



Aged Care
Standards and Accreditation Agency Ltd

Regis Treetops Manor

RACS ID 5913

6 Kilbowie Street

THE GAP QLD 4061

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 two years until 9 June 2014.

We made our decision on 10 April 2012.

The audit was conducted on 28 February 2012 to 1 March 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 Treetops Manor 5913

Approved provider: Regis Group Pty Ltd

Introduction

This is the report of a re-accreditation audit from 28 February 2012 to 1 March 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 28 February 2012 to 1 March 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: | Kimberley Reed |
| Team member/s: | Jill Winny |
| | Jan Gallagher |

Approved provider details

| | |
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| Approved provider: | Regis Group Pty Ltd |
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Details of home

| | |
|---------------|----------------------|
| Name of home: | Regis Treetops Manor |
| RACS ID: | 5913 |

| | |
|---|---------------------------------|
| Total number of allocated places: | 134 |
| Number of residents during audit: | 121 |
| Number of high care residents during audit: | 106 |
| Special needs catered for: | Dementia and related conditions |

| | | | |
|-----------------|---------------------|------------|--------------|
| Street/PO Box: | 6 Kilbowie Street | State: | QLD |
| City/Town: | THE GAP | Postcode: | 4061 |
| Phone number: | 07 3511 1555 | Facsimile: | 07 3511 0455 |
| E-mail address: | amanor@regis.com.au | | |

Audit trail

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

Interviews

| | Number | | Number |
|---------------------|--------|---------------------------|--------|
| Management | 8 | Residents/representatives | 18 |
| Registered staff | 5 | Volunteer | 1 |
| Care staff | 10 | Laundry staff | 2 |
| Lifestyle staff | 2 | Cleaning staff | 4 |
| Food Services staff | 5 | Maintenance staff | 1 |
| Physiotherapy staff | 3 | Medical Officer | 1 |
| Dietitian | 1 | | |

Sampled documents

| | Number | | Number |
|---------------------------------|--------|-------------------|--------|
| Residents' clinical files | 22 | Medication charts | 41 |
| Residents' administration files | 4 | Staff files | 3 |

Other documents reviewed

The team also reviewed:

- Approved nurse initiated medications
- Audits and results
- Bowel chart
- Care plan consultation with resident/representative
- Care plan evaluation record
- Client information folder-cleaning
- Clinical assessment documents/pathways
- Competency assessment tool – medication
- Completed work orders
- Compliments and complaints form and folder
- Comprehensive medical assessment
- Compulsory reporting-reportable assaults form
- Continuous improvement folder
- Diabetic review letter
- Dietitian referral form
- Duties lists
- Education calendar
- Education schedules and online tracker
- Emergency plan
- End of life choices
- Entry baseline data
- Falls risk package
- Food regimen
- Food temperature log
- Handover sheets
- Hazard alert log

- Hazardous/nonhazardous chemical register
- Human resource management forms
- Incident report
- Kitchenette manual
- Lifestyle program and evaluation documents
- Maintenance attendance receipt log
- Maintenance request book/log
- Manual handling instruction card
- Medication management manual
- Medication refrigerator temperature log
- Medication signing audit
- Memorandums
- Minutes of meetings
- Monthly weight chart
- Newsletters
- Noticeboards
- Nutritional supplement record of administration
- Outbreak coordinators handbook
- Plan for continuous improvement
- Position descriptions
- Quality procedures manual
- Resident bed register
- Resident medication management review
- Resident of the day checklist
- Resident satisfaction surveys
- Residential care agreement
- Responsibility task list
- Restraint authorisation
- Risk assessment form
- Schedule for review of evacuation plans
- Self-administration assessment
- Self-assessment for accreditation
- Service agreements
- Speech pathology assessment
- Staff information pack
- Staff online registration tracker
- Staff roster
- Staff training and education records
- Therapy assessment
- Wanderer identification form
- Weekly monitoring of infections chart
- Wound assessment

Observations

The team observed the following:

- Activities in progress
- Administration of medication
- Charter of residents' rights and responsibilities on display
- Chemical storage
- Emergency exits, lighting and egress routes
- Equipment and supply storage areas
- Evacuation diagrams
- Fire fighting equipment

- Fire panel and mimic
- Handover processes
- Interactions between staff and residents
- Internal and external living environment
- Meal and beverage service
- Menu
- Noticeboards
- Personal protective equipment in use
- Resident meeting in progress
- Residents assisted with medication
- Storage of medications

