



Aged Care
Standards and Accreditation Agency Ltd

RSL Care Chelsea

Approved provider: RSL Care Limited

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 23 December 2014. We made the decision on 25 October 2011.

The audit was conducted on 27 September 2011 to 28 September 2011. The assessment team's report is attached.

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

Home and approved provider details

Details of the home

Home's name:	RSL Care Chelsea				
RACS ID:	5292				
Number of beds:	90	Number of high care residents:	65		
Special needs group catered for:	<ul style="list-style-type: none"> Residents at risk from wandering 				
Street/PO Box:	110 Tooley Street				
City:	MARYBOROUGH	State:	QLD	Postcode:	4650
Phone:	07 4121 5899		Facsimile:	07 4121 6278	
Email address:	jenniehughes@rslcare.com.au				

Approved provider

Approved provider:	RSL Care Limited
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Assessment team

Team leader:	Chris South
Team member/s:	Jill Winny
	Beverley Wellington
Date/s of audit:	27 September 2011 to 28 September 2011

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

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

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

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

Site Audit Report

RSL Care Chelsea 5292

110 Tooley Street

MARYBOROUGH QLD

Approved provider: RSL Care Limited

Executive summary

This is the report of a site audit of RSL Care Chelsea 5292 from 27 September 2011 to 28 September 2011 submitted to the Accreditation Agency.

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

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home's accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency visits the home to conduct a site 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 each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team's reasons for its findings.

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 27 September 2011 to 28 September 2011.

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

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

Assessment team

Team leader:	Chris South
Team member/s:	Jill Winny
	Beverley Wellington

Approved provider details

Approved provider:	RSL Care Limited
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Details of home

Name of home:	RSL Care Chelsea
RACS ID:	5292

Total number of allocated places:	90
Number of residents during site audit:	78
Number of high care residents during site audit:	65
Special needs catered for:	Residents at risk from wandering

Street/PO Box:	110 Tooley Street	State:	QLD
City/Town:	MARYBOROUGH	Postcode:	4650
Phone number:	07 4121 5899	Facsimile:	07 4121 6278
E-mail address:	jenniehughes@rslcare.com.au		

Audit trail

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

Interviews

	Number		Number
Lifestyle manager	1	Residents/representatives	16
Care manager	1	Volunteer	1
Care coordinator	1	Diversional therapists	2
Registered nurses	2	Area hostel services manager	1
Enrolled nurses	3	Hotel services coordinator	1
Carers	5	Laundry staff	3
Operations consultant	1	Catering staff	2
Area excellence coordinator	1	Cleaning staff	2
Area education coordinator	1	Maintenance staff	2
Clinical services officer	1	Workplace health and safety officer	1
Systems officer	1	OHS consultant	1
Administration officer	1	Fire safety advisor	1

Sampled documents

	Number		Number
Residents' clinical files	8	Residents' lifestyle files	6
Medication charts	8	Personnel files	7
Summary care plans	8		

Other documents reviewed

The team also reviewed:

- Activity attendance sheets
- Activity calendar
- Activity evaluations
- Application/admissions pack
- Archive box listing
- Audit reports
- Business improvement plan
- Client excursion risk assessment
- Clinical data and trending
- Colour coded equipment charts
- Comments/compliments data capture form
- Critical job demands
- Diet analysis forms
- Drug registers

- Duties lists
- Duty statements
- Education and capacity development folder
- Education planner
- Emergency response quick reference guide
- Employee and volunteer handbook
- Evaluations of outings
- External service agreement
- Family support package
- Fire and evacuation manual
- Food safety program
- Handover sheet
- Improvement logs
- Incident reports
- Infection control manual
- Kitchen/caterers communication book
- Material safety data sheets
- Meeting minutes
- Menu
- Observation charts
- Occupational safety risk assessment
- Occupational statement
- Preventative maintenance logs
- Resident agreements
- Resident diet request records
- Resident lists
- Resident newsletter
- Residential care customer satisfaction survey
- Residents handbook
- Risk management register
- Risk profile action plan
- Safety hazard alerts
- Satisfaction surveys
- Self medicating resident assessments
- Self-assessment for accreditation
- Service agreement register
- Staff information folder
- Staff rosters
- Suspected elder abuse/incident register
- Treatment sheets
- Visitors procedures and information
- Weight monitoring plans and spreadsheet
- Wound management charts.

