Second Avenue Hostel

RACS ID 7217
51-53 Second Avenue
MOUNT LAWLEY WA 6050
Approved provider: Atlanta Investments Pty Ltd & Kamina Investments Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 11 September 2015.

We made our decision on 3 August 2012.

The audit was conducted on 26 June 2012 to 27 June 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

Second Avenue Hostel 7217

Approved provider: Atlanta Investments Pty Ltd & Kamina Investments Pty Ltd

Introduction

This is the report of a re-accreditation audit from 26 June 2012 to 27 June 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 26 June 2012 to 27 June 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:	Katherine Prochyra
Team member:	Shirley Latham

Approved provider details

Approved provider:	Atlanta Investments Pty Ltd & Kamina Investments Pty Ltd

Details of home

Name of home:	Second Avenue Hostel
RACS ID:	7217

Total number of allocated places:	14
Number of residents during audit:	14
Number of high care residents during audit:	5
Special needs catered for:	Residents of cultural and linguistic diversity

Street:	51-53 Second Avenue	State:	WA
City:	MOUNT LAWLEY	Postcode:	6050
Phone number:	08 9271 5674	Facsimile:	08 9272 7498

Audit trail

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

Interviews

	Number		Number
Proprietor/Director of services	1	Residents	3
General Manager	1	Representatives	1
Director of hospitality services and maintenance	1	Quality and compliance manager	1
Clinical nurse manager	1	Assistant general manager	1
Registered nurses	3	Lifestyle and activity co-ordinator	1
Care staff	2	Physiotherapist	1
Therapy assistant	1	Laundry staff	1
Cook	1	Cleaning staff	1
Catering staff	1		

Sampled documents

	Number		Number
Residents' files	5	Medication charts	5
Summary/quick reference care plans	5	Personnel files	5
Dietary preference forms	5	Residents agreements	4

Other documents reviewed

The team also reviewed:

- Accident and incident files

- Acknowledgement of risk forms

- Activity programs

- Archive and asset registers

- Audits surveys and action plans

- Certificates, inspections and licenses file

- Cleaning and catering monitoring records for cleaners, kitchen and laundry staff

- Clinical indicator reports

- Communication books and diaries

- Complaints folder

- Continuous improvement forms, register and improvement plans

- Criminal records checks, as required statutory declaration records, and professional registrations monitoring reports

- Education and training calendar, matrix and course evaluations

- Emergency manuals

- Staff handbook and employment package

- Essential and preventative maintenance schedules

- External service providers police clearance register

- Food safety plan, training matrix and verification of food safety plan from the local council

- Hazard and incident report file and corrective/preventative action file

- Infection control records and associated information

- Job descriptions and duty statements

- Maintenance/cleaning records, and electrical tagging file

- Material safety data sheets

- Meeting minutes

- Memoranda

- Menu

- Monitoring records, treatment charts

- Newsletters

- Order files and stock replacement lists

- Orientation checklists and folders for permanent and agency staff

- Performance appraisal matrix

- Strategic plan, policies, procedures and flowcharts

- Registrations for professional staff

- Resident incident accident reports register

- Residents information package

- Restraint file

- Rosters and allocation sheets

- Standards for access of rooms

- Temperature and equipment monitoring records

- Therapy information and statistics.

Observations

The team observed the following:

- Activities in progress

- Archiving resources

- Chemical storage area

- Complaints and suggestion forms and pamphlets for external complaint sources

- Equipment and supply storage areas

- Fire prevention and fire fighting equipment

- Hazard signage

- Infection control resources

- Interactions between staff and residents
- Internal and external complaints information
- Living environment internal and external
- Meal and refreshment services
- Notice boards, and resident and staff information
- Poison's permit and storage of medications
- Residents' emergency back packs
- Utility rooms
- Waste disposal systems.