Assessment information

This section covers information about 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

Regis Treetops Manor (the home) has a continuous improvement system to identify improvement opportunities and to monitor performance against the Accreditation Standards. The home utilises a range of processes including resident and staff meetings, the comments/complaints mechanism, continuous improvement forms, incident and hazard reports, audits, surveys, staff appraisals and one-on-one discussion with residents/representatives and staff. Monitoring of improvements is achieved through meeting minutes, accident and hazard reports, analysis of incidents and action plans. Staff and resident meetings, memos or individual consultations are used to provide progress reports and feedback. Staff and residents verify that they are able to make suggestions for improvements and that management is responsive and provides timely feedback of improvement activity outcomes.

Improvement activities implemented by the home in relation to Standard 1 Management systems, staffing and organisational development include:

- The home has implemented a new electronic program to support staff in meeting their education requirements. The learning modules cover a variety of topics across all areas of care and services delivery including mandatory education requirements. Management report that there has been increased completion of training modules due to the staff being provided with flexible access to the electronic learning and training packages.
- The home has reviewed recruitment processes in order to attract, recruit and retain suitable staff across all departments in the home. Revised processes include effective communication in demands of role, peer review and/or input into interview processes and flexible rostering strategies. Management report there has been improved outcomes in staff selection and retainment as a result.
- A review of staff practice in managing residents’ information identified inefficiencies in accessing equipment to transfer residents’ clinical information. The home has installed printing and facsimile machines in clinical workstations in order to provide clinical staff with timely access to information when performing their role. Clinical staff report that the new equipment has improved work efficiencies and has reduced communication omissions through lack of access to information.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems and processes to identify current legislation, professional standards, regulatory requirements and guidelines through membership of advisory groups, industry bodies and the internet. Staff are kept informed of changes via notices, emails, memoranda and meetings. Senior management review policies and procedures to ensure new requirements are implemented. Residents/representatives are kept informed of legislative changes via meetings and notices. Established processes monitor staff awareness of and compliance with relevant legislation. Monitoring processes include: performance appraisals, competency assessments and education. Management monitor the currency of staff and volunteers' police checks and registrations. There is a system to ensure residents and their representatives are informed of accreditation audits. Staff feedback demonstrated knowledge of their legislative responsibilities.

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 provides an education program for staff based on identified needs, legislative and advisory requirements and organisational needs. Rostering strategies and e learning packages are used to improve staff access to education and training. Staff have obligations to attend mandatory education and their attendance is monitored by management. Key personnel maintain records and use a register to monitor staff attendance at these sessions; measures are taken to action non-attendance at mandatory training. Management monitor the skills and knowledge of staff using audits, competency assessments and observation of practice. Staff report they have access to ongoing learning opportunities and are kept informed of their training obligations.

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 a comments and complaints mechanism that is accessible to residents, representatives and other interested parties. Information about the internal and external complaint process is displayed and documented in information provided to residents and staff. Complaints can be raised through feedback forms with a suggestion box provided for confidentiality, at resident meetings, resident surveys or directly to management and staff. Complaints are documented and management record actions taken to resolve reported issues. Staff are aware of the internal and external complaints process and how to assist residents. Resident/representatives are aware of the comments and complaints processes, and are confident that issues raised with management will be addressed.

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 has documented its commitment to quality and the organisation's vision, values, philosophy and objectives; these are outlined in organisational documents.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has recruitment and selection processes for employing staff which identifies their skills and qualifications. The process of orientation and the ongoing education and training provides staff with the skills and knowledge to perform their roles effectively. Staff skills are monitored through annual performance appraisals, competency assessments, incidents and comments and complaints. Staffing hours are increased or adjusted and reviewed in consultation with staff and management to meet increasing resident needs. The home has processes for replacing staff on planned or unexpected staff absences. Staff are knowledgeable of the requirements of their position and are provided with sufficient time to meet the needs of residents. Residents/representatives are satisfied with the quality of care and services provided by staff at the home.

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 processes to ensure that there are sufficient stocks of goods and equipment for delivery of services. Equipment needs are identified and ongoing replacement occurs based on the overall capital budget. Agreements with suppliers and contractors are used to guide purchases and to maintain goods and equipment. Stock items are regularly rotated and checked for use-by-dates. Education is provided to staff on the correct use of equipment and on-going maintenance of equipment is undertaken in accordance with the programmed maintenance schedule. Staff are aware of processes for accessing stores and report that they have enough goods and equipment to carry out their duties. Residents/representatives are satisfied that appropriate goods and equipment are provided by the home and are available for the delivery of services to meet their needs.

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 and staff have access to, and the use of accurate and appropriate information to perform their roles. Residents, representatives and staff are informed of current processes and activities relevant to their needs through newsletters, handbooks, noticeboards, memoranda and meetings. Locked rooms and cabinets are used to store private and confidential information, computers are password protected and staff sign an agreement to maintain confidentiality and privacy when handling resident information. Systems have been established for the archiving and destruction of relevant documentation.

Residents/representatives are satisfied with the way information is communicated.

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

External services are provided to meet the home's needs through standing agreements that outline organisational requirements for the provision of service. Feedback on the performance of external services is monitored through feedback from residents, representatives and staff, the complaints mechanism, audits and surveys. Management review the performance of external services to ensure quality service delivery is maintained and when requirements are not being met appropriate action is taken.

Residents/representatives are satisfied with the quality of services sourced externally.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

In relation to Standard 2 Health and personal care, staff record resident falls, skin tears, medications, behaviours and absconding residents and this information is then collated and analysed for trends. Residents and staff are satisfied that the home actively promotes and improves residents' physical and mental health.

Improvement activities implemented by the home in relation to Standard 2 Health and personal care include:

- The home has appointed a Clinical Support Team Manager to provide care staff with clinical governance, education and mentoring. Management report that the initiative has increased clinical staff knowledge and efficiency and has improved care delivery outcomes for residents.
- The home has implemented an online weight tracker system that provides for easier monitoring of residents' weight observations. The system identifies weight gains/losses to inform referral processes and the Clinical Nurse reported that the new system has made it easier for registered staff to monitor and action weight management strategies.
- Through a review of the clinical management of wounds the home has implemented a new wound dressing for use on skin tears. The Clinical Nurse reports that the new procedure has improved wound healing rates for residents and has reduced costs in decreasing dressing material wastage.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's systems and processes to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

In relation to expected outcome 2.2, management maintain and monitor the systems to manage residents' care planning in accordance with the *Quality of Care Principles 1997*, protocols for medication management, and the reporting of unexplained absences as set out in *The Accountability Principles 1998*. Staff feedback demonstrated knowledge of their legislative responsibilities under Standard 2 outcomes.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s systems and processes to manage the ongoing education program.

In relation to Standard 2 Health and personal care, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to health and personal care. Examples of education provided includes (but not limited to): palliative care, continence management and behaviour management. Specialised nursing care education is provided by the clinical support team manager and external educators. Staff feedback demonstrated their clinical and care knowledge and responsibilities under Standard 2 outcomes.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents’ clinical needs are assessed on entry to the home through interviews with residents/representatives, and discharge summaries as provided. Interim care needs are discussed with care staff and contained in care directives which guide staff practice until individualised care plans are established. Registered nurses review care plans every three months following input from care staff across all shifts. Care staff are knowledgeable of individualised resident’s requirements, and their knowledge is consistent with care plans. Information relating to residents’ health status is discussed at shift handover and recorded in progress notes. Reassessment occurs if indicated; changes are actioned, and care plans are amended as required. Residents/representatives are satisfied with the clinical care that is provided by staff.

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

The home has systems and processes to support the specialised nursing care needs of residents. The home is currently providing and has equipment and skills to support care needs such as diabetes management, anti-coagulant therapy, wound management, enteral feeding, oxygen therapy, cytotoxic drug therapy, catheter management, pain management and palliative care. The registered staff assess the initial and ongoing specialised nursing care needs, and establish residents’ preferences. Care plans are developed to guide staff practice, care guidelines and treatment management plans support specific care needs and interventions are evaluated regularly or as required. Registered nurses are onsite 24 hours a day, and oversee and assess specific care requirements. Where care needs exceed the knowledge and skill of staff, external education is sourced from specialised health care services to support care delivery and provide training to staff. Residents/representatives are satisfied with the quality of care provided at the home and the support received with specialised care needs

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

The home has processes to support referral to other health and related services where residents’ health needs dictate. Residents’ needs and preferences are assessed on entry to the home and on an ongoing basis. Residents are supported and encouraged to access other health professionals and health services including optometry, audiology, podiatry, dental, behaviour management, dietetics, physiotherapy, pathology, mental health services and speech pathology. Some services are provided on site and assistance for residents to attend external appointments is facilitated when necessary. Specialists’ reports are received, information is documented in progress notes and changes made to care plans as required. Residents/representatives are satisfied with the range of and access to allied health specialists.

