



Aged Care
Standards and Accreditation Agency Ltd

Rochester Nursing Home Annexe

RACS ID 3405

Pascoe Street

ROCHESTER VIC 3561

Approved provider: Rochester & Elmore District Health Service

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 18 October 2015.

We made our decision on 28 August 2012.

The audit was conducted on 24 July 2012 to 25 July 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

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

Expected outcome	Accreditation Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Resident lifestyle**Principle:**

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

Expected outcome		Accreditation Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

Standard 4: Physical environment and safe systems**Principle:**

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

Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Rochester Nursing Home Annexe 3405

Approved provider: Rochester & Elmore District Health Service

Introduction

This is the report of a re-accreditation audit from 24 July 2012 to 25 July 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 24 July 2012 to 25 July 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:	Deanne Maskiell
Team member:	Carolyn Rogers

Approved provider details

Approved provider:	Rochester & Elmore District Health Service
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Details of home

Name of home:	Rochester Nursing Home Annexe
RACS ID:	3405

Total number of allocated places:	30
Number of residents during audit:	26
Number of high care residents during audit:	26
Special needs catered for:	Nil identified

Street:	Pascoe Street	State:	Victoria
City:	Rochester	Postcode:	3561
Phone number:	03 5484 4451	Facsimile:	03 5484 2291
E-mail address:	msharp@redhs.com.au		

Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

Interviews

	Number		Number
Management and executive team	10	Residents/representatives	6
Nurse unit manager	1	Volunteers	3
Clinical care and lifestyle staff	12	Hospitality, environmental and safety staff	6
Allied health and specialists	4	Administration assistant	1

Sampled documents

	Number		Number
Residents' files	4	Medication charts	8
Staff records	6	Resident agreements	4

Other documents reviewed

The team also reviewed:

- Activity program documentation
- Advance care planning and palliative care records
- Allied health referrals
- Audits and audit reports
- Cleaning schedules
- Clinical monitoring charts
- Comments and complaints documentation
- Consent forms
- Continuous improvement documentation
- Diabetic management records
- Drugs of addiction register
- Education records
- Equipment/asset lists
- External contract agreements
- Food safety third party audit, food premise council registration and associated records
- Human resource records
- Incident reports
- Infection surveillance/outbreak management records
- Maintenance and essential services records
- Meeting minutes, terms of reference and minutes

- Memoranda
- Menu
- Newsletters
- Nursing and professional registration records
- Observation charts
- Orientation records
- Police record checks and statutory declaration records
- Policies and procedures
- Preventative maintenance schedules
- Refrigerator temperature monitoring charts
- Regulatory compliance folder
- Residents' admission information and handbook
- Residents' care evaluations and reviews
- Residents' dietary requirements and preferences
- Rosters
- Security of tenure information
- Specialised nursing care records
- Vision, mission and philosophy
- Weight management records
- Wound care plans

Observations

The team observed the following:

- Activities in progress
- Cleaning in progress
- Comments and complaints information
- Electronic and hard copy information systems
- Equipment and supply storage areas
- Fire and emergency equipment and egress routes
- Hand washing stations/hand sanitisers/personal protective equipment
- Interactions between staff and residents
- Laundry practices
- Lifting machines and mobility aids
- Meal and refreshment service and menu displayed
- Medication administration and the storage of medications
- Notice and display boards
- Noticeboards and information displays
- Notification of Agency visit

- Outbreak and blood spill kits
- Oxygen storage
- Resident advocacy and rights information
- Residents receiving assistance
- Residents' dental aids and en-suites
- Staff responding to resident call bells
- Storage of medications
- Waste management and storage areas

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home's management ensures systems and processes are used to identify, implement and monitor continuous improvement activities. Management and key staff identify opportunities for improvement through; comments, complaints and suggestions received from all stakeholders, review of audits, feedback from meetings and review of information received from peak bodies. Key personnel log all opportunities for improvement and include actions, time-frames, progress and outcomes. Continuous improvement is a standard agenda item at meetings and where appropriate individual feedback to stakeholders occurs. Residents, representatives, staff and other stakeholders stated they are encouraged and supported to make suggestions for improvements.

