



Aged Care
Standards and Accreditation Agency Ltd

Riverview Lutheran Rest Home

RACS ID 6065
5 Luther Road
LOXTON SA 5333

Approved provider: Lutheran Church of Australia South Australia
and Northern Territory District Inc

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 5 August 2015.

We made our decision on 20 June 2012.

The audit was conducted on 14 May 2012 to 16 May 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

Riverview Lutheran Rest Home 6065

Approved provider: Lutheran Church of Australia South Australia and Northern Territory District Inc

Introduction

This is the report of a re-accreditation audit from 14 May 2012 to 16 May 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 14 May 2012 to 16 May 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Sandra Lloyd-Davies
Team member:	Judy Aiello

Approved provider details

Approved provider:	Lutheran Church of Australia South Australia and Northern Territory District Inc
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Details of home

Name of home:	Riverview Lutheran Rest Home
RACS ID:	6065

Total number of allocated places:	40
Number of residents during audit:	40
Number of high care residents during audit:	33
Special needs catered for:	People with dementia or related disorders

Street:	5 Luther Road	State:	SA
Town:	LOXTON	Postcode:	5333
Phone number:	08 8584 7370	Facsimile:	08 8584 5200
E-mail address:	ceo@riverviewresthome.com.au		

Audit trail

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

Interviews

	Number		Number
Management	2	Residents/representatives	11
Clinical and care staff	8	Ancillary staff	4
Lifestyle and administration staff	2		

Sampled documents

	Number		Number
Residents' files	6	Medication charts	8
Care and Lifestyle plans	6	Personnel files	6

Other documents reviewed

The team also reviewed:

- Activities program
- Audit records
- Audit schedule
- Bowel charts
- Care review records
- Charter of residents' rights and responsibilities
- Cleaning schedules
- Clinical and lifestyle assessment tools
- Comments and complaints
- Continuous improvement project records
- Drinks lists
- Exercise plans
- Fire safety and evacuation plans
- Food safety audit
- Improvement action plan
- Incident records and analysis
- Infection surveillance records
- Job descriptions and duty statements
- Lifestyle sessions plans
- Material safety data sheets
- Police clearance records
- Preventative and corrective maintenance records

- Resident evacuation list
- Resident handbook
- Residential services agreement
- Residents' menu
- Restraint assessments, authorities and monitoring charts
- Staff education records
- Staff handbook
- Triennial fire safety certificate
- Various audits and surveys
- Various incident and hazard records
- Various meeting minutes
- Various policies and procedures
- Weight monitoring charts

Observations

The team observed the following:

- Activities in progress
- Archive room
- Chemical storage
- Cleaning in progress
- Equipment and supply storage areas
- External advocacy posters
- Fire safety and equipment
- Infection control resources
- Interactions between staff and residents
- Key pad security secure unit
- Kitchen facilities
- Laundry facilities
- Living environment
- Meal service
- Medication round
- Noticeboards
- Personal protective equipment
- Storage of medications

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

Riverview Lutheran Rest Home is a community based aged care facility governed by a Board of management. The home identifies improvement opportunities from compliments, comments and complaints forms, audits, surveys, resident and staff meetings and verbal feedback. Improvements are recorded on an improvement action plan. Information is discussed at occupational health safety and welfare committee meetings. The home's management monitors actions and timelines generated from continuous improvement activities. Residents, representatives and staff are satisfied the home acts upon their suggestions.

Examples of improvement initiatives implemented by the home over the last 12 months in relation to management systems, staffing and organisational development include:

- Following staff feedback, the start time for education sessions has changed from 1.30pm to later in the afternoon. Start times of 2.00pm and 2.30pm have been trialled. Verbal feedback from staff who attended the April and May sessions has been positive. A formal evaluation of whether staff attendance at education sessions has increased is planned for June 2012.
- In response to feedback from commencing staff, the home has reviewed their induction package. Hazard and incident forms have been added to the induction package with instructions for staff to complete the forms as part of their induction program. Staff competency and understanding is being evaluated through May to August 2012.