Observations

The team observed the following:

- Activities in progress
- Advocacy brochures and posters
- Assistive devices and protective equipment
- Comments and complaints processes on public view
- Communication books
- Dietary supplement documentation
- Equipment and supply storage areas

- Evacuation signage
- File and information storage areas
- Fire fighting equipment
- Food storage
- Hand washing facilities
- Infection control signage
- Information brochures/notice boards
- Interactions between staff and residents
- Internal and external living environment
- Meal provision
- Medication rounds
- Medication storage
- Noticeboards
- Nursing handover
- Outbreak kits
- Policy and procedure manuals
- Resident emergency list
- Sign in/out book
- Staff signature register.

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

RSL Care Chelsea (the home) has a continuous improvement system to identify, plan and implement improvement opportunities. Areas for improvement are identified through the comments system, audits, surveys, meetings and directly to management and staff. Improvements are monitored and evaluated through an improvement plan and raised as agenda items at meetings before being closed off. Feedback to residents, representatives and staff relating to progress, status and review of improvements is communicated regularly through meetings, newsletters, noticeboards and verbally. Residents, representatives and staff report they are aware of ways to raise improvement requests and contribute to the home’s continuous improvement. Improvements relating to Standard One include:

- Education records have been removed from personnel files to improve information management and reduce the accumulation of paper work in personnel files. Management report that the separate filing system provides ease of access to relevant staff information by designated staff.
- In response to the higher acuity of residents, a new position of Care Coordinator has been introduced. Management reported that the newly appointed Care Coordinator is currently being developed in their role to assist the Clinical Manager in the provision of increased clinical oversight and support care staff in their roles.

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 a system to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the accreditation standards. Policies and procedures are updated from an organisational level to reflect change and are accessible to staff electronically. Compliance with legislation is monitored through audits, surveys and observation of staff practice. Staff are informed of relevant changes through meetings, electronically, education sessions, memos, noticeboards and communication diaries. The home has a system in place to ensure all relevant individuals have been screened through a current criminal record check. Residents and their representatives were informed of the accreditation audit through notice boards, newsletters and meetings.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has established processes to ensure management and staff have the appropriate knowledge and skills to perform their roles. Position descriptions describe the qualifications, skills and experience for each position. Staff are required to maintain mandatory and specific role related responsibilities and attendance at education sessions is monitored and evaluated. The education program reflects identified training needs and staff have the opportunity to undertake internal and external training programs relating to the Standards. Training needs are identified in response to changes in resident needs, changes to legislation, performance evaluations, annual training needs analysis, competency assessments, observation of practice, audits and incident reports. Staff are satisfied that education provided is relevant to their work and that management is responsive to requests for additional training needs.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has a complaints mechanism that is accessible to residents, representatives and other interested parties. Information about the internal and external complaint process is displayed and documented in information provided to residents and staff. Complaints can be raised through 'care to comment' forms with envelopes provided for confidentiality, at resident meetings and directly to management and staff. Written and verbal complaints are documented including actions taken to resolve reported issues. Staff are aware of the internal and external complaints process and how to assist residents to lodge a complaint. Residents and representatives are aware of the comments and complaints processes and are confident that issues raised with management will be addressed.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The homes' mission statement, vision, values and lifestyle approach philosophy are displayed throughout the home and included in information provided to residents and staff.