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

Residents’ medication needs are assessed on entry to the home and on an ongoing basis. Medications are managed using a packaged system and individually dispensed items for medications that are unable to be packed. Registered staff administer medications and care staff who have been deemed competent through regular assessment assist residents with their medication. Policies and procedures guide staff in ensuring residents’ medication is managed safely and correctly. Residents who prefer to self administer their medication have been deemed competent and clinical records contain relevant authorities. Medications are stored securely and records of controlled medication are maintained in accordance with State regulatory requirements; those medications required to be stored at specific temperatures are stored within refrigerated confines. Medication incidents capture information related to medication errors and staff practice is reviewed following incidents. Medication charts contain information to guide staff in the administration or assistance required when administering medication to residents. Residents indicated they receive their medication in a timely manner and are satisfied with the support they receive in relation to 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

The pain management needs of residents are identified through initial assessments on entry to the home using focus tools with provisions for non-verbal assessments as required. Pain strategies are implemented as required and include medication, massage, exercise, heat packs and pressure relieving devices. Medication measures include regular prescribed oral pain relief and patches. The use of pain relief is monitored for effectiveness and ‘as required’ pain relief is recorded and monitored for frequency of use. Pain assessments are commenced on residents identified as requiring regular ‘as required’ pain relief or experiencing acute pain. Physiotherapy services provided at the home include staff

dedicated to assisting residents experiencing pain by the use of therapeutic massage and application of heat packs. Pain management strategies are reviewed regularly, and as required, to ensure the interventions for pain are current and changes are communicated to staff as required. Residents are as free from pain as possible and are satisfied with the care they receive to minimise 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

Palliative care strategies and wishes are discussed with residents/representatives on entry to the home or at a time which is suitable. Information such as enduring power of attorney and advanced health directives are located in the resident records if required. The home is supported by its own palliative care resources and specific care instructions are communicated to staff using care planning directives, handover processes, communication diaries and progress notes. Staff have access to palliative care resources such as mouth care products, syringe drivers and pain relief to ensure appropriate care provision. Staff are aware of the care needs and measures to provide comfort and dignity for terminally ill residents.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents’ dietary needs, allergies, likes and dislikes are identified on entry to the home and on an ongoing basis. Nutrition and hydration requirements, special diets and preferences are reflected in care plans to guide staff practice. Residents’ dietary requirements are reviewed regularly and as required. Catering staff are alerted to changes in resident diets and fluid requirements. Residents are weighed in accordance to their individual requirements and changes in weight are monitored by the registered staff to support changes in diet and/or referral to the Dietitian and Speech Pathologist if required. Directives from allied health personnel relating to nutrition and hydration are implemented. Strategies implemented to assist residents to maintain adequate nourishment and hydration include assistance with meals and dietary supplements. Residents are satisfied with the quantity of food and fluid received.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Residents’ skin integrity is assessed on entry to the home and planned interventions are included in the residents’ care plan to guide staff practice. The potential for compromised skin integrity is also assessed and preventative strategies implemented as appropriate, including moisturisers, specialised mattresses and assistance with personal hygiene. Skin

care needs are reviewed during hygiene routines, reassessed regularly and changes communicated in daily handover reports, communication diaries, care plans and progress notes. Wound care is managed by registered staff guided by wound management plans. The home receives support and education from external wound specialist services if required. Staff have an understanding of factors associated with risks to residents' skin integrity. The incidence of injury/skin tears is captured on incident reports and interventions are implemented as appropriate. The home has sufficient supplies of wound and skin care products to ensure effective skin care management when required. Residents are satisfied with the management of their 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

Residents' continence needs are assessed on entry to the home and on an ongoing basis. Residents' individual continence programs are assessed and developed by the registered nurses in consultation with care staff. Care plans and care guidelines direct staff practice and ensure individual residents' preferences are met. Staff have an understanding of continence promotion strategies such as the use of aids and toileting programs. Staff monitor and record urinary and bowel patterns; care plans are reviewed every three months and as required. Individualised bowel management programs are developed and include medication and other natural methods. Residents are satisfied with the assistance by staff to maintain their continence.