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 and monitor relevant legislation, regulations and guidelines. The home is informed of relevant legislation through membership of peak bodies, subscription to a legislative update service and correspondence with the Department of Health and Ageing. Policies and procedures, work practices and documentation are updated to comply with regulatory requirements. There are processes to record and monitor police clearances for staff, volunteers and contractors. Legislative compliance is monitored through meetings, work practices and scheduled audits. Staff are informed of legislative changes through the electronic information management system, meetings and memoranda.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home has processes to ensure management and staff have the required knowledge and skills to perform their roles effectively in relation to management systems, staffing and organisational development. A training calendar guides the home's delivery of training programs. Education needs are identified through a training needs analysis, performance appraisals, observation of work practices and staff requests. Commencing employees undertake mandatory training as part of the induction process. Management monitors staff attendance at training sessions and there are processes for following up attendance at mandatory training. An induction program is provided for commencing staff. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

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 processes to inform residents and representatives of internal and external complaints mechanisms, including information in the residents' handbook and residential services agreement. The home monitors resident satisfaction through surveys, compliments comments and complaints forms and consultation with residents and representatives. Complaints are logged and actions monitored by management. External advocacy and complaints posters are displayed in the home. Staff are aware of the comments and complaints system and feel supported in raising issues with management. Residents are satisfied that concerns they raise are managed effectively and resolved.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's mission statement and objectives are documented and visible throughout the home. Information describing the home's purpose and values is available in resident and staff handbooks. Documentation containing the home's mission statement and objectives have consistent content. The home is guided by a three year strategic master plan. Staff are familiar with the home's commitment to quality care and services.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has processes for identifying and assessing the required staffing levels and skills to meet residents' needs on an ongoing basis. All staff and volunteers are required to provide a police clearance certificate prior to commencing employment. The home provides an induction program for commencing staff. Management monitor police clearances, nursing registrations and allied health professional registrations. Training needs are identified through a training needs analysis, at performance appraisals, staff meetings and through work practices. Vacant shifts are filled by permanent, casual and part-time staff. The home's management monitors staffing levels and skill mix through staff feedback and resident care needs. Staff are guided in their roles by job descriptions, duty statements, various policy and procedure manuals and a staff handbook. Staff have sufficient time to complete their tasks. Residents and representatives are satisfied that staff have the appropriate skills to deliver care and services.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has a system for identifying and monitoring goods and equipment required for providing a quality service for residents and staff. The home uses internal and external maintenance processes, audits, workplace inspections, hazard and incident reports to monitor the safe working order of plant and equipment. Storage and ordering processes are delegated to staff from various areas within the home. Staff, residents and representatives are satisfied there are adequate and appropriate stocks of goods and equipment to deliver care and services.

1.8 Information systems

This expected outcome requires that "effective information management systems are in place".

Team's findings

The home meets this expected outcome

The home has information management systems which provide management and staff with appropriate information to help them perform their roles. The home communicates relevant information to staff, residents and representatives through induction packs, activities programs, memoranda, handover processes, communication books, care planning reviews, staff and resident meetings, policies and procedures and training sessions. Residents are assessed on entry to the home and care plans are developed from this information. Monitoring systems include comments and complaints mechanisms, resident and staff meetings and incident reporting. The home has processes for the effective storage, archiving, disposal and management of information. Resident files are kept in the nurses' station with access restricted to appropriate staff, medical officers and allied health professionals. Computers are password protected with varying levels of staff access. Staff interviewed are

satisfied they have access to information relevant to their role. Residents and representatives state they are satisfied they have sufficient information to allow them to make decisions regarding resident care.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's findings

The home meets this expected outcome

The home has agreements with external contractors in relation to maintenance, allied health services, fire safety and pharmacy. Records of required registrations, licenses, certificates of currency and police clearances are monitored by the home's management. Staff and resident feedback contribute to the monitoring and evaluation of service provision. Service providers are changed if considered unsatisfactory. Staff, residents and representatives are satisfied with 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

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

In relation to Standard Two Health and personal care, the home identifies improvements from resident and staff feedback, complaints, audits, incidents, observation of staff practice and six monthly care reviews. Continuous improvement activities are monitored by management and discussed at staff meetings. Residents, representatives and staff are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to health and personal care include:

- Following a review of suppository use, the home trialled an alternative intervention program. Five residents were identified as requiring suppositories on a regular basis. Bowel management education was provided for the registered and enrolled nurses. Interventions include increased fibre and fluids. Residents' natural bowel habits have been incorporated into the toileting regime with care plans updated accordingly. Results from the trial showed regular suppository use is no longer required. The home is continuing to monitor residents. Evaluation is due August 2012.
- In consultation with the speech pathologist, the home identified inconsistencies in texture modified diets. Education around soft, minced and vitamised diets has been provided to care and kitchen staff. Management report staff knowledge and meal consistency has improved. Due for evaluation June 2012.
- Following discussion with the pharmacist, the home reviewed their use of medications to assist residents to sleep. Three residents are currently trialling a reduction in medications and strategies to assist with natural sleep patterns. Management report one resident is currently sleeping well without medications. The other two residents are continuing to have their medication reduced. Due for evaluation July 2012.

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 regulatory compliance systems and processes.

Management monitors regulatory compliance in relation to Standard 2 through staff meetings, audits, care reviews, observation of staff practice, pharmacy reviews and staff and resident

feedback. Nurses' registrations are obtained prior to commencing employment and up-dated annually. Staff are aware of regulatory requirements relating to residents' health and personal care, including reporting responsibilities in relation to 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

Refer to Expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

Training undertaken by clinical staff includes palliative care, pain management and medication competencies. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

There are processes to provide residents with appropriate clinical care. An assessment schedule guides the progressive assessment of residents' care needs on entry. Subsequent to an interim care guide, a comprehensive care plan is developed in consultation with the resident, with input from relevant allied health services and the general practitioner. Both on-line and hard copy plans are accessible to staff who are informed of residents' changing needs through handovers, on-line message alerts and communication books. Care plans are regularly reviewed in consultation with the resident. Clinical care and staff practice is monitored through regular audits, progress note reviews and clinical rounds, documented resident observations, and resident clinical care satisfaction surveys. While there are incident reporting and analysis processes, data analysis does not consistently identify incident categories. Residents interviewed were complimentary about the care and attention they received from 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

Residents' specialised nursing care needs are met by qualified staff. Assessment, care planning and reviews are conducted by registered nurses. Specific therapy and care directives for specialised care are documented and care provided by trained or competency assessed staff. External services may be used to provide some aspects of specialised care. Regular scheduled training and procedure manuals assist staff knowledge and skill to provide specialised care needs. Specialised nursing care is monitored by regular care and general practitioner reviews, review of recorded observations and tests, regular progress

note appraisals, care reviews, audits and incident reporting. Residents advised they receive specialised care according to their 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

Residents have access to or are referred to health and related services according to their needs. Assessment, care planning and review processes identify residents’ referral needs. Referrals and appointments are arranged or residents attend private services as preferred. Referral forms are used to advise resident needs. Some visiting services include podiatry, dentist, optometrist, speech pathology or dietician. Progress note documentation or treatment plans record required resident management following referral or assessment by a specialist service. Health and related services and required care is monitored through regular care and medical reviews, audits, incidents, and resident surveys

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 is generally managed safely and correctly. While there are policies and procedures for medication administration, those evidenced did not cover all aspects of safe medication administration practices. Medications are administered by registered enrolled and credentialed care staff, from pre-packed dose aids. Medication charts include administration guidelines, although medication orders for ‘as required’ medications did not consistently include indications for use and maximum dose. Medications are safely and correctly stored and regular pharmacy checks and medication profiles conducted. Medication management is monitored through incident reporting, tracking of signature omissions, and audits. A medication advisory committee reviews medication management practices and assists staff education planning. Residents advised they are satisfied that their medications are managed according to their needs and in a timely manner.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Processes are in place to provide for resident comfort and freedom from pain. Pain monitoring and assessment processes identify residents’ pain management needs, including for residents unable to verbally express their needs. Pain management plans include a range of options for managing pain, such as massage, repositioning, or heat packs. While staff have received pain management training, they are not consistently aware of processes for preparing and applying heat packs. The effectiveness of pain management processes is monitored through tracking ‘as required’ medication use, pain management audits, care and medical reviews and resident surveys. Residents advised that their pain is managed to their satisfaction.