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

Systems are in place to ensure that there are appropriately skilled and qualified staff sufficient to ensure service delivery. Staff selection is made against identified skills, knowledge and qualification requirements. New staff undertake buddy shifts with an experienced staff member as part of the home's orientation program. Processes to monitor adequacy of staffing levels include the current needs of residents, performance evaluation, staff feedback, audits and surveys. Rostering ensures appropriately skilled and qualified staff are available to meet the identified care needs of the residents and the home has the ability to draw on additional staff in the event of planned and unplanned leave. Staff have duty lists to refer to and report adequate time to complete their work. Residents and representatives speaking on their behalf are satisfied that there are sufficient skilled and qualified staff to provide quality care and services to meet their 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

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

1.8 Information systems

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

Team's recommendation

The home meets this expected outcome

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

representatives speaking on their behalf expressed satisfaction with the way information is communicated.

1.9 External services

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

Team's recommendation

The home meets this expected outcome

External services are provided to meet the home's needs through service agreements that outline the home's specific requirements for the provision of service. Feedback on the performance of external services is monitored through feedback from staff and residents/representatives, comments and complaints, audits and surveys. Management review the performance of external services to ensure quality service delivery is maintained and when requirements are not being met appropriate action is taken. Residents and representatives speaking on their behalf report satisfaction with the quality of services sourced externally.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a continuous improvement system to identify, plan and implement improvement opportunities. Areas for improvement are identified through the comments system, audits, surveys, meetings and directly to management and staff. Improvements are monitored and evaluated through an improvement plan and raised as agenda items at meetings before being closed off. Feedback to residents, representatives and staff relating to progress, status and review of improvements is communicated regularly through meetings, newsletters, noticeboards and verbally. Residents, representatives and staff report they are aware of ways to raise improvement requests and contribute to the home's continuous improvement. Improvements relating to Standard Two include:

- Following a review of medication management system the home has introduced a sachet unit dose system for the dispensing of medications. Management report that benefits of the new system include; reduced potential for medication errors, medication charts are easier to read, medications are conveniently packaged for residents when out for the day, medication orders are timely, the pharmaceutical company provide education to registered staff and regularly attend medication advisory committee meetings.
- Designated toiletry baskets have been purchased for bedfast residents to assist with the management of personal items. Staff report that the baskets are a convenient way to ensure necessary toiletries are to hand when assisting residents with their personal care.

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 has a system to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the accreditation standards. Policies and procedures are updated from an organisational level to reflect change and are accessible to staff electronically. Compliance with legislation, including a system to ensure relevant staff have current registration and annual practising certificate renewal, is monitored through audits, surveys and observation of staff practice. Staff are informed of relevant changes through meetings, electronically, education sessions, memos, noticeboards and communication diaries. Management has systems in place to ensure that specialised nursing care is provided by registered nurses, systems to ensure that medications are managed according to relevant protocols and a system to ensure that an unexplained absence of a resident is reported as required.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home has established processes to ensure management and staff have the appropriate knowledge and skills to perform their roles. Position descriptions describe the qualifications, skills and experience for each position. Staff are required to maintain mandatory and specific role related responsibilities and attendance at education sessions is monitored and evaluated. The education program reflects identified training needs and staff have the opportunity to undertake internal and external training programs relating to health and personal care. Training needs are identified in response to changes in resident needs, changes to legislation, performance evaluations, annual training needs analysis, competency assessments, observation of practice, audits and incident reports. Staff are satisfied that education provided is relevant to their work and that management is responsive to requests for additional training needs.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents are assessed by registered nurses on entry to the home using baseline health assessments and the home’s additional assessment tools as required. Interim care plans are developed with more comprehensive plans developed after the assessment process is complete. Care plans are developed to guide staff practice and are formulated in consultation with residents/representatives, care staff, allied health and the treating medical officer. The home has a system that enables specialised care plans to be developed immediately issues arise to address short term and special needs of residents; care plans are reviewed regularly in consultation with residents/representatives, medical officers and other health care specialists. Staff are informed of amendments to care through the progress notes, the hand over processes and one-to-one discussion and demonstrate knowledge of individual resident’s requirements that are consistent with documented plans of care. Processes established to monitor and evaluate the clinical system include observation of staff practices, performance appraisals, scheduled audits and monthly review/analysis of clinical indicators; these ensure care practices are timely and responsive to residents’ changing needs. Residents and representatives speaking on their behalf report satisfaction with the care that is 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