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

Residents are assessed on entry to the home and actual or potential indicators for challenging behaviours are identified. Care staff monitor and chart challenging behaviour to enable assessment by the registered staff and the development of care plans that identify risks, triggers and the effectiveness of interventions. Staff are knowledgeable of individual resident needs and risks. The lifestyle and care staff support residents in maintaining their abilities and interests as well as providing distraction and one-on-one support when they are unsettled. Staff receive ongoing training in dementia care and the effectiveness of strategies used by various staff members is discussed during handover processes and communicated in progress notes. Residents requiring physical restraints have relevant authorities which are reviewed regularly. Residents/representatives are satisfied with the way challenging behaviours are managed; staff are discreet and supportive in their interventions.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Residents' mobility, transfer and dexterity needs and falls risks are identified on entry to the home. Referral to physiotherapy services occurs for all new residents to the home and following falls or identified issues relating to mobility. Care plans are developed and reviewed regularly and as required. Care staff, physiotherapy and lifestyle staff provide assistance to residents with exercise, balance and range of movement activities. Mobility aids such as hoists, wheelchairs and wheeled walkers are provided if required. Incident forms are utilised to record the incidence of falls and actions are taken including the use of floor mattresses, sensor mats and height adjustable beds to reduce the risk of further falls. Staff are provided with mandatory training in manual handling techniques. Residents are satisfied with the assistance provided to maintain mobility and maximise independence.

2.15 Oral and dental care

This expected outcome requires that "residents' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

Residents' oral and dental care needs are assessed on entry to the home and care strategies are developed including consideration for resident preferences. The level of assistance required maintaining oral and dental hygiene is determined and this information is included in the resident's care plan to guide staff practice. The effectiveness of care plans are reviewed regularly and as care needs change. Assistance is provided to access resident's preferred dental provider when required. Resources such as mouth care products are utilised to meet residents' oral hygiene needs. Residents/representatives are satisfied with the assistance given by staff to maintain residents' oral and dental health.

2.16 Sensory loss

This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

Residents' care needs in relation to senses such as hearing, vision, speech and communication are assessed on entry to the home, reassessed regularly and when care needs change. Care plans are developed to guide staff practice and strategies address identified needs and personal preferences including reference to the use of assistive devices. The lifestyle program includes activities to stimulate residents' senses such as musical, cooking and sensory activities. Audiology and optical specialists are accessed as required to identify and address identified concerns and/or provide ongoing management. The environment at the home supports the needs of residents with sensory loss by the use of specific storage areas with adequate egress. Staff assist residents to clean and fit sensory aids. Residents are satisfied with the care and support offered to minimise the impact of any sensory loss.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Residents’ preferred sleep and rest patterns are identified on entry to the home. Focus tools are utilised by staff to monitor sleep patterns and triggers for sleep disturbances such as pain or toileting needs are identified. This information is recorded on care plans including a range of interventions to assist residents to sleep or to resettle after waking such as position changes, warm drinks, pain relief and sedatives. Staff at the home maintain a quiet environment to assist residents to settle and remain asleep. Residents’ medical officers are consulted if interventions are considered to be ineffective. Residents are satisfied with the interventions by staff to assist them to achieve their desired sleep and rest patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

In relation to Standard 3 Resident lifestyle, resident meetings and resident surveys are used to gather suggestions. Feedback is regularly recorded and evaluated from all lifestyle and care activities. Staff encourage and support residents and others to provide feedback and suggestions.

Improvement activities implemented by the home in relation to Standard 3 Resident lifestyle include:

- In response to feedback from residents, the home has recently purchased a microphone for use during leisure activities and/or resident meetings. Staff and residents report that the new equipment provides for more effective communication during large group activities.
- The home has recruited a Leisure and Lifestyle Coordinator who has expanded the lifestyle program to include monthly theme days that celebrate culturally significant activities, art therapy and laughter classes. All residents are encouraged and supported to participate and report their enjoyment of the increased variety of activities provided in the home.
- The home has increased leisure and lifestyle hours to include additional staff to support the activities program. The program extends to seven days a week with additional support hours and resources in the dementia specific units. Observations throughout the site audit confirmed that residents were engaged in a range of activities throughout the facility.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

In relation to expected outcome 3.2, management maintain and monitor the mandatory reporting register, residents’ privacy and ensure residents’ security of tenure in line with legislative requirements. Staff feedback demonstrated knowledge of their legislative responsibilities under Standard 3 outcomes.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's systems and processes to manage the ongoing education program.

In relation to Standard 3 Resident lifestyle, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to supporting residents' lifestyle requirements. Examples of education provided includes (but not limited to): residents' rights, residents' privacy, elder abuse and mandatory reporting. Staff feedback demonstrated their knowledge and responsibilities under Standard 3 outcomes.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Information about the home is provided to residents prior to entry to the home that includes an orientation program to assist residents with their adjustment to the new environment. Residents' emotional and social needs and preferences are recorded in care planning documents. Information from residents' social needs and activity care plans enable staff to provide appropriate emotional support, particularly during the transition period following entry to the home. Emotional support is further enhanced through assisting residents' to personalise their rooms, through regular contact with the leisure and lifestyle team, volunteers and care staff. Family members and friends are welcomed as part of the supportive network. Residents report they are satisfied with the support they received during the settling-in period and with the ongoing support provided by management and staff.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents' interests, lifestyle and health care choices and abilities are identified during baseline assessments and form the foundation care planning strategies in order to maximise residents' independence. When mobility, cognitive or sensory deficits are noted, environmental modifications are made and assistive equipment and aids are provided as necessary. Risk assessments are conducted and discussions held with residents whose mobility may be compromised, and who wish to maintain a level of independent activity. Staff stated that they maintain respect for residents' independence while monitoring for the development of depression or isolation. Residents report they are encouraged and supported to be independent.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has established and maintains a supportive environment that protects residents' privacy and dignity. Residents are provided with information about their rights, including their right to privacy. Staff receive education in relation to respecting and maintaining residents' privacy and dignity during orientation and on an ongoing basis through education programs. Files containing residents' personal information are stored in locked areas, with access limited to authorised staff and visiting health professionals. Staff report appropriate practices that includes discretion and maintenance of residents' dignity when providing personal care. Residents report that staff are courteous and respectful of their privacy.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents' past and current interests are identified through completion of a social profile. Individualised leisure interest care plans are developed by the leisure and lifestyle coordinator, in consultation with the resident and/or representative. Planned activities reflect the resident's physical, sensory and cognitive abilities and their identified interests. The leisure and lifestyle program includes a wide variety of group and one to one sessions and includes activities within and outside the home. The activities schedule is communicated through notice boards, resident meetings and daily contact with individual residents. Activities are evaluated through resident meetings, individual/group feedback, resident surveys and review of comments and complaints. Residents report they are able to choose to participate in activities at any time and that staff assist them to access materials to support individual interests.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents' specific cultural and spiritual needs are identified on entry to the home and a care plan developed in consultation with the resident and/or representative. Pastoral and volunteer services provide emotional and spiritual support, religious services are held regularly on site and attendance at external religious observances is facilitated if needed. Celebrations are held to mark days of cultural and religious significance, the catering service is able to provide special meals on these occasions, as well as catering for the specific cultural requirements of individual residents at all times. Staff receive information to increase their awareness of cultural and religious considerations when providing personal care, and residents report that their cultural and spiritual needs and preferences are respected and supported.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents or their representatives are encouraged and supported to exercise choice and decision-making with all aspects of care and services provided by the home. Residents' choices are initially identified through conversations with the resident and/or representative prior to entry to the home; additional methods are incorporated into entry processes and on an ongoing basis through resident meetings, surveys, the comments and complaints process and daily contact between staff and residents. Staff respect and accommodate residents' choices, such as participation in activities, providing flexibility in care routines, and choice in medical officer. Residents and their representatives are informed of processes to access advocacy services if required. Residents report they are satisfied with the choices they are offered in matters relating to the care and services they receive.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The residential agreement contains information relating to residents' rights and responsibilities, accommodation fees, charges, and services offered. The agreement is discussed with prospective residents/representatives prior to entry to the home and notification of any changes to information such as fees and charges is provided to residents/representatives in writing. A consultation process is in place if a change in accommodation is necessary for any reason. Residents/representatives indicate they are aware of residents' rights and responsibilities and residents believe that their stay in the home is secure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement, for information about the home’s continuous improvement systems and processes.

In relation to Standard 4 Physical environment and safe systems, audits, hazard and incident reports, resident and staff meetings and resident surveys are used to gather suggestions. Feedback is regularly recorded and evaluated from all monitoring activities. Staff encourage and support residents, relatives and other stakeholders to provide feedback and suggestions.