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

There are processes to provide for the comfort and dignity of terminally ill residents. Entry processes facilitate resident discussion about end-of-life choices and information is recorded in residents’ notes. These are discreetly coded to indicate that terminal wishes have been recorded. Care review processes consider palliative care choices and care needs. A palliative care plan is documented when palliation is required and the home has resources to support care processes. There are facilities for families to stay on site. Staff training and documented palliative care pathways guide staff practice and there are external palliative care services for additional support. Spiritual care is accessible from visiting clergy and volunteers may be accessed to provide company for residents during terminal care. The home has received positive feedback from families regarding the terminal care provided to their relatives.

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 provide for adequate nutrition and hydration for residents. Assessment and care planning processes for nutrition and hydration include a risk based approach and referrals arranged as required. Nutrition and hydration plans include diet and texture requirements, specific eating aids and support needs. Food supplements are administered for at-risk residents. Drink rounds, in addition to fluids offered during meals and between meal snacks, assist residents to maintain their hydration needs. While drink preference lists are accessible to staff, these do not include thickening requirements. Nutrition and hydration management processes are evaluated through regular weight monitoring, fluid intake charts, care reviews, residents’ clinical care surveys and the meal service committee. Staff have been provided with training in texture modification, swallowing deficits and appropriate resident supervision. Evidence of a dietician review of the home’s menu was not provided. Residents interviewed said the meals were very good and that they are satisfied with the home’s approach to managing their nutrition and hydration.

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

Skin integrity management processes support residents’ skin integrity. Assessment tools identify residents at risk. Skin care plans include a range of preventive strategies such as regular moisturisers, sheep skins, limb protectors, regular repositioning, and pressure relieving mattresses. Wound care plans are developed and assessed by registered nurses. Wound care training is provided and wound care specialists are accessed for additional advice. Podiatry and hairdressing services are provided on-site and the home has a cellulitis prevention program for at-risk residents. Skin integrity management is monitored through

pressure wound and grooming audits, skin tear incidence and analysis, care reviews, nutrition and hydration monitoring and residents clinical care surveys. Residents interviewed are satisfied with the home's approach to maintaining 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 managed effectively. Documented observation of residents' continence patterns, assist the home to develop continence and bowel management plans. In consultation with the resident and the continence advisor, toileting schedules and preferred aids are documented. Ongoing evaluation assists in meeting each resident's dignity and social continence needs. Bowel management plans are also documented and outcomes charted daily. Plans may include high fibre diets or additional fluids with the aim of reducing reliance on aperients and suppositories. Continence management training is provided for staff and continence nurses' support and guide practice. The incidence of urinary tract infections is monitored and relevant fluid intake and hygiene practices reinforced or use of cranberry tablets implemented. Residents' continence management is reviewed regularly during care reviews, urinalysis, bowel chart reviews, continence aid evaluation and resident surveys. Residents are satisfied with how their continence is managed.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

The home manages challenging behaviours effectively. Observed resident behaviours on entering the home are documented and assist behaviour management assessment and planning. Behaviour management and diversional therapy plans provide information for staff on behaviour triggers and strategies to avert challenging behaviours. Residents with a tendency to wander are accommodated in a secure area. Room sensors or comfort chairs are used for other at-risk residents according to assessment and authority processes, with regular staff monitoring. External specialist services may be accessed to assist behaviour management, which is regularly monitored through documented observed behaviours and progress note reviews, and care and lifestyle reviews. While behaviour incidents are recorded these are not specifically analysed. Staff have received training in behaviour management. Resident interviews indicate their satisfaction with the home's approach to managing challenging behaviours.

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

There are processes to optimise residents' mobility and dexterity. Residents at risk of falling are identified and relevant mobility and transfer plans documented in addition to relevant

daily exercise programs. Mobility assessments also include assessment of foot wear and equipment needs which may include the use of hip protectors. The home does not have routine access to physiotherapy services. Exercises are conducted daily as part of the home's lifestyle program and activities encourage dexterity. Staff competency is assessed to assist safe resident transfer. Mobility and dexterity is monitored through the incidence of falls and slips, care reviews, recorded responses to exercise programs and resident surveys. Residents were observed ambulating with various aids and said they are satisfied with the support provided by the home to maintain their mobility and dexterity.

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

There are processes to maintain residents' oral and dental health. Assessment processes identify residents' oral and dental health and the requirement for dental care. Care plans outline residents' preferences for oral care and the support required. There is a toothbrush replacement program. Residents are supported to visit the local dentist or visiting services are available. Staff have received training in providing oral and dental care. Oral health is reviewed and monitored through grooming audits, pain monitoring processes, assessment of nutrition status, care reviews and resident surveys. Residents advised they receive appropriate support to maintain their 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' sensory needs are identified and managed. All five senses are assessed and deficits noted on the resident's care and lifestyle plan including any required aids. A sensory assessment kit assists this process and there are procedures to guide staff practice. Screening services for sight and hearing are arranged in addition to support services for sight impaired residents. Residents are provided with large print or hearing books or supported with reading sessions by staff. Sensory needs are reviewed during care reviews or when incidents and observations trigger re-assessment or screening as required. Residents are satisfied with the home's support to manage their sensory needs.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

The home supports residents to achieve natural sleep patterns. Observed patterns of sleep and rest are documented and assist the home to develop sleep management plans in consultation with the resident. Settling plans are documented in addition to residents' preferred rising and settling times and daily rest periods. The home monitors the use of sedation and encourages alternative options to assist residents' sleep patterns, such as warm drinks, or ensuring continence and pain management needs are met. Residents are accommodated in single rooms which provides for a quiet environment. Residents' sleep

patterns are monitored through documented incidents of disturbed sleep, pain management and continence reviews, overall care reviews and resident feedback. Residents said they are able to sleep well and have opportunities for resting when desired.

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 Three Resident lifestyle, the home identifies improvements from surveys, activity evaluations, resident and staff feedback, observation of staff practice and complaints mechanisms. Continuous improvement activities are monitored by management and discussed at staff meetings. Residents, representatives and staff are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to Resident lifestyle include:

- In response to resident feedback, the home records the Sunday church service at the local Lutheran church. The video is played for residents at the home who are unable to attend the service in person. Residents report the video assists them to maintain connections with the local community. Management report resident attendance at the recorded sessions has increased. Due for formal evaluation in June 2012.
- Following a review of activity documentation, the new lifestyle officer developed session plans for each activity. An evaluation has been included on the back of session plans for each activity. This enables staff to capture more detailed feedback from residents following the delivery of each session. Due for review in July 2012.

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 regulatory compliance systems and processes.

Management monitors regulatory compliance in relation to Standard 3 through staff meetings, complaints processes, surveys and resident feedback. Residential services agreements are discussed with residents and representatives. Staff are aware of regulatory requirements relating to resident lifestyle, including protecting residents’ privacy and maintaining confidentiality of resident information.

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 education and staff development systems and processes.

Training undertaken by staff in relation to Standard 3 includes mandatory reporting and multi-cultural diversity. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home supports residents during their transition to residential care. Pre-entry and entry processes include provision of information, the opportunity to tour the home and meet other residents. Many residents are known to each other from the local community. Residents are encouraged to bring personal items and furniture for their room. Orientation to the home is provided and families encouraged to spend time with the resident. An activities program is supplied to introduce residents to the social and lifestyle aspects of the home. Once settled, a social history is documented and together with care planning processes this identifies residents' particular initial and ongoing emotional care needs. Pastoral care services visit the home regularly and on request of the resident. The home monitors resident satisfaction with entry support processes through a new resident survey and regular care reviews consider emotional support needs. Residents interviewed were very satisfied with the support they receive to settle into the home and appreciate the ongoing support provided.

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 maintain their independence. Lifestyle and care assessment processes identify residents' independence preferences and their capacity. Resident advocates are identified for residents with cognitive deficits. Care plans identify the level of support required by staff and where independence is to be encouraged. Lifestyle assessments and social histories assist the home to understand each resident's choices to continue to engage in the community, exercise their right to vote and manage their personal affairs. Residents participate in community groups, go shopping or out for coffee with friends with appropriate mobility aids and transport arranged. Independence is monitored through care and lifestyle reviews, observation of resident participation and changing support needs, and resident surveys. Residents said the home fosters their independence and supports their choices.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Residents' privacy is recognised and respected. Residents' individual privacy and dignity needs are identified during care and lifestyle assessments and their preferences noted in care and lifestyle plans. Resident preferences for grooming and their choices for privacy during activities of daily living are documented. An assessment of residents' social interaction needs assists the home to understand resident needs for quiet time or choice not to participate in activities. Residents are advised of the home's privacy policy and staff sign a confidentiality agreement on appointment. Resident information is appropriately stored. Staff receive training in resident rights to privacy and dignity and when interviewed were aware of their responsibilities for observing resident privacy when entering their rooms. 'Treatment in progress' signs are placed on resident doors during care. Resident satisfaction with how their privacy and dignity is managed is monitored through resident surveys, resident meetings and consultation during care and lifestyle reviews. Residents interviewed said that staff are respectful of their privacy needs.

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 supported to participate in a range of activities to suit their needs and capacity. Care and lifestyle assessments and a social history assist the home to develop a lifestyle plan and provide a range of social events and activities to meet resident needs. A monthly activities program is developed with resident input, in addition to individual sessions conducted with lifestyle staff to meet residents' needs or cognitive capacity. Session plans document requirements and objectives for each structured activity, with resident attendance and session evaluation documented. Progress note entries also record resident responses. Individual plans and the home's program are regularly reviewed in discussion with the resident. Resident surveys also contribute feedback to the home on resident satisfaction with lifestyle options provided. Residents were observed to participate in a range of individual and group activities and to attend sessions provided by visiting entertainers. Residents interviewed said they appreciated the opportunity to make independent choices about how they spend their day and what activities they attend.

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' cultural and spiritual backgrounds are fostered and respected. Spiritual preferences and residents' cultural background are identified through care assessments and social histories. Residents' preferred denomination and interest in participating in offered church services and pastoral care visits are documented and supported. The strong Lutheran background of many residents is acknowledged by regular visits by the Lutheran Pastor.

There is a small on-site Chapel. Cultural activities are offered according to resident choice with options to attend Anzac Day activities, Christmas and Easter celebrations as examples. Resident suggestions for cultural events are provided through resident meetings, resident surveys and individual discussions with the lifestyle coordinator. Care and lifestyle reviews assess residents changing needs. Residents said they are provided with many opportunities to practice their faith.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents are encouraged to make their own choices about care and lifestyle within their capacity. Entry processes provide information about residents' rights. Care and lifestyle planning and review processes are conducted in consultation with the resident or their nominated representative. Resident choice to conduct or participate in activities which may be risky, is respected, with risk assessments conducted. Residents are encouraged to participate in decisions about care and services through resident meetings, meal service committee participation, and established feedback processes. Residents sign a consent for the use of their photograph. Advocacy services visit the home to advise residents of their rights. Staff interviewed are aware of their responsibilities for supporting resident choice and to advocate for residents wanting to provide feedback. New and established resident surveys, comment and complaint processes and care and lifestyle reviews assist the home to monitor resident satisfaction with choice and decision making. Residents said they are encouraged to give feedback and contribute to decisions about their care and lifestyle.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents are informed of their security of tenure and resident rights and responsibilities on entry to the home. Residents and representatives are provided with a resident handbook, residential services agreement and information on the home's services. Room changes are carried out in consultation with residents, representatives and medical officers where necessary. Posters regarding independent sources of advice and advocacy are located within the home. Staff are aware of residents' rights and responsibilities. Residents are satisfied their tenure is secure and the home supports their individual needs and preferences where possible.

