how to report hazards.

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 are actively working to provide a safe environment minimising fire, security and emergency risks. Appropriate fire detection and alarm systems are in place and service records confirmed external contractors undertake regular inspections and maintain equipment. Evacuation maps are on display, exits are clearly signed and free from obstructions. Policies and procedures cover contingency plans in the event of an emergency. Visitors are required to sign in and contractors wear relevant identification. Initial and ongoing fire and safety training is provided to staff and an evacuation kit is maintained. Staff confirm they had relevant training. Residents confirm they feel safe and secure at the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program. Staff complete mandatory training in infection control and have access to personal protective equipment, hand washing facilities and gel dispensers. Management collect, review and analyse infection data rates for trends, and identified areas of concern are actioned, with results presented at relevant meetings. Kitchen, cleaning and laundry practices follow current infection control guidelines, the home has a food safety program and there are regular pest control inspections. Residents and staff are offered influenza vaccinations; gastroenteritis outbreak kits and blood spill kits are available. Staff confirmed they receive education in infection control and demonstrated an awareness of appropriate infection control practices relevant to their duties.

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 provide hospitality services which support residents' quality of life. All staff have food safety education. Residents' meal preferences and requirements are communicated to catering staff when new residents enter the home and as their requirements alter. Texture modified food and fluids are readily available depending on resident needs. Monitoring mechanisms include internal and external audits, reports and temperature records. The menu is on a four weekly seasonal cycle with alternative meal selection offered. An external contractor is responsible for cleaning services to the home. Schedules are in place to ensure cleaning tasks are completed and we observed the home to be clean during the visit. All resident clothing and linen is laundered on site with the home provides a labelling service to residents. Staff confirmed there are adequate linen supplies. We observed identified clean and dirty laundry areas. Residents expressed satisfaction with the catering, laundering of their clothes and the cleanliness of the home.