Improvement activities implemented by the home in relation to Standard 4 Physical environment and safe systems include:

- The home has implemented a discreet way of alerting staff to residents who are experiencing infective illnesses. The flower alert system is a colour coded indicator that prompts staff to take precaution and to implement use of personal protective equipment when delivering personal cares. Staff report that the system maintains residents’ confidentiality of medical conditions and ensures that all staff, including agency staff, are prompted to follow necessary procedures.
- The home has recently installed more water coolers for residents, visitors and staff use. Management report that increased access to chilled water enhances staff and visitor comfort and supports residents to maintain their hydration.
- A review of staff practices when returning linen skips to the laundry has prompted the purchase of additional spring loaded laundry trolleys for use throughout the home. Management reports that the new trolleys have reduced the potential risk of a manual handling injury to staff and has improved staff efficiency when undertaking the task.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

In relation to expected outcome 4.2, management maintain and monitor the systems to manage fire safety and other emergencies, occupational health and safety, infection control best practice and food safety. Staff feedback demonstrated knowledge of their legislative responsibilities under Standard 4 outcomes.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's systems and processes to manage the ongoing education program.

In relation to Standard 4 Physical environment and safe systems, education is provided to staff to ensure that residents' have a safe and comfortable living environment that supports the quality of life and welfare of residents, staff and visitors. Examples of education provided includes (but not limited to): fire and emergency training, manual handling, infection control, food safety and occupational health and safety. Staff feedback demonstrated their knowledge and responsibilities under Standard 4 outcomes.

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's environment reflects the safety and comfort needs of residents. Storage areas are provided for equipment and mobility aids, monitoring systems ensure walkways are free of trip hazards and gardens are maintained to ensure safety. Residents are encouraged to personalise their own rooms and utilise communal and outdoor areas. Programmed maintenance is conducted in accordance with established agreements and a reactive maintenance program is responsive to requests. Secure areas are provided for residents at risk of wandering. The living environment is monitored through risk assessments, hazard reports, accident and incident reporting, audits, surveys and feedback from meetings. Residents/representatives expressed satisfaction with the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has an occupational health and safety system to assist in the identification, actioning and review of safety issues. Safety performance is monitored through audits, hazard identification, risk assessments and staff competencies and actioned as required. Training is provided on the use of chemicals, manual handling and infection control at orientation, annually and as needs arise. Equipment is maintained and chemical storage areas are secured. Health and safety issues are discussed at workplace health and safety meetings and tabled at other meetings when relevant. Staff work within safety guidelines and demonstrate knowledge of the occupational health and safety systems.

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 generally has documented policies and procedures to manage fire safety, security, and other emergencies. Mandatory fire safety training and education is provided for staff at orientation and annually thereafter. Fire drills are conducted and staff demonstrate knowledge of the home's fire and emergency procedures and their role in the event of an alarm and evacuation. Evacuation plans are located across the home and exits are clear of obstruction. External providers maintain fire systems, equipment and signage. Emergency procedures are documented and available to staff. Procedures are in place for maintaining the security of the building after hours and at the weekends.

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 to identify and contain potential and actual sources of infection including in the event of an outbreak. Processes are established for the identification of resident infections and incidents are collated on a monthly basis for analysis and trending. Audits and risk assessments are undertaken and issues relating to infection control are tabled at workplace health and safety meetings and relevant staff meetings. Staff demonstrated an understanding of infection control practices relating to their area of work. Hand washing facilities are located throughout the home and personal protective equipment is available and used by staff. Laundry items are handled in a way aimed at reducing the risk of cross infection, safe food practices are followed in the kitchen and cleaning schedules are in place for all areas of the home. Residents/representatives are satisfied with the care provided by the staff in the management of infections and with the cleanliness of the home.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hospitality services are provided in a way that enhances residents' quality of life and the working environment for staff. Catering services are provided to meet residents' dietary needs and preferences, which are identified on entry and on an ongoing basis. Residents have input into the current menu through resident meetings, surveys and directly to catering staff. An external contractor maintains the cleaning of residents' rooms, communal areas and high cleaning. The onsite laundry has equipment and processes to ensure safe infection control practices. The effectiveness of hospitality services is monitored through meetings, audits and surveys. Residents/representatives are satisfied with the catering, cleaning and laundry services provided to residents.