Recent improvements relating to Standard 1 includes:

- In response to a review of education opportunities relating to fire and emergencies the home has introduced on line education to support facilitated sessions. This has enhanced staff access to education relating to fire and emergencies and resulted in improved knowledge.
- In response to regulatory compliance changes and to enhance staff knowledge of issues the home has reviewed its mandatory training day to incorporate sessions on bullying and harassment and elder abuse. Positive feedback has been documented.
- The home in response to staff suggestions has implemented a care review committee which focuses on review of residents with specific clinical issues and has resulted in improved investigation and reporting of clinical issues.
- The home identified that staff were not effectively using the home's computerised care system. Additional education was implemented and staff assisted in using the clinical aspects of the programs. Staff are now able to readily access clinical observations of residents.

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 to identify, monitor and ensure compliance with relevant regulatory requirements and professional guidelines. Subscriptions to legislative update services and industry peak bodies and notifications from government departments provide relevant

information and inform the home about relevant changes. Information relating to changes in regulations or guidelines are identified by management and information regarding the changes provided to relevant stakeholders through newsletters, education sessions, meetings and meeting minutes. Audits and management observations monitor the home's performance and ongoing compliance with regulations and guidelines. Management monitor and review policies and procedures for compliance and there is a system to ensure they are adapted when regulations or guidelines change. All staff, volunteers and relevant contractors have current police checks and statutory declarations in place.

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

Management ensures staff have appropriate skills and knowledge through observations, review of audit information, monitoring of professional registrations and performance appraisals. The home's education calendar is available to staff and provides notice of upcoming educational opportunities. The home schedules additional topics in response to staff requests, review of resident needs and management observations. Education attendance records are completed and evaluated. Management and staff confirm satisfaction with the type, frequency and availability of education provided. Residents and their representatives expressed satisfaction with staff knowledge and skills.

Recent education relating to Standard 1 includes:

- Comments and complaints management
- Mandatory reporting of practitioners
- Reporting requirements and actions in response to missing residents
- Computer use – clinical and lifestyle documentation

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

Management and staff actively inform stakeholders of internal and external complaints processes available to them. Comments and complaints information is on display in the home including information relating to external complaints agencies and advocacy services. Information is also contained in the resident information pack and residential agreement. All information relating to comments and complaint processes are available in a variety of languages. A suggestion box is accessible and confidential comments or complaints may be posted back to the home in prepaid envelopes available throughout the home. Management report and documentation confirms that all stakeholders use the system. Management complete investigations, actions and feedback to stakeholders in a timely and confidential manner. Staff state they can assist residents and representatives to make complaints or raise concerns. Residents and representatives said that if a comment or complaint is raised management and staff at the home respond promptly.

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 mission, vision and philosophy statement that includes the home's commitment to quality care and services. This document is on display within the home and is included in information packages provided to stakeholders.

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

Residents and representatives state they are satisfied with all care and services offered at the home. The nurse unit manager with support from the home's executive team ensures staff have suitable qualifications, competencies and support to perform their duties effectively. Management and senior staff monitor staff skills and care delivery through structured review processes and informally through observation and communication with relevant stakeholders. Staffing is responsive to residents' changing care needs and the home has sufficient permanent staff to ensure a suitable skill-mix of regular staff are on duty. Formal orientation days are provided and staff attend education. Residents and representatives state staff are available and responsive to resident needs.

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

Management and staff monitor goods and equipment used within the home to ensure appropriate items are consistently available to ensure the delivery of care and services within the home. Management maintains asset registers of equipment available at the home. The home's maintenance system ensures equipment is well maintained and fit for its intended use. Stock is stored appropriately and staff monitor perishable items for expiry dates. Staff confirm that there are sufficient supplies of stock and equipment to meet the needs of residents and provide care and services within the home. Residents and representatives stated they are satisfied with equipment provided.