Residents’ specialised nursing care needs are identified through assessment processes in consultation with residents/representatives and the health care team and registered nurses develop and review care regularly and as residents’ needs change. Complex and specialised nursing care is delivered by qualified nurses who demonstrate appropriate skills and who work within their scope of practice. Referrals to allied health professionals occur as

necessary and changes are documented and communicated to relevant staff in a timely manner. Staff receive education and have access to resources and equipment to enable residents' specialised nursing care needs to be met. Residents and representatives speaking on their behalf indicate satisfaction with the 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

Residents have access to a range of allied health and specialist services including dietitians, speech pathology, podiatry, optometry, physiotherapy, audiology, ophthalmology and psycho-geriatric services. Allied health professionals visit the home or alternatively residents are supported to independently access specialist treatment of their choice in the community as required. Referral to appropriate health specialists is timely and is initiated by registered nurses after consultation with the treating medical officer in consultation with the care staff and the residents and/or their representatives. Feedback from health specialists is documented in progress notes and care plans are revised to reflect changes. The home has registered nurses on site or available at all times. Resident and representatives speaking on their behalf indicated satisfaction with access to health specialists and other related services in accordance with their needs and preferences.

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 utilises multi-dose systems for residents' medications that are supplied by two pharmacies. Qualified nurses administer medications. Medication charts are reviewed by the medical officer and pharmacist and include information such as photographic identification, resident allergies and instructions for administration specific to the needs of the resident. 'As required' (PRN) medications are monitored for effectiveness and outcomes are documented in progress notes. Processes exist for ordering, delivery, monitoring and return of medication items and an imprest system of commonly prescribed medication for urgent/out of hours requirements is maintained. Processes in place to monitor safe and correct medication management include auditing of clinical documentation, investigation and analysis of medication related incidents, staff and pharmacy. Residents and representatives speaking on their behalf report satisfaction with the management of medications and the assistance provided by staff.

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

On admission each resident's history of pain is assessed by registered nurses and residents experiencing pain are commenced on pain assessment and monitoring charts. Verbal and non-verbal pain assessment tools are used and interventions to manage pain are recorded on the specialised pain care plan. Resident's individual pain care plans are monitored and

evaluated to identify any specific triggers and indications of new or changed pain. Reassessments are implemented as required and all residents with ongoing pain management strategies have at least daily monitoring of the nature and intensity of pain and the effectiveness of pain relieving strategies. Strategies to manage pain involve a multidisciplinary approach and include pharmacological and non-pharmacological interventions such as massage, heat therapy, repositioning, exercise and distraction. Staff have access to information on the home's pain management approaches and demonstrate knowledge of specific pain management interventions for residents. Residents and representatives speaking on their behalf are satisfied that their pain is managed effectively and that staff are responsive to their changing needs.

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 terminal care needs and wishes of residents are identified on admission where possible and as residents' needs change. Copies of advanced health directives and enduring power of attorney documents are located within the residents' files for staff reference. The home has a palliative care management program which guides staff in the preparation of appropriate care. Residents' care plans are altered according to their needs and emotional support is provided to residents and their families by nursing staff and volunteers. Alternative care options are discussed with the resident and their family as care needs increase. Staff have access to organisational and external resources when required and specialty equipment is available to ensure the comfort and dignity of residents.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Residents' nutrition and hydration requirements are identified through the initial and ongoing assessment and review processes and care plans are developed to reflect residents' dietary needs and preferences. Residents' body weight is monitored and unplanned weight loss or gain is recorded with referrals made to the dietician and speech pathologist as required. Strategies recommended are implemented and include assistance with meals, provision of texture modified diets, dietary supplements and increased monitoring of food/fluid intake and weight. The menus utilised at the home are reviewed by the dietician, provide choice and variety and accommodate residents' needs and preferences. Staff ensure residents receive adequate nourishment and hydration, have an awareness of individual resident's needs and special preferences and provide appropriate diets and assistance. Residents and representatives speaking on their behalf report satisfaction with the quantity and quality of food and fluid received.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Registered nurses identify the skin care needs of residents during assessment and reassessment processes and interventions used to maintain skin integrity are recorded in the care plan. Consultation occurs with residents/representatives and other health professionals and skin tears and wounds are documented on the wound management plan. Wound and skin care products and equipment such as pressure relieving mattresses, sheepskins, heel and limb protective devices are available to maintain, protect or improve residents’ skin. Manual handling equipment is provided to support the safe transfer and mobility of residents and staff receive education in manual handling. The incidence of wounds is recorded and wound care is attended to by qualified nurses. Residents and representatives speaking on their behalf are satisfied with the care provided in relation to skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The continence needs and preferences of residents are identified through assessment and reassessment processes using specific assessment tools that consider each resident’s bowel and bladder patterns. Interventions are identified for residents and information is transferred to the care plan to guide staff practice. Strategies such as programmed toileting, bowel management regimes, dietary modification, hygiene assistance and use of continence aids are recorded and implemented. Staff demonstrated an awareness of individual resident’s specified requirements. Residents and representatives speaking on their behalf report that continence needs are met.

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

Behaviour assessment tools are used to identify contributing factors to residents’ behaviour patterns and techniques to manage behaviours. Consultation with residents, representatives, lifestyle and allied health staff, the resident’s general practitioner, and community mental health services, if required, occurs to provide guidance for care planning and identification of strategies for ongoing management of residents with challenging behaviours. Staff assist residents to maintain their abilities/interests according to their capacity and provide distraction and support during periods of anxiety or agitation. The effectiveness of interventions is discussed during handover processes and with family members and health professionals; medication review is undertaken when indicated. Behaviours of concern are reported through the home’s incident reporting system. Evaluation of the effectiveness of management strategies is evaluated on an ongoing basis. Incidents of significance are reported to enable analysis, preventative action and referral. Staff are knowledgeable of interactions with residents with challenging behaviours that support their dignity and individuality.

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 has processes for assessing, planning, delivering and evaluating residents in relation to their mobility, dexterity and rehabilitation needs. Residents’ mobility and falls risk is assessed by qualified nurses to maintain and/or enhance each resident’s mobility and dexterity. Residents’ mobility is monitored and resident falls are recorded as incidents and monitored. The home provides mobility aids and equipment to minimise the risk of resident falls and individual and group exercise programs are delivered by the care staff. Staff receive annual manual handling education to safely assist residents to mobilise and transfer using appropriate mobility aids as instructed. Residents and representatives speaking on their behalf are satisfied with the support provided by staff to achieve optimal mobility and dexterity within and around the home.

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 oral and dental care needs and preferences of residents are assessed on admission and when their needs change. Information detailing the daily care of teeth, mouth and dentures is documented in the care plan. Residents are assisted to maintain their oral and dental needs with referrals to external oral and dental care providers where possible. Staff have education in providing oral care for residents and have access to appropriate equipment and supplies for the management of residents’ oral and dental care needs. Residents and representatives speaking on their behalf are satisfied with the assistance provided by staff in maintaining 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

Information about each resident’s sensory losses and the use of assistive devices is collected through initial and ongoing assessment processes and is incorporated into the resident’s care plan. Staff assess residents ability to participate in programs and adapt activities to the needs of residents with sensory impairments utilising assistive devices and equipment such as large print books and sign boards. Staff demonstrate an awareness of these strategies and processes are in place to ensure the correct use and maintenance of sensory aids. Residents with sensory loss are satisfied with the assistance and support they receive from staff to maintain their optimal sensory function.

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

Information about residents’ usual sleep patterns, settling routines and personal preferences are collected through initial and ongoing assessment and review processes. Strategies to promote adequate sleep and rest are developed in consultation with residents and consider their normal sleep patterns. Sleep monitoring charts are available for use for residents identified as having disturbed sleep patterns and referral to medical practitioners occurs for residents identified with sleep disturbances. Staff facilitate individual resting routines and flexible settling/rising times. Residents and representatives speaking on their behalf are satisfied with the home’s approach to maintaining natural sleep and rest patterns and with the assistance received from staff during times of sleep disturbances.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a continuous improvement system to identify, plan and implement improvement opportunities. Areas for improvement are identified through the comments system, audits, surveys, meetings and directly to management and staff. Improvements are monitored and evaluated through an improvement plan and raised as agenda items at meetings before being closed off. Feedback to residents, representatives and staff relating to progress, status and review of improvements is communicated regularly through meetings, newsletters, noticeboards and verbally. Residents/representatives and staff report they are aware of ways to raise improvement requests and contribute to the home’s continuous improvement. Improvements relating to Standard Three include:

- As an extension of the lifestyle program diversional therapy staff in consultation with residents, have introduced a café style morning tea. Residents report that they enjoy the café style environment (special table linen, crockery and table service), which attracts up to 40 participants on occasions.
- In response to staff feedback that there is often confusion with regards to residents’ current address when the mobile polling booth visits the home, a prompt has been placed in resident information packs as a reminder to notify relevant authorities of changed address when entering the home

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 has a system to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the accreditation standards. Policies and procedures are updated from an organisational level to reflect change and are accessible to staff electronically. Compliance with legislation, including a system to ensure staff and residents are aware of mandatory reporting guidelines, is monitored through audits, surveys and observation of staff practice. Staff are informed of relevant changes through meetings, electronically, education sessions, memos, noticeboards and communication diaries. Management has systems in place to ensure that residents have security of tenure, to ensure that privacy is maintained and to ensure that compulsory reports of assaults are made.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has established processes to ensure management and staff have the appropriate knowledge and skills to perform their roles. Position descriptions describe the qualifications, skills and experience for each position. Staff are required to maintain mandatory and specific role related responsibilities and attendance at education sessions is monitored and evaluated. The education program reflects identified training needs and staff have the opportunity to undertake internal and external training programs relating to resident lifestyle. Training needs are identified in response to changes in resident needs, changes to legislation, performance evaluations, annual training needs analysis, competency assessments, observation of practice, audits and incident reports. Staff are satisfied that education provided is relevant to their work and that management is responsive to requests for additional training needs.

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

Residents and representatives speaking on their behalf report satisfaction with the initial and ongoing support provided by management and staff. Processes are in place to provide residents with information about the day to day operation of the home and provide families with information to assist them with their understanding of residential aged care. Diversional therapy staff and senior care staff meet with new residents and their families to assess each resident's needs and preferences. Referrals are made to general practitioners or specialists when concerns about emotional health are identified. Residents are assisted to maintain links with family and friends and with community and church groups; these groups regularly visit residents at the home. Processes are in place to monitor that residents' lifestyle preferences are met.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents and representatives speaking on their behalf report satisfaction with the assistance and encouragement provided to maintain independence. Processes are in place to assess each resident's needs and preferences in relation to independence, family and friendships and community activities. Therapy staff, in consultation with care staff and residents/representatives, develop lifestyle care plans that are based on assessed needs. Lifestyle care plans include action plans designed to guide the provision of lifestyle care. The effectiveness of lifestyle care plans is regularly evaluated and amendments are made as necessary. Local community groups visit residents at the home. Processes are in place to monitor that residents' lifestyle preferences are met.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Residents and representatives speaking on their behalf are satisfied that privacy, dignity and confidentiality are recognised and respected. Processes are in place to assess each resident's needs and preferences in relation to their privacy and dignity. Therapy staff, in consultation with care staff and residents/representatives, develop lifestyle care plans that are based on assessed needs. Lifestyle care plans include action plans designed to guide the provision of care. The effectiveness of lifestyle care plans is regularly evaluated and amendments are made as necessary. Staff are given instruction on how to address residents and on how to enter residents' rooms while ensuring privacy. Processes are in place to monitor that residents' lifestyle preferences are met. Residents and their families and friends have access to private areas. Residents' information is managed confidentially.

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

Therapy staff, in consultation with care staff and residents/representatives, develop lifestyle care plans that are based on residents' assessed needs, preferences and strengths. Lifestyle care plans include action plans designed to guide the provision of care. Activities are based on residents' preferences, suggestions and strengths and activity calendars are provided to residents in large print. Processes are in place to assess risks associated with excursions, to monitor attendance at activities and to evaluate the success of each activity. Processes are in place to monitor that residents' lifestyle preferences are met. Residents and representatives speaking on their behalf are satisfied with the encouragement and support provided to participate in leisure interests and activities.

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

Therapy staff, in consultation with care staff and residents/representatives, develop lifestyle care plans that are based on residents' assessed needs and preferences. Lifestyle care plans include action plans designed to guide the provision of care in cultural and spiritual life; these plans are regularly evaluated. Translator services are available as required. Processes are in place to meet cultural dietary needs. The home's chapel is used for regular church services and support is provided for pastoral care visitors to visit residents at the home. Processes are in place to monitor that residents' lifestyle preferences are met. Residents and representatives speaking on their behalf are satisfied that cultural and spiritual needs and preferences are valued and fostered.

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

Therapy staff, in consultation with care staff and residents/representatives, develop lifestyle care plans that are based on residents' assessed needs and preferences. Lifestyle care plans include action plans designed to guide the provision of care and to support residents to make day to day choices and participate in decision making; these plans are regularly evaluated. Representatives with power of attorney in place are identified and consulted. Regular meetings are held with residents to facilitate communication and resident feedback concerning the operation of the home. Processes are in place to monitor that residents' lifestyle preferences are met. Residents and representatives speaking on their behalf are satisfied with choice and decision making processes.

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

Processes are in place to inform residents and their representative about processes to ensure security of tenure and about residents' rights and responsibilities. This information is documented in the resident agreement and resident handbook. All residents are offered an agreement. Translation services are available if required. Proposed changes to tenure are discussed with the resident and their representative. Processes are in place to monitor that residents' lifestyle preferences are met. Residents and representatives speaking on their behalf are satisfied with security of tenure and their understanding of rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a continuous improvement system to identify, plan and implement improvement opportunities. Areas for improvement are identified through the comments system, audits, surveys, meetings and directly to management and staff. Improvements are monitored and evaluated through an improvement plan and raised as agenda items at meetings before being closed off. Feedback to residents, representatives and staff relating to progress, status and review of improvements is communicated regularly through meetings, newsletters, noticeboards and verbally. Residents/representatives and staff report they are aware of ways to raise improvement requests and contribute to the home’s continuous improvement. Improvements relating to Standard Four include:

- In response to a staff incident in the secure parking area at night, solar lighting and reflective strips have been placed to identify hazardous areas such as the main access ramp. There have been no further incidents reported.
- A designated room has been assigned for the delivery of staff education. Management report that the room optimises the training experience for facilitators and attendees through improved storage of resource material and access to a projector, laptop and data points. In addition, as a morale booster and to encourage social interaction, lunch is provided to attendees of the full day mandatory training sessions which has received positive feedback.

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 current legislation, regulatory requirements, professional standards and guidelines that relate to the accreditation standards. Policies and procedures are updated from an organisational level to reflect change and are accessible to staff electronically. Compliance with legislation, including changes to food safety legislation and fire safety, is monitored through audits, surveys and observation of staff practice. Staff are informed of relevant changes through meetings, electronically, education sessions, memos, noticeboards and communication diaries. Management has systems in place to ensure that buildings are certified, to ensure that food safety standards are met and to ensure that the working environment meets workplace health and safety regulations.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has established processes to ensure management and staff have the appropriate knowledge and skills to perform their roles. Position descriptions describe the qualifications, skills and experience for each position. Staff are required to maintain mandatory and specific role related responsibilities and attendance at education sessions is monitored and evaluated. The education program reflects identified training needs and staff have the opportunity to undertake internal and external training programs relating to the physical environment and safe systems. Training needs are identified in response to changes in resident needs, changes to legislation, performance evaluations, annual training needs analysis, competency assessments, observation of practice, audits and incident reports. Staff are satisfied that education provided is relevant to their work and that management is responsive to requests for additional training needs.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home's environment reflects the safety and comfort needs of residents. Residents occupy single and shared rooms, walkways are free of trip hazards, designated storage areas for equipment and mobility aids are provided and gardens are maintained to ensure safety. Residents are encouraged to personalise their own rooms and utilise the lounges, communal areas and shaded outdoor areas throughout the home. Preventative maintenance is conducted in accordance with established agreements and a reactive maintenance program is responsive to requests in a timely manner. A minimal restraint policy is in place and a secured area is provided for residents at risk of wandering. The living environment is monitored through risk assessments, hazard reports, accident and incident reporting, audits, surveys and feedback from meetings. Residents and representatives speaking on their behalf expressed satisfaction with the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has an occupational health and safety system that is overseen by a workplace health and safety officer to assist in the identification, actioning and review of safety issues. Safety performance is monitored through audits, hazard identification, risk assessments and staff competencies. Staff receive instruction on safe work practices at orientation and annually and additional training is provided in response to changes to the workplace and when new equipment is purchased. Chemicals and hazardous substances are stored securely and generally in accordance with safety guidelines. Health and safety issues are discussed at regular workplace health and safety committee meetings and tabled at other

meetings when relevant. Staff work within safety guidelines and demonstrate knowledge of the occupational health and safety systems.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has documented policies and procedures to manage fire safety, evacuations and other emergencies. Mandatory fire safety training and education is provided for staff at orientation and annually thereafter. Regular fire drills are conducted. Staff demonstrated knowledge of the home's fire and emergency procedures and their role in the event of an alarm and evacuation. Evacuation plans are located throughout the home and exits are clear of obstruction. External providers maintain fire systems, equipment and signage. Emergency procedures are documented and available to staff in the event of other emergencies such as bomb threat, personal threat and medical emergencies. Procedures are in place for maintaining the security of the building after hours and at the weekends.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program in place. The system includes the completion of audits, monitoring infection rates, pest control, cleaning, maintenance, food safety programs, linen handling procedures, disposal of waste and use of spills kits. Staff receive training at orientation and annually, this includes competency assessment. Hand washing facilities are in place throughout the home. An outbreak kit for use in the event of influenza and gastroenteritis outbreaks is available and includes guidelines and appropriate signage; adequate and necessary equipment is available to manage an infectious outbreak. A vaccination program is available for residents and staff. The home has sharps containers and facilities for managing clinical and general waste. There is a program for appropriate stock rotation of food in the kitchen and temperature checks occur in accordance with regulatory guidelines for food and equipment. All equipment is appropriately colour coded. The laundry is divided into areas to promote work flows that minimise cross infection. Staff have knowledge of the systems of infection control practices relevant to their area.

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

Residents and representatives speaking their behalf are satisfied with catering, cleaning and laundry services; feedback indicates that cleaning is regular, laundry services are prompt, there is plenty to eat, meals are well prepared and residents have input into the menu. Catering services are provided by appropriately trained catering staff using dietary information provided and maintained by the home's registered nursing staff. Meals are served in well appointed dining rooms by catering staff. Cleaning services are provided

according to duty statements. Staff use specialised cleaning equipment and wear appropriate personal protective equipment. Laundry staff are provided with a manual that provides procedures for washing, drying, folding and ironing. Processes are in place to label residents' clothing and to collect and return clothing in a timely manner.