



Aged Care
Standards and Accreditation Agency Ltd

Rosebank Nursing Home

RACS ID 4380
45 Station Street
YEA VIC 3717

Approved provider: Yea and District Memorial Hospital

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 10 August 2015.

We made our decision on 21 June 2012.

The audit was conducted on 22 May 2012 to 23 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

Rosebank Nursing Home 4380

Approved provider: Yea and District Memorial Hospital

Introduction

This is the report of a re-accreditation audit from 22 May 2012 to 23 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 22 May 2012 to 23 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:	Jill Packham
Team member:	Christine Delany

Approved provider details

Approved provider:	Yea and District Memorial Hospital
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Details of home

Name of home:	Rosebank Nursing Home
RACS ID:	4380

Total number of allocated places:	10
Number of residents during audit:	10
Number of high care residents during audit:	8
Special needs catered for:	Nil

Street:	45 Station Street	State:	Victoria
City:	Yea	Postcode:	3717
Phone number:	03 5736 0401	Facsimile:	03 5797 2391
E-mail address:	grayl@humehealth.org.au		

Audit trail

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

Interviews

	Number		Number
Director of Nursing	1	Residents/representatives	7
Quality and risk coordinator	1	Volunteers	3
Nurse unit manager	1	Activities coordinator	1
Special projects coordinator	1	Occupational health and safety coordinator	1
Registered nurses	6	Laundry staff	1
Enrolled nurses	2	Cleaning staff	1
Care staff	4	Catering staff	2
Administration assistant	1		

Sampled documents

	Number		Number
Residents' files	4	Medication charts	10
Summary/quick reference care plans	4	Personnel files	6

Other documents reviewed

The team also reviewed:

- Activity program documents
- Annual essential safety measures certificate
- Audits
- Cleaning systems and processes
- Complaints register
- Consent forms
- Continuous improvement documents
- Drug of addiction administration book
- Education records
- External food safety audit report
- External suppliers' contracts and orientation process
- Fire and emergency management documents
- Food safety program
- Infection prevention and control documents
- Inventory and equipment documents
- Job descriptions and duty statements

- Meeting minutes
- Memoranda
- Menu
- Newsletters
- Nutrition and hydration documents
- Organisational chart
- Pain charts
- Pain patch charts
- Police check records
- Policies and procedures
- Preventative and corrective maintenance records
- Professional registrations
- Recruitment policies and procedures
- Resident vaccination records
- Residents information handbook
- Residents' agreements
- Staff appraisal system
- Staff orientation package and handbook
- Staff rosters
- Staff signage register
- Strategic plan
- Surveys
- Weight records.

Observations

The team observed the following:

- Activities in progress
- Call bell system in operation
- Care staff stations
- Charter of residents' rights and responsibilities
- Cleaners' room, cleaning trolley and cleaning in progress
- Community, pathology, allied health and general practitioner areas
- Confidential information storage and destruction processes
- Equipment and supply storage areas
- External complaints and advocacy information
- Feedback forms and suggestion box
- Fire and emergency equipment and signage
- Infection control equipment and processes

- Interactions between staff, residents and volunteers
- Kitchen and kitchenettes
- Laundry
- Living environment
- Material safety data sheets
- Meal and refreshment service and assistance to residents
- Medication administration and storage processes
- Memorial candle and photo
- Mobility aids and lifting equipment
- Oxygen storage and signage
- Resident and staff noticeboards
- Security systems
- Staff room
- Utility rooms
- Waste and sharps disposal systems
- Wound equipment.

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 quality system effectively identifies, actions and evaluates continuous improvements across the Accreditation Standards. Sourcing of information is through comments, complaints and suggestions from staff, residents and representatives, monthly audits, incident reports, clinical indicators, legislative changes and strategic planning. Monitoring of actions occurs at a management level with input from relevant departments and items remain open until a satisfactory outcome is obtained. Identified issues or needs result in reviews of policies and procedures, equipment purchases, surveys, additional staff training and updates to the audit schedule. Continuous improvement is an agenda item at meetings and relevant information is disseminated through memorandums, emails, noticeboard displays and in newsletters. Residents, representatives and staff were aware of the various avenues to make comments, complaints and suggestions and confirmed they were encouraged to be part of continuous improvement at the home.