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 information that is accurate and appropriate to their roles. Information provided to the residents and their representatives on entry to the home includes an information booklet and resident's agreement. Newsletters, care consultations, meetings and informal discussions provide ongoing information to residents and their representatives. Management informs staff, through policies and procedures, education, meetings, forums, handover, communication books, memos, daily diaries and position descriptions. Confidential records and information are securely and appropriately stored with access restricted to appropriate staff. Staff, residents and their representatives stated they are satisfied with the information provided to them.

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's management identifies appropriate external services and service agreements or contracts are in place. There is an approved suppliers list and contract service agreements document the expected standards of service and include relevant regulatory compliance requirements. The home's management reviews all services provided to ensure that contractor police checks, insurances and professional registrations remain current. Contractor sign-in and identification processes are in place in the home. Residents, representatives and staff stated that they are satisfied with the home's externally sourced services and goods.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The review of continuous improvement documentation confirmed that ongoing improvements in resident health and personal care occur. Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement system and processes.

Recent improvements relating to Standard 2 includes:

- In response to policy review and staff feedback the home has developed a mandatory reporting kit which provides guidance to staff, management and key personnel for identifying, managing and reporting issues which have specific reporting requirements. Stakeholders confirm this kit has assisted them in determining reporting requirements and to ensure appropriate actions are taken.
- Introduction of specific clinical indicators which has resulted in improved reporting, trending and analysis of information relating to clinical issues. Management confirms reporting of clinical indicators has improved and facilitates monitoring of clinical care.
- In response to incident and data reviews the home introduced dose administration aids which have allowed the home to identify missed doses of medications promptly and has resulted in improved medication management systems.

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 system and processes.

Management demonstrated that the home is compliant with regulatory requirements pertaining to health and personal care. Appropriately qualified staff provide care, and there are systems to monitor nursing registrations, police checks and statutory declarations. Appropriate systems are in place to ensure medication management, administration and storage complies with regulatory requirements and professional guidelines. Reporting processes are in place to ensure appropriate reporting and documenting events such as the unexplained absence of a resident and infection outbreaks.

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.

Management has systems and processes in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to residents’ health and personal care.

Recent education relating to Standard 2 includes:

- medication administration
- basic life support
- continence management
- medication management
- mental health and behaviour management

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive clinical care that is appropriate to their individual needs and preferences. Staff assess, monitor and evaluate residents’ individual care needs on entry and on an ongoing basis. Registered and enrolled nurses complete a range of focussed assessments on entry which generate individualised care plans and evaluations occur every month. Health specialists and medical officers attend the home regularly and outcomes of visits incorporated into care plans. Staff record clinical incidents and the provision of care monitored via audits, surveys and collection of clinical indicators. Staff reported they complete clinical competencies and management offers regular clinical education to update skills. Residents and representatives expressed satisfaction with the care provided and advised they have ongoing communication with the 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 have their specialised nursing care needs identified, planned and provided by appropriately qualified nursing staff. There are procedures and guidelines available to assist staff in the management of specialised nursing care. Observations confirm sufficient resources and equipment are available. Specialised nursing care includes diabetes management and oxygen management. Care plans reviewed describe specific needs and instructions to manage care. The home has access to clinical specialists and medical officers for advice and education in areas of complex care. Monitoring of specialised nursing care

occurs through care plan reviews, audits and feedback from residents. Residents confirmed their satisfaction with specialised nursing care provided.

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 systems to ensure referrals to appropriate health specialists occur in accordance with residents’ needs and preferences. Identification and documentation of residents’ preferred health specialists occurs on entry. A range of allied health specialists visit the home or staff assist residents to attend external appointments as required. Health specialists document assessment and treatment plans in the progress notes and specific information transcribed into the care plans. Residents said they are satisfied with the arrangements for referral and assistance to appropriate 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

The home has a system to ensure safe and correct management of residents’ medication. Registered and enrolled nurses administer medications according to medical officers’ orders. Resident identification is clear and administration processes are systematic. Medication staff complete annual medication education. Medication management monitoring processes include regular audits, monitoring of staff practices and an incident reporting system. A medication advisory committee meets regularly and monitors current practices and policy development. We observed medications securely stored with processes for ordering, receiving and disposal of medications. Residents said staff give medications in a safe and timely manner.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

A system of identification, assessment, and development of strategies to manage residents’ pain ensures that residents are as free as possible from pain. Initial and ongoing pain assessment takes place using observation, discussion and assessment forms, including those specifically designed to assess residents with impaired cognition. Care plans record specific interventions with consideration of the use of alternative therapies to medication. The home monitors residents with increased levels of pain and referrals to medical officers occur as required. Care staff described their role in pain management, including identification, reporting, and monitoring of pain. Progress notes demonstrate staff have an awareness of residents’ pain needs and interventions occur in a timely manner. Residents said they are satisfied with the approach to pain management.

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

Consultation with residents and representatives regarding palliative care wishes occurs on entry to the home. Staff encourage residents and/or their representatives to complete an advanced care plan and statement of choices to reflect residents’ wishes regarding terminal care. Staff assess residents’ ongoing terminal care requirements as necessary in consultation with medical officers, residents and representatives. Senior staff update care plans when the need arises to guide staff in symptom and care management. Palliative care specialists can be accessed to provide support and education to staff. Visiting clergy are available to provide comfort and support, and families are encouraged to be involved in care. Staff gave examples of strategies to ensure the terminal phase of care meet residents’ needs and preferences.

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’ nutritional and hydration needs are assessed to identify specialised diets, allergies and individual preferences. Nursing staff develop a care plan, communicate dietary information to the kitchen and there is a process to ensure information remains current. The home monitors residents for adequate nutrition and hydration through the regular checking of weight. Staff implement strategies for weight management such as high-energy foods, modified textures and meal supplements where indicated. The dietitian reviews residents and a visiting speech pathologist complements this service. Progress notes confirm referrals to the dietitian or speech pathologist occur promptly. We observed meal service in a relaxed and sociable environment. Residents said they are satisfied with the quality and quantity of food and drinks provided.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The assessment of residents’ skin integrity occurs on entry to the home and on an ongoing basis. Staff complete assessments to identify risks to skin integrity and the potential for pressure injury. Staff develop skin care plans, which include residents’ needs and preferences. Progress notes reflect the monitoring of residents’ skin integrity and staff confirm the use of resources to address residents’ skin issues including air beds, repositioning and sheep skins. Residents with skin integrity breakdown have wound dressing charts managed using contemporary dressing protocols and supervised by a registered nurse. Wound charts record the location of the wounds, instructions for treatments and healing progress reviews. Residents stated they are pleased with the way staff care for their skin care needs.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents receive continence care that is appropriate to their needs. The home’s processes include an initial continence assessment, care planning and ongoing review of residents’ needs. Care planning includes identifying individual needs and preferences, establishing toileting patterns, monitoring dietary needs, initiating medication strategies, and the use of the appropriate aids. Staff confirm they have access to education, adequate supplies of continence aids and provide residents with toileting programs as required. Care plan reviews occur every month and evaluation includes monitoring of aid use and obtaining feedback from residents and staff. Residents stated staff assist them in a timely and discreet manner.

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

There are processes to manage residents’ challenging behaviour. Staff undertake assessments to determine effective interventions and the information used to develop care plans. Behaviour assessments monitor types of behaviour, triggers and strategies to prevent or manage behaviours. Staff review care plans every month and reassessment occurs if there is an increase in behavioural episodes. Staff access specialists for assessment and reviews when required. Residents are encouraged to participate in the activities program and we observed staff interacting supportively with residents. Staff gave examples of strategies to assist in modifying residents’ behaviours including redirection, maintaining a calm environment and reassurance. Residents confirmed satisfaction with the management of residents requiring care.