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 Four Physical environment and safe systems, the home identifies improvements from resident feedback, staff meetings, incident and hazard data, audits, worksite inspections, observations and complaints. Continuous improvement activities are monitored by management and discussed at staff meetings. Residents, representatives and staff are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to the Physical environment and safe systems include:

- Following staff feedback, the home has introduced thermal plates and protectors for residents’ meals in the secure dementia unit. Meals are temperature checked prior to serving. Staff report residents’ meals are being served at the correct temperature.
- Through observation, the home identified the ramp to the chapel posed a potential risk to residents and representatives. The occupational health safety and welfare committee inspected the ramp and arranged for yellow lines to be painted along the side of the ramp. This has highlighted the slope for residents and representatives visiting the chapel.

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 regulatory compliance systems and processes.

Management monitors regulatory compliance in relation to Standard 4 through staff meetings, audits and staff and resident feedback. Audit processes include a triennial fire safety inspection, food safety audit and workplace inspections. Occupational health and safety policies and procedures are in-line with professional standards and guidelines. Staff are aware of regulatory requirements relating to the physical environment and safe systems, including their responsibilities in the event of an emergency.

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 education and staff development systems and processes.

Training undertaken by staff in relation to Standard 4 includes manual handling, fire and emergency and food safety. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home provides a safe and comfortable living environment consistent with residents' care needs. Residents are accommodated in single rooms with en-suite bathroom facilities. Residents are able to personalise their rooms. Undercover walkways connect residents' rooms to a communal dining room, activity room and lounge room. Residents have access to a courtyard area to sit and socialise. The home has a secure unit with key pad egress. The home monitors the living environment through preventative and corrective maintenance processes, audits and workplace inspections. The home is secure and residents are able to wander freely. Staff are aware of their responsibility in facilitating a safe and comfortable living environment for residents. Residents have access to call bells to summon staff assistance as required.

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 systems and processes to provide a safe working environment that meets regulatory requirements. The occupational health safety and welfare committee is responsible for monitoring the safety of the home. Incidents are logged, monitored and discussed at meetings. The home's safety is monitored by workplace inspections, audits and maintenance requests. Staff receive training to reduce the risk of injury as part of the initial induction process and on an ongoing basis. There are processes to assist with rehabilitation and return to work programs for staff affected by workplace injuries. Staff have access to policies, procedures, guidelines and training.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to provide an environment and safe systems of work that minimise fire, security and emergency risks. Evacuation maps are located throughout the home and emergency procedures are accessible to staff. A resident mobility status list is available to staff and emergency services. Fire and emergency training is conducted annually. The home has a current triennial fire safety certificate and fire safety log books are up-to-date. Contracted external services and internal maintenance processes monitor the security, fire and emergency systems. There is a lock down procedure in the evening and staff monitor access to the home after hours. Residents have information regarding fire and emergency procedures posted in their rooms. Staff are aware of their responsibilities in the event of an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

There is a monitored infection control program coordinated by the chief executive officer/director of nursing and clinical nurse. There are outbreak management procedures and infection control guidelines accessible to staff. Induction processes advise staff of infection control responsibilities, with updates provided relevant to identified infections or practice concerns. Personal protective equipment is accessible to relevant staff and a vaccination program for residents is supported. Infection surveillance results, environmental audits, kitchen and laundry swabbing results and food safety audits assist the home to monitor the effectiveness of infection control practices.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Resident preferences for hospitality services are assessed on entry and provided to enhance the residents' quality of life. Catering services are advised of residents' dietary needs and food choices by clinical staff, and the chef regularly discusses individual needs with residents. Meals are served in the dining room or residents' rooms according to residents' daily choice and are assisted and supervised by staff. Residents have input to the menu through the meal services committee, resident meetings and recipe trials. Between meal snacks and drinks are provided, although information on resident needs for thickened fluids is not consistently accessible to staff. Linen and residents' personal clothing are laundered on-site. Residents clothing is named to reduce the risk of misplaced items. Cleaning services are conducted according to cleaning schedules and infection control principles and accommodate resident preferences and privacy needs. Hospitality services are monitored through various audit processes, resident surveys, staff surveys and staff and residents' meetings. Residents and staff interviewed said that hospitality services support a homely environment.