Examples of recent improvements over the last 12 months relating to Standard 1:

- A recent resident survey identified some confusion over the internal complaints process. The home placed an article in the newsletter explaining the system and updated the displayed flowchart. A second survey found residents now had a better understanding of the process.
- To improve care document management the home has introduced a new centralised electronic software program. The segmented introduction of the program allowed staff to become familiar with each new process and it is now fully operational. Management and staff said it has improved access to more concise reporting and monitoring of residents' care needs.
- Management identified a need to improve monitoring of external service providers. A newly implemented system includes formal agreements, a new contractors' handbook and centralised monitoring of regulatory compliance. Management said the new system has resulted in clear directions for externally sourced services.

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 receives regular information and updates on professional guidelines and legislative requirements through the organisation's subscription to a legal update service, peer group networking, membership to professional organisations and notifications from government departments. Effective processes ensure revision of relevant policies and procedures occurs and monitoring of compliance is through internal reviews and the auditing schedule. Dissemination of information to staff regarding changes to regulations and the home's practices is through meetings, email, memoranda and education sessions. The home has an effective system to monitor that staff, volunteers and external contractors have current police check clearance and to ensure annual renewal of professional registrations. Notification occurs to staff, residents and representatives of accreditation site audits. Confidential documents are both stored and destroyed securely and information is available to residents and representatives on external complaints and advocacy services.

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 and staff have appropriate knowledge and skills to perform their roles effectively. The home employs staff according to the education and skill criteria established in the position descriptions. The home monitors staff skills through a series of competencies and appraisals. The home provides education sessions to further enhance staff knowledge. The home develops an education calendar based on identified needs, staff input and changes in legislation. Staff are assisted by appropriate rostering to attend ongoing qualifications education. The home maintains records of staff attendance at education sessions keeping evidence of participants' feedback. Staff and documentation confirmed management provides a positive education experience aimed at improving skills to benefit staff and residents.

Examples of recent training and development opportunities relevant to Standard 1:

- Accreditation
- Mandatory reporting
- Complaints.

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 provides stakeholders with access to internal and external complaints handling mechanisms. Information on the complaints process is in the handbook given to residents

and representatives on entry and is also documented in their formal agreements. External complaints and advocacy brochures and posters are available. Internal feedback forms and a suggestion box are positioned in the foyer; the home has an open door policy and regular meetings with staff, residents and representatives provides an opportunity to raise issues or concerns. Analysis of complaint data occurs and feeds into the continuous improvement system. Residents, representatives and staff were aware of the process and documentation confirmed matters are actioned appropriately and in a timely manner.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's vision and mission statement displayed in the foyer is consistent with versions documented in all stakeholder publications and forms part of staff orientation. The organisational chart displays management structures and a strategic plan for future improvements is in place.

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 appropriately skilled and qualified staff sufficient to meet residents' needs in accordance with the home's mission, values and objectives. There are formal processes for selecting new employees and monitoring staff performance. All new employees receive an orientation pack and an individualised program. The home schedules annual compulsory education topics as well as performance appraisals. The home maintains records of qualifications, police record checks, statutory declarations and professional registrations. Staff confirmed there was sufficient time to perform their roles and they were satisfied with staffing levels across the facility. Residents and representatives stated they were satisfied with the skills and competency of staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home demonstrates an effective system to ensure appropriate goods and equipment are available for quality service delivery. Key personnel monitor stock levels and there is an effective re-ordering process from an approved suppliers list. Adherence to maintenance and cleaning programs occurs and electrical equipment is tested and tagged for safety. Reviewing and updating of goods and equipment reflects any special needs of the current resident population. New equipment is trialled prior to purchase with staff receiving appropriate training. Equipment, supplies and chemicals are securely stored with access

restricted to authorised personnel. Residents and staff stated adequate supplies of appropriate goods and equipment were available at all times.

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 accurate information appropriate to their roles. The home maintains confidentiality and security of stakeholder information and archives older information. The home provides staff and residents with relevant and appropriate information appropriate to their needs assisting them to make decisions about the care and lifestyle programs both within the home and the community. Stakeholders and documentation confirmed the dissemination of information was through verbal and written communication such as e-mails, memoranda, notice boards and minutes of meetings.

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 effective processes ensuring the ongoing quality and responsiveness of externally sourced services. Formal agreements include insurance, police clearance, qualifications, confidentiality and expected service levels and a recently introduced regular reviewing process will monitor compliance. Supervision occurs if services not on contract attend the home or are without documented police clearance. The home provides suppliers with a handbook and they undergo orientation to the home. Feedback on satisfaction is from staff, residents and representatives through audits, surveys and observations. A list of preferred service providers is available and staff can access after hours emergency numbers. Staff and residents are satisfied with the currently sourced external suppliers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home actively pursues continuous improvement in relation to residents' health and personal care. The audit schedule includes clinical outcomes and monthly incident/infection data is analysed and trended. Identified issues result in corrective actions through the quality system. Refer to expected outcome 1.1 Continuous improvement for more information about the home's systems and processes. Staff confirmed they are encouraged to make suggestions and residents stated they were satisfied with feedback and actions on any health management concerns.

Examples of recent improvements over the last 12 months relating to Standard 2:

- The local general practice clinic requested the home change to an electronic medication chart system to be in line with their practice. The newly installed system has resulted in clear, printed charts with consistent resident information and dispensing instructions. Staff said the new charts were an improvement in medication management and communication with the doctors.
- Staff identified a resident undergoing blood glucose testing had a painful finger at the site of the daily testing. Following researching the subject staff attended alternative site testing education sessions and resource material is now available. Monitoring of the resident is ongoing and the resident has reported they are now pain free.
- Following an alert from the coroner's office the home has reviewed and updated their guidelines for the use of Warfarin. New forms are in place for doctors to record test results. Management said this has resulted in improved communication between the nursing and medical staff and reduced the risk of an incident.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home ensures compliance with regulations and guidelines regarding health and personal care through their policies and procedures, regular auditing, staff education and clinical competencies. Refer to expected outcome 1.2 Regulatory compliance for more information about the home's systems and processes. Registered nurses sign off on care plans, appropriately qualified staff provides medication management and specialised nursing care. Medication is stored securely. The home has a current policy for absconding residents with appropriate incident reporting and notification processes in place.

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

Management and staff have appropriate knowledge and skills to perform their roles effectively. The home employs staff according to the education and skill criteria established in the position descriptions. The home provides information on education for staff and monitors the ongoing skills and knowledge of its staff through attendance records, surveys and annual appraisals. Staff and documentation confirmed that management provided a positive education experience aimed at improving skills to benefit staff and residents.

Examples of recent training and development opportunities relevant to Standard 2:

- Wounds and pressure ulcers
- Syringe driver training
- Information sessions with the dietician.

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 appropriate clinical care. The nurse unit manager and registered nurses assess residents on entry to the home for their clinical needs and preferences from which the registered nurses develop an individualised care plan. Care staff and registered nurses review care plans monthly or as a resident’s identified clinical care needs change. Registered nurses communicate changes in residents’ condition to care staff at handover using progress notes. Staff confirmed knowledge of individual care management strategies and interventions. Residents and representatives said they were satisfied with the level of consultation and care that staff at the home provided.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure appropriately qualified staff identify and monitor specialised nursing care needs. Registered nurses supervise the development and evaluation of complex care plans. The nurse unit manager oversees care staff management of residents with special needs. Referrals to appropriate external health specialists and professionals occur as necessary. Education supports the provision of specialised nursing care and staff can access appropriate equipment and supplies. Residents and representatives confirmed they were confident staff had the skills to provide appropriate specialised care.

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

In accordance with resident’s needs and preferences care staff refer residents with complex care needs to appropriate specialists for treatment and advice. Residents have access to health specialists including a dietician, podiatrist, speech therapist, optometrist, continence advisors, physiotherapists and medical services. Care staff assist residents to access external appointments if required or as requested. Residents’ progress notes and care plans confirm appropriate referrals and follow up. Residents and representatives confirmed they received assistance for residents to attend appointments of their choice and access to visiting services.

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’s medication system manages residents’ medication safely and correctly. The contracted pharmacist from the town supplies medications in bottles and packs. A separate contracted pharmacist undertakes regular medication reviews and makes recommendations to the residents’ general practitioners. Two medical practitioners are located on-site. Medication assessments and charts reviewed had current photographs attached and included information relating to allergies and special considerations. All medications are stored securely in locked trolleys. Schedule eight medications are stored in the central acute hospital medication room in a safe in a securely locked cupboard and administered as ordered. Medications requiring refrigeration are also stored centrally in the temperature controlled refrigerator. The home conducts annual medication competencies for all registered nurses who administer medication. Residents and representatives interviewed reported having confidence in the delivery of the residents’ medications.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has a process to identify, assess and manage pain to enable the residents to be as free from pain as possible. Care staff perform regular pain assessments to ensure appropriate and timely management and response to residents’ pain. Staff utilise massage, ice-gel packs, exercises, analgesia and alternative strategies including heat packs and re-positioning to relieve pain. Staff monitor and review the use of irregular pain medication for its effectiveness. Residents and their representatives’ stated they were satisfied with the way care staff manages residents’ pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home supports residents to remain in the home for palliation whenever possible thereby maintaining their comfort and dignity. Care plans reflect the stated choice of the resident. Care staff access external palliative care and support services as required and the home provides appropriate equipment to ensure residents’ comfort. The director of nursing, the nurse unit manager, registered nurses and the regional palliative care nurse provide information and clinical support in all aspects of palliative care to residents and support to their families.

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 receive adequate nourishment and hydration. Care staff assess residents for their nutrition and hydration needs including food preferences, allergies or swallowing difficulties. Care staff develop a care plan and refer residents to the dietician or speech pathologist if required. Care staff notify catering staff of food allergies and specific and relevant dietary information including the use of adaptive cutlery or crockery. Displays of this information are in the servery and communicated to all care staff that serve the meals. Staff from the acute co-located hospital and trained volunteers assist with feeding residents as required. All residents’ are weighed monthly or as required and appropriately followed up if there is any unplanned weight loss or gain. The home provides a range of nutritional supplements and snacks as necessary. Residents and representatives are satisfied with the quality and variety of meals the home provides.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Residents’ skin integrity is consistent with their general health. Staff assess a resident’s past history of skin problems and contributing factors on entering the home and on a regular review process. Registered nurses identify strategies to optimise skin integrity on the care plan. Care staff manage wound care under the supervision of the nurse unit manager and registered nurses. Staff access specialised wound care advice regionally as required. Documentation confirmed regular review and reassessment of residents’ care plans occurs. Residents said they were satisfied with their skin care management and the level of assistance the staff offered them in maintaining healthy skin.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Management of residents’ continence is effective. Assessments identify residents’ continence needs on entry to the home with ongoing regular reviews. Changes in residents’ health status and continence levels prompt reassessment. Appropriate aids are available to maintain dignity and comfort. Care plans indicate individual toileting and bowel management needs. Staff confirmed availability and knowledge of appropriate aids and equipment. Education in continence management has occurred. Residents and representatives confirmed that staff met their continence needs discreetly.

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 effectively meets the needs of residents with challenging behaviours. Identification of residents’ behaviour management needs occurs on entry to the home. The assessment process includes medical and nursing assessment and in some instances specialist psychiatric assessment. A care plan reflects the assessment process and ongoing reviews ensure behaviour management interventions remain effective. Review of residents’ clinical files indicated specific interventions were in place to address inappropriate behaviour. Staff interviewed spoke of individual strategies used to manage residents with challenging behaviours and stated management provided appropriate support for them. Residents and their representatives stated they were satisfied with the way staff managed residents with 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

The home ensures all residents achieve optimum levels of mobility and dexterity. A comprehensive consultative process occurs with residents and their representatives in planning activities to maintain mobility and dexterity through exercise. The residents’ mobility care plan details the need for lifting machines, slide sheets, mobility aids and hip protectors. The physiotherapist reviews each resident on entry and devises mobility/exercise plans for residents and care staff to implement. Staff confirmed they had adequate supplies of equipment to ensure safe transferring of residents. Residents said staff assisted them in maintaining 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

The home assists residents to maintain oral and dental care through assessing their needs on entry to the home and developing a care plan. Staff review residents’ care plans recording any changes in their care needs and referring residents to appropriate health professionals when required. Products are available for staff to provide oral and dental hygiene for residents who are unwell or require palliative care. Residents and relatives stated they were satisfied with the home’s approach to residents’ oral and dental health.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

To identify residents’ sensory losses staff undertake relevant assessments on admission. Referrals to relevant health professionals occur as required. The level of assistance required and the management of relevant aids is included in the resident’s care plans. The home ensures information for residents is in large print. Observation of staff practices confirmed staff were familiar with procedures to assist residents with the management and care of their sensory aids. Residents stated they were satisfied with the assistance staff gives them.

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

Registered nurses identify each resident’s sleep and settling patterns through assessment on the resident’s entry to the home and develop care plans accordingly. Care plans detail individual preferences and needs including preferred settling and rising times and required assistance for settling. Staff provide residents unable to settle or by request with supper and warm drinks throughout the night. The home provides residents with an environment of subtle lighting and minimal noise at night to promote natural sleep. Residents confirmed staff supported them in maintaining normal sleep patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a system for monitoring and improving outcomes relating to the residents’ lifestyle experiences. Feedback on the effectiveness of the program and ideas for improvement are from resident surveys, meetings and evaluation of activity participation levels. Refer to expected outcome 1.1 Continuous improvement for more information about the home’s systems and processes. Residents confirmed they are satisfied with their input into the activities program and choices available to them regarding their lifestyle.

Examples of recent improvements over the last 12 months relating to Standard 3:

- Feedback from a resident survey and discussions at meetings identified residents were not satisfied with their choices and the variety of meals available. A meeting occurred with the dietician and catering staff to review the menu and discuss the issues. The dietician also interviewed the residents for suggestions. Minutes of meetings state residents consider the new menu an improvement and they were pleased the home listened to their comments.
- A recent survey identified residents wanted more access to activities. The activities coordinator designed more appropriate programs for the current resident group and has set up a resource box for staff to access to provide impromptu activities, including word games. Staff have noted an increase in participation levels and residents commented they enjoyed the new games.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home’s policies and procedures, staff education and monitoring systems ensure staff are aware of and comply with relevant regulations relating to residents’ lifestyle. Refer to expected outcome 1.2 Regulatory compliance for more information about the home’s systems and processes. Appropriate documentation is in place for incidents of elder abuse and mandatory reporting. Information for residents on their rights and responsibilities, security of tenure and privacy and consent issues are contained in their handbooks and service agreements. The home displays posters of the Charter of residents’ rights and responsibilities.

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

Management demonstrates staff and volunteers have appropriate knowledge and skills relating to resident lifestyle outcomes and they have access to relevant training opportunities. The home provides information on education for staff and monitors the ongoing skills and knowledge of its staff through attendance records, surveys and annual appraisals. Staff and documentation confirmed that management provided a positive education experience aimed at improving skills to benefit staff and residents.

Examples of recent training and development opportunities relevant to Standard 3:

- Elder rights
- Privacy and dignity
- Advocacy.

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 provides appropriate emotional support to residents and their representatives while adjusting to life at the home and regular ongoing monitoring occurs. New residents and representatives have an appointment with management and receive a handbook and formal service agreement explaining services and levels of care. They go on a tour of the home and meet other residents and staff. After a settling-in period assessments capture past and current social and emotional histories and care plans are developed documenting preferences, triggers and strategies for the residents to enjoy life at the home. Residents are encouraged to personalise their rooms and representatives are invited join in activities and maintain close contact. The home has access to psycho-geriatric specialists and counselling services if required. Regularly reviewed care plans capture change and the activity program schedules individual time with residents. We observed staff and volunteers interacting with residents in a caring and friendly manner and residents confirmed the home meets their emotional needs.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home demonstrates support to residents to achieve optimal independence, maintain friendships, family connections and community links. The home's assessment and care planning process identifies the residents' cognitive, mobility and dexterity levels, any risk taking behaviours and preferences for social interaction. Physiotherapy exercise programs assist to maintain mobility and strength and lifestyle programs include sensory stimulation

activities and community outings. The home assists residents to maintain financial independence, to vote in elections, to attend community groups and to entertain visitors. Supplied equipment aids and utensils encourage independence and audits ensure the environment is free of hazards. Residents stated they feel they are part of the local community and staff assist them to be independent.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home respects each resident's right to privacy, dignity and confidentiality. Resident and staff handbooks and contracts document policies on this expected outcome. Residents sign consent forms for the release of information and the use of their photographs and names. Residents live in single rooms with en suite bathrooms. There are numerous internal and external areas to meet with visitors and private functions are possible. Files are kept in secure areas, handover occurs discreetly and residents have access to lockable drawers in their rooms. Staff knocked on doors before entering and addressed residents by their preferred name. Residents confirmed staff treat them with respect and maintain their privacy.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home supports and encourages residents to participate in a range of activities and events both in groups and individually. Lifestyle profiles capture past and current interests, preferences for social interaction and community and family links. Care plans document these choices and regular reviews reflect changes in the individual needs of the resident. Activity evaluations, surveys, feedback from meetings and participation records monitor satisfaction and residents make suggestions for future planning. Community groups and volunteers are welcomed at the home and residents receive assistance to go on outings and to maintain individual hobbies. Friends and family are encouraged to be involved in their life at the home and to join in activities. Residents confirmed staff assist them to attend the daily activities and they are generally satisfied with the variety of the lifestyle program.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home demonstrates it fosters and values residents' cultural and spiritual lives. Initial assessments and care plans document preferences including celebratory days, beliefs, religious choices, cultural preferences and palliative care wishes. Staff can access interpreters if needed. Various denominations hold group and individual religious services, cultural and local service groups and volunteers are welcome. Staff and volunteers assist residents to attend community clubs and events. Special events and significant days are

celebrated and residents' cultural dietary preferences are accommodated. Residents stated satisfaction with the support provided to meet their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home is committed to promoting the residents' right to participate in choices and decisions regarding their clinical care and lifestyle preferences. Authorised powers of attorney are on file where required and regular risk assessments and care plan reviews capture change. Handbooks and agreements contain information on residents' rights and responsibilities, the complaints process, external advocacy services and policies relating to clinical care and lifestyle choices. Audits, surveys and feedback from meetings monitor satisfaction and staff have access to policies and procedures on this outcome. Residents stated satisfaction with their ability to make independent choices and decisions.

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 ensures new residents understand their security of tenure, rights and responsibilities, financial obligations and services offered. An information handbook and formal agreement covers policies on termination of occupancy and strategies in place to deal with harassment and victimisation. Extensive consultation occurs in the event of the need to move a resident to another room or to a more appropriate facility. Residents and representatives are encouraged to seek external legal and financial advice, power of attorney information is on file and staff receive education on elder abuse and mandatory reporting. The home has an open door policy to discuss any concerns and mail outs occur to inform of any relevant changes. Residents stated they feel secure in their tenancy and understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home actively pursues continuous improvement to ensure residents live in a safe and comfortable environment. Evaluation of effective strategies and ideas for improvements come through feedback from residents, representatives and staff, maintenance requests, housekeeping audits and incident and infection data analysis. Refer to expected outcome 1.1 Continuous improvement for more information about the home’s systems and processes. Residents confirmed they can raise suggestions at meetings or directly to staff and stated they were satisfied with the safety and comfort of the living environment.

Examples of recent improvement over the last 12 months relating to Standard 4:

- An external service undertook an audit to review the effectiveness of the maintenance program and made some suggestions for improvement. Implementation of a more streamlined system for the corrective and preventative maintenance programs has occurred. Management said this has resulted in a more robust program with increased accountability and monitoring of actions.
- Observations identified a need for a system to increase staff awareness and knowledge of the manual handling requirements for each of the residents. The occupational health and safety coordinator has developed no lift instruction sheets for each individual resident to inform staff of their specific safe manual handling requirements. The notices are in each resident’s room. Evaluation of the initiative is to occur with management seeking feedback from staff and residents.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a system to identify and ensure compliance with relevant regulations to enable residents to live in a safe and comfortable environment. Refer to expected outcome 1.2 Regulatory compliance for more information about the home’s systems and processes. Staff receive ongoing education on fire and emergency procedures, safe food handling, infection control and manual handling. Chemicals are stored appropriately with accompanying material safety data sheets. The kitchen has a current food safety program and certification by external authorities and effective monitoring and maintenance of fire and safety regulations occurs.

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

Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to the home's physical environment and safe systems. The home provides information on education for staff and monitors the ongoing skills and knowledge of its staff through attendance records, surveys and annual appraisals. Staff and documentation confirmed management provided a positive education experience aimed at improving skills to benefit staff and residents.

Examples of recent training and development opportunities relevant to Standard 4:

- Fire and evacuation
- Occupational health and safety
- Infection control.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home has systems demonstrating they are actively working to provide a safe and comfortable environment. Residents live in single rooms and are encouraged to bring small items to personalise them. The home provides well maintained pathways and courtyard areas, appropriate signage and security features are evident and furnishings and equipment are consistent with residents' care and safety needs. Private functions can be organised and residents and visitors can access kitchenettes for refreshments. Monitoring of safety and satisfaction with the environment is through surveys, audits and a preventative and corrective maintenance program. Appropriate policies and procedures are in place to guide staff practices and to meet regulatory requirements. Residents and representatives were complimentary of the comfort and safety of the environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has an occupational health and safety program providing a safe working environment for staff that meets regulatory requirements. On site representatives have completed the relevant five day course and the committee is comprised of staff from the various departments at the site. Their responsibilities include conducting housekeeping and equipment audits, risk assessments and new equipment testing. Staff receive appropriate training for manual handling, fire and emergency, safe chemical management and infection control and can access manuals and policies and procedures to guide work practices. Incidents and infections data is analysed, hazards and maintenance requests dealt with in a

timely manner and identified opportunities for improvement added to the continuous improvement program. Staff stated they have access to appropriate equipment and aids to reduce the risk of injury and we observed chemicals are stored securely with accompanying material safety data sheets.

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 effective systems for the detection, prevention and management of fire and emergencies. Appropriate fire detection and alarm systems are available and service records confirmed external contractors undertake regular inspections and maintain equipment. Evacuation kits are available with a current list of residents and their mobility needs, evacuation maps are on display, exits are clearly signed and free of obstruction and external assembly areas are marked. The facility has keypad and camera security, after hours emergency measures are in place and residents are required to sign out if leaving the site. Education records confirmed staff attended mandatory fire and emergency training at orientation and annually thereafter. Staff were able to detail their actions in the event of an emergency evacuation and residents and representatives were satisfied with fire and security measures at the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home actively supports and provides a comprehensive and effective infection control system. The infection control registered nurse conducts regular infection control related orientation and education to all staff. Stakeholders receive regular reports on relevant audit results. The home provides residents and staff with annual flu vaccinations. We observed good hand hygiene practices and infection outbreak supplies were available in a central location. The home has infection control policies and procedures and a memorandum system to guide staff in infection control and the management and control of infections in the event of an outbreak.

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 and environmental services in a way that enhances residents' quality of life and staff's working environment. Dietician and resident input underpins the development of the six week menu. The home caters for cultural and personal celebrations. All food is prepared on site in line with a food safety program currently in the process of transition. Residents' dietary beverage needs and food preferences are considered. Extra food, beverages and snacks are available at all times in the residents' servery. The home provides a personal laundry service on site. A labelling service and clothing dividers minimise

the incidence of misplaced clothing. Documented processes responsive to resident needs guide staff cleaning processes and personal protective equipment are utilised. Staff described procedures relevant to their role and confirmed the home provided adequate stock, support and education. Residents and representatives confirmed their satisfaction with the quality of the hospitality and environmental services provided by the home.