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 are supported to achieve optimum levels of mobility and dexterity through assessments and regular reviews. Registered nurses and care staff assess residents’ mobility, dexterity, transfer needs and assistance with activities of daily living to maximise independence. Care plans include types of mobility aids, assistance and transfer needs and evaluation occurs every month. Residents have access to appropriate assistive devices and staff carry out exercise programs. All falls incidents are reported and actioned and a falls risk assessment is undertaken. Staff gave examples of falls prevention strategies including minimising clutter, correct footwear and low/low beds, and providing appropriate assistance. Residents stated they are pleased with the management of their mobility.

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 receive oral and dental care that is appropriate to their individual needs and preferences. Specially trained staff assess residents’ oral and dental health and care plans reviewed contain details of daily care needs and a schedule for the replacement of aids. Staff observation and resident feedback monitor residents’ ongoing oral and dental needs. Staff identify residents at risk of poor oral health and strategies for management are included in care plans. We observed dental aids in good condition and staff said they attend daily oral care as per residents’ individual care plans, with residents being encouraged to maintain their independence.. Progress notes reviewed show residents receive assistance to attend dental appointments when necessary. Residents said staff assist them 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

Staff at the home identify and manage residents’ sensory needs. Staff assess residents’ senses on entry in consultation with residents and representatives to identify interventions to manage sensory loss. Care plans reviewed include preferred specialists, use and types of aids, level of staff assistance and measures to optimise sensory functions. Specialists attend the home for reviews or staff assist residents to attend external appointments. The lifestyle program includes sensory activities to cater for individual needs and staff modify programs to ensure residents’ participation. Staff provide sensory stimulation including massage, music, gardening and walks. Residents reported they are satisfied with the management of sensory loss and the assistance they receive from staff.

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 ensures residents are able to achieve natural sleep patterns through initial and ongoing identification of night care requirements. Sleep assessments are completed and strategies developed in accordance with residents normal sleep patterns. The home provides a quiet environment at night and care evaluation occurs from staff observations and residents’ feedback. Strategies used to promote sleep include offering of food or a warm drink, massage, position change and pain management. Appropriate continence management is also used and night sedation if ordered by a medical officer. Residents said the home’s environment is quiet at night and staff assist them when they are unable to sleep.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The review of continuous improvement documentation confirmed that ongoing improvements in resident lifestyle occur. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement system and processes.

Recent improvements relating to Standard 3 includes:

- In response to staff suggestions and comments the home identified an opportunity to support couples living in the home and for those spouses who visited their partner at the home. Lifestyle staff, have hosted morning teas and feedback from couples has been positive with spouses commenting on the opportunity to network with others in the situation.
- Introduction of resident and representative information/education sessions to provide additional support and knowledge to residents and their representatives on a wide range of topics including: clinical illnesses, debrief after emergencies, mobility and maintaining independence.
- To improve accuracy and currency of resident agreements the home has accessed electronic versions, with automatic updates in response to regulatory and legislative changes. Staff responsible for ensuring currency of these documents confirm this has improved processes relating to generating resident agreements.

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 system and processes.

Management demonstrated that the home is compliant with regulatory requirements pertaining to resident lifestyle. Demonstration of compliance is through the privacy and dignity policies and practices, security of tenure in the residents’ agreement, the maintenance of mandatory reporting registers and prominent display of Residents’ rights and responsibilities posters.

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.

Management has systems and processes in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to resident lifestyle.

Recent education relating to Standard 3 includes:

- resident rights
- elder abuse and compulsory reporting
- privacy and dignity
- cultural diversity

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

Staff at the home support residents in adjusting to their new environment on entry and on an ongoing basis. Staff confirmed they are aware of the adjustment period for new residents and reported they spend extra time helping them to adapt. A tour of the home, introductions to other residents, building a rapport, and listening to concerns are examples given by staff to assist residents with their transition to the home. Staff develop care plans in consultation with residents and representatives to record needs and preferences in care, social, leisure, cultural and spiritual needs. We observed staff interacting with residents in a friendly, supportive and caring manner. Residents are encouraged to personalise their rooms and families are encouraged to maintain close contact. Residents said they are appreciative of the support provided by staff to promote their well-being.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home supports residents to be as independent as possible and to participate in the life of the community. Staff assess residents' abilities, past interests, needs and preferences. Care plans contain strategies to maximise independence including exercise programs, visual aids and encouragement with self-care. The home welcomes the local community, families, friends and volunteers to visit and to be part of life at the home. Staff assist residents to maintain individual interests and to participate in outings. Sensory support, mobility aids and escorts when needed further support resident independence. Continued links with the local

community including churches, bowls clubs and men's shed are encouraged. We observed the home to be clutter free allowing ease of movement for residents with mobility aids. Residents confirmed the home assists and encourages their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home recognises and respects each resident's right to privacy, dignity and confidentiality. The provision of personal care is discrete and we observed privacy screens in use in shared rooms. There are private areas and courtyards throughout the home available for residents to spend time with families. Residents' rooms are personalised and staff respect that residents may like to have time alone in their rooms. Residents or their representatives sign consent statements for outings and use of personal information. Resident documentation is stored securely and discussions and handovers conducted privately. Staff practices are monitored and staff ensure appropriate clothing coordination for residents requiring assistance. We observed staff attending to residents in a respectful manner. Residents said their privacy is protected and staff treat them with respect.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents are encouraged and supported to participate in a range of activities of interest to them. On entry, residents and their families complete a lifestyle profile including past interests. This information assists in developing care plans for leisure interests and activities and reviews occur regularly. Staff encourage residents to participate in various activities of interest such as, special events, outings, quizzes, music and preferred pastimes. Staff acknowledge the importance of the rural background of most residents and support their attendance at local rural events. Staff offer individualised programs for residents who choose not to/or unable to be involved in group activities. Lifestyle staff monitor residents' participation and review of the activity program occurs through observation, resident feedback and regular meetings. We observed activities occurring at the home that support participation according to residents' interests, abilities and limitations. Residents stated they enjoy the activities at the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home identifies each resident's cultural and spiritual needs and preferences on entry to the home. Support for individual interests and customs occurs through continuing links with friends and the local rural community. Church services occur regularly with local churches supportive of the home. The home identifies, celebrates and respects days of significance to

residents. Lifestyle staff promote days of importance to residents such as Anzac Day and Remembrance Day. The home has access to culturally specific services and resources to assist in providing individual cultural needs if required. Residents said the home meets their needs and respects their and beliefs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home encourages residents to participate in decisions about the services they receive, and recognises residents' right to exercise choice in their lifestyle. The home identifies residents' individual preferences and care plans reflect residents' wishes in relation to daily living and leisure activities. Resident meetings, surveys and the comment system are available for residents to provide feedback regarding care and services. The home identifies and consults with residents' authorised representatives if residents are unable to make decisions. Staff interviewed gave examples of how they assist and empower residents to exercise choice and to make their own decisions during daily routines. Residents confirmed consultation occurs about their daily care and choices in service delivery.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home demonstrates residents have security of tenure and understand their rights and responsibilities. The home provides this information together with information on fees and charges and specified care and services in the resident admission package and the residency agreement. The home has information displays on residents' rights and responsibilities, complaint and advocacy services. Management undertakes extensive consultation in the event of the need to move a resident to another room or to a more appropriate facility. Residents and representatives interviewed said the home provided appropriate information on entry to the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The review of continuous improvement documentation confirmed that ongoing improvements in physical environment and safe systems occur. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement system and processes.

Recent improvements relating to Standard 4 includes:

- In response to the home having to be evacuated during the 2011 floods, the home’s executive and management team’ commenced adaptation of the home’s fire evacuation plans to provide direction in the event of floods. A review of the processes used during the evacuation has resulted in the implementation of specific evacuation and preparation procedures. Staff confirm knowledge of the plan.
- In response to resident feedback regarding laundry issues the home in consultation with laundry staff reviewed laundry practices and processes, resulting in new processes which have minimised issues relating to ‘discolouring’ of clothes and chemical use.
- On review of maintenance requests and staff suggestions the home has replaced carpet within the home with vinyl which staff state improves the push/pull of wheeled equipment and is easier to clean and has improved the ambience of the home.

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 system and processes.

Management demonstrated that the home is compliant with regulatory requirements in relation to physical environment and safe systems. Regular audits ensure the maintenance of a safe environment for staff and residents. There are policies, procedures and systems for regular checking and auditing of fire and emergency systems and living environment. Occupational health and safety policies and requirements, infection control guidelines and food safety programs are in place.

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.

Management has systems and processes in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to physical environment and safe systems.

Recent education relating to Standard 4 includes:

- manual handling
- fire and emergency
- infection control
- food safety
- chemical handling
- maintenance of hot water services

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 living environment provided for residents is safe and comfortable; there are systems to ensure the environment meets the expectations of the residents and staff. Staff ensure all areas are clean and well maintained. The home consults with residents and their representatives about improvements to the living environment through resident meetings, satisfaction surveys and the home's comments and complaints process. Reactive and preventative maintenance programs are used to ensure the living environment is well maintained and equipment suitable for its use. Residents and their representatives state the home is comfortable, well maintained and they feel safe.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management actively works to provide a safe working environment that meets regulatory requirements. Regular audits, risk assessments, trialling of equipment prior to purchase and monitoring of staff practices assists in ensuring a safe working environment at all times. Nominated representatives ensure staff have a point of contact if needed. Staff confirmed that they attend education pertaining to occupational health and safety including manual

handling techniques and reporting of hazards. Staff confirm that routine and reactive maintenance occurs as needed and that information on occupational health and safety is readily available to them.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management ensures there are effective systems for the prevention, detection and management of fire and other emergencies. External contractors and the home's manager monitor the essential services at the home to ensure that systems are working at all times. Evacuation information, maps and emergency equipment is readily accessible to appropriate persons. Staff ensure all egress and exit routes are unobstructed and after hours, security measures ensure resident and staff safety. Information on fire and emergency response is contained in a variety of information booklets provided to stakeholders and staff have attended mandatory education on fire and emergencies this year. Residents and their representatives say the home is safe and staff know what to do in 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

The home has a system to control and monitor infections. This includes initial and ongoing education for staff in infection control strategies and hand hygiene. Personal protective equipment is available and management has information on managing infectious outbreaks. Cleaning schedules are in all areas and contracts held for the removal of sharps, infectious waste and pest control. Comprehensive auditing processes assist with the overall monitoring of the infection control program and the home undertakes data collection with trend analysis. The infection control nurse ensures policies and procedures are current and reflect best practice. Management provides vaccination programs for residents and staff. Staff gave examples of infection control principles used in daily practice and demonstrated understanding of the infection control processes at 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

The home provides hospitality services in a positive and enthusiastic manner. Meals are prepared in accordance with the food safety plan. Current kitchen certification is in place, food is appropriately stored and there is a rotating menu with alternative meals offered to residents. The kitchen dietary information system for updating residents' information is according to residents' current dietary requirements and preferences. The cleaning program includes scheduled cleaning of residents' rooms, living environment and staff work areas. Cleaning schedules guide staff in practices and regular audits monitor the environment. Laundering of personal clothes occurs on-site and effective clean/dirty separation is in place.

Resident comments, meetings, observations and quality activities provide opportunities for feedback and demonstrate a high satisfaction rate regarding hospitality services. Residents expressed satisfaction in relation to the hospitality services at the home.