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 organisation actively pursues continuous improvement. Ideas for improvement are from external sources and educative material, as well as from within the organisation. The home ensures all stakeholders are aware of and can contribute to improving care and services. Mechanisms feeding into the improvement process and where appropriate, continuous improvement plan include suggestion forms, accidents and incidents, hazards, feedback from meetings, results of audits, and clinical data. Opportunities for improvement are actioned and evaluated. Residents and representatives reported awareness of the continuous improvement process and provided feedback on completed improvements. Staff are knowledgeable about continuous improvement and provided various examples and explained how they are encouraged to contribute to the improvement process.

Improvement initiatives implemented by the home in relation to Standard 1 are described below.

- Families first visiting the home requested information and asked about a website. This led to the establishment of an organisational website, which not only attracts prospective clients but assists them to easily peruse all information about the home as well as information from relevant government sources and help lines. Feedback, both at meetings and informally, is very positive about the website.

- Management wanted to ensure staff have quality skills and knowledge appropriate to the philosophy of care and culture of the home. Management advised that this involved not assuming a particular skill base but engaging in a process for assessing skills in each department and creating a skills competency list. Training and coaching has occurred where gaps were found resulting in less damage to equipment, fewer skin tears, and negligible incidents of workers compensation cases.

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

There are systems to ensure the organisation complies with relevant legislation, regulatory requirements, professional standards, and guidelines. The organisation belongs to industry groups and the peak industry body and receives updates on legislative and regulatory changes from these and government sources. Management is notified of any changes and inform staff as required via memoranda, notices on the notice boards, meetings and training

sessions. Changes to policies and processes in line with legislation occur, as required. The home ensures that registrations for staff, required statutory declarations and police checks are provided and monitored for new and existing staff, volunteers, and contracted professionals. Staff interviewed state they receive advice of legislative changes and guidelines and they comply with these.

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

Residents and representatives report management and staff are skilled, knowledgeable, and effective in their roles. The organisation ensures that management and staff have the knowledge and skills to perform their roles effectively. An interview process, orientation and 'buddy' system, education program, job descriptions, and staff appraisals support recruitment processes. Mandatory training is conducted annually, and a training schedule is developed from information gathered through surveys, appraisals, feedback from meetings, staff suggestions, resident feedback, and in response to regulatory requirements. Staff reported they are well supported with training and are confident they have the skills to perform their roles effectively.

Examples of education and training related to Standard 1 are listed below.

- Accreditation

- Continuous improvement and using resident feedback

- Employer/employee relationships.

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

Residents and representatives reported satisfaction with access to comments and complaints mechanisms. There are processes to ensure that residents and their representatives have access to internal and external complaints mechanisms. Complaint and suggestion forms are accessible, as are brochures for external complaints mechanisms in several languages. Resident handbooks and agreements outline avenues for complaints, and resident meetings encourage feedback from residents and relatives with complaint and suggestion topics being standard agenda items. Staff interviews demonstrate staff are aware of complaints mechanisms and how to assist residents to make a complaint or suggestion.

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 displays its vision, purpose, and values and commitment to quality statement in the entry to the home and in information provided to residents on moving into the home. Staff are introduced to the organisation's vision, purpose, and values at the time of recruitment and induction, through the staff hand book and in policies and procedures.

1.6 Human resource management

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

Team's findings
The home meets this expected outcome

Residents and representatives reported staff are skilled, supportive, and staff numbers are sufficient. There are processes to ensure there are appropriately skilled and qualified staff sufficient to meet the needs of the residents. The general manager maintains the home's staffing ratios and skills mix at levels designed to meet the residents' changing care needs. Staffing levels are monitored through resident and staff feedback, audits and surveys. New staff are orientated to the home's systems, receive mandatory training, and are initially buddied with a more experienced staff member. Staff practice is monitored through performance appraisals and management reported they "walk the floor regularly" to ensure care is provided effectively and staff are supported. Staff reported they have enough time to do their work and that management is receptive to feedback concerning workloads.

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

Residents and representatives are satisfied the home provides goods and equipment necessary to meet residents' service delivery needs. The home has systems to maintain stocks of appropriate goods and equipment for quality service delivery. Designated staff order supplies to maintain optimal levels of stock and regulate stock rotation. The home uses regular suppliers to maintain the quality of products and services. Staff are consulted and are able to trial and assess new equipment for quality and safety. New equipment is purchased based on resident needs. Staff are trained in the use of new equipment and instructions are available. A preventative and corrective maintenance program is in place for maintaining and checking equipment. Staff interviewed stated they have access to goods and equipment to provide appropriate care to residents.

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

Residents and representatives reported they are kept informed and are satisfied with the home's information systems. The home has effective information management systems. Policies and procedures guide staff in the use, disclosure, storage, back-up, retrieval, and destruction of information. Memoranda, clinical information, duty statements, handovers, emails, communication books, notices, and meetings are used to effectively communicate. Information from clinical data, hazards and audits is collated and used to inform staff and improve care. Staff reported they are educated regarding information management and confidentiality at orientation and they have access to sufficient information to guide their work.

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

Staff, residents, and representatives report satisfaction with the standard of externally sourced services. Processes are in place to ensure that externally sourced services are provided in a way that meets the needs and goals of the home. Approved suppliers are used and service agreements specify safety requirements and the level of quality expected. There are processes to monitor police certificates, indemnity insurance, and professional registrations. Management monitor the quality of services via various feedback mechanisms to evaluate quality of service delivery.

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

See Continuous improvement in Standard 1 – Management systems, staffing, and organisational development for an overview of the continuous improvement system.

Examples of recent or current improvement activities related to Standard 2 are described below.

- An audit of urinary tract infections prompted management to introduce a preventative strategy that included comprehensive training for staff in the provisions of grooming, personal hygiene and appropriate fluid intake. To minimise risk, management reported an enrolled nurse works one day a fortnight to monitor the strategy. Early evaluation indicates that infections have decreased and residents' general personal hygiene has improved.

- Residents and representatives provided feedback that residents would like to walk more. Increased physiotherapy hours and education of care staff led to an enhanced walking program with the goals of preventing falls, general increase in health and well being, and pain relief. Management reported the program has not been fully evaluated, however, six residents' mobility has improved.

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 organisation has systems and processes to identify and ensure the home meets regulatory compliance requirements in relation to residents' health and personal care. Registered nurses assess, plan and monitor care for high care residents. Staff interviewed demonstrated knowledge of outbreak guidelines and reporting requirements. Staff reported they are informed about legislation and regulatory compliance requirements at meetings, through memoranda and they receive training as needed.

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

See Education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and training related to Standard 2 are listed below.

- Behaviour management
- Continence management
- Oral care
- Pain management
- Palliative care.

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

Team's findings
The home meets this expected outcome

Residents and representatives stated their satisfaction with the health and personal care provided by staff. The home has systems and processes to ensure residents receive appropriate clinical care through regular assessments, care planning and evaluation. Registered nurses complete the residents' assessment and care plans. The resident's family provide further information and general practitioners review the resident throughout their stay. The home monitors residents' clinical care outcomes through scheduled four monthly and as required reviews, clinical audits, and resident/representative feedback. Staff reported significant changes to individual care needs to the attending general practitioners. Each clinical shift conducts a handover, and staff report, record, and monitor clinical and behavioural incidents.

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 and representatives stated satisfaction with the provision of specialised nursing care. Registered nurses, in collaboration with other qualified staff, assess, plan, manage and review specialised nursing care. Clinical staff access nurse specialists to provide additional advice and support. Specialised nursing care plans and the integrated progress notes record strategies recommended by specialist nurses. Monitoring of specialised nursing care is through care plan reviews, audits, and feedback from residents and representatives.

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 and representatives stated they are aware of the availability of allied health professionals, and the physiotherapist reviews all residents. Registered nurses refer residents when necessary, to external allied health professionals such as occupational therapist, speech pathologist, dietician and podiatrist. Access to audiologists, optometrists and a dental service is available either as visiting services or in the broader community. A psycho-geriatrician and allied counsellors visit the home when required. Documentation of

assessments and prescribed treatments occurs, and specific information is entered in care plans.

2.7 Medication management

This expected outcome requires that "residents' medication is managed safely and correctly".

Team's findings
The home meets this expected outcome

Residents and representatives stated that the administration of residents' medication is managed safely and correctly. Clinical staff and medication competent care staff administer medications from original and multi-dose packaging. Resident identification is clear and administration processes are systematic. A scheduled monitoring system addresses identified deficits, and there are documented processes to guide staff if medication administration errors occur. An independent pharmacist reviews medication charts on a regular basis, providing the attending general practitioners and the home with a report. Residents who wish to manage their own medication are assessed as safe to do so. All medications are administered safely, stored securely, and there is a safe disposal system

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

Residents and representatives stated they are satisfied with the home's management of residents' pain. The identification of each resident's past history and presence of pain occurs during the initial assessment phase using validated and generic assessment tools. Pain management protocols are reviewed if there is a change in residents' cognition levels, clinical status, when there is a new episode of reported pain, and when 'as required' pain relief is administered over a period of time. Alternatives to medication such as limb massage, scheduled repositioning, hot/cold therapies, participation in a formal pain management program and individualised diversional strategies are utilised. Pressure relieving equipment is available, and the home has access to specialised pain management nurses for additional support and advice.

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

Staff consult residents and representatives to deliver care reflecting individual wishes and cultural beliefs to ensure the maintenance of comfort and dignity of terminally ill residents. Registered nurses reassess the resident's needs when the resident has entered into the palliative phase of care, in collaboration with the family, attending general practitioner and, if requested, palliative care specialists. The home has access to specialised equipment for consistent administration of pain relief, and other specific medications to minimise anxiety and nausea via a visiting palliative care service. Staff have undergone specific training in measures to support relatives of terminally ill residents. To enhance resident and relative support, chaplaincy/pastoral care and external counselling services are available.

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 and representatives stated general satisfaction with the quality and quantity of residents' meals and associated support needs. During the initial generic assessment, residents' nutrition and hydration needs, food preferences, food allergies, intolerances/special diets, swallowing difficulties and weight management requirements are noted. Staff use this information to develop individual care plans. Residents have access to a dietician and speech pathologist when required. Staff direct specific and relevant dietary information to the catering staff, and a range of texture modified meals and adaptive crockery and cutlery are available for all meals and refreshment times for those who need them. Residents are weighed frequently according to a validated protocol, and registered nurses and the general practitioners monitor unplanned weight loss/gains. Nutritional supplements enhance residents' nutritional status when required. Culturally appropriate diets are provided where requested.

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 and representatives reported residents' satisfaction with the provision of skin care management. On moving into the home as part of personal hygiene practices, residents undergo a review of their skin integrity. Clinical staff identify risks to skin integrity and the potential for pressure injury. Residents with diabetes, peripheral vascular disease, reduced mobility, receiving palliative care, post-surgery, or who are frail, receive specialised care. Contemporary dressing protocols support wound care management and the home has access to clinical nurse specialists. The home formally monitors skin tears. Registered nurses and the physiotherapist prescribe specialised pressure relieving practices/equipment and formalised repositioning regimes, and emollients and barrier creams are used.

2.12 Continence management
This expected outcome requires that "residents' continence is managed effectively".

Team's findings
The home meets this expected outcome

Residents and representatives stated their satisfaction with residents' continence care. Staff discussed individual resident continence requirements to monitor aids used, how successful the current practices are, and ways to enhance dignity and comfort. Times and levels of staff assistance are individually identified after a period of observation and charting, and individual trials of continence aids are conducted as required. The home has access to a nurse specialist for additional support. Behaviour management includes continence care as a trigger for episodes of agitation and disruptive behaviour and is a consideration if there are disturbed sleeping patterns. The use of invasive bowel preparations is minimised by the implementation of increased hydration, a high fibre diet, and appropriate exercise to maximise normal bowel health. The infection surveillance program monitors urinary tract infections.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

Residents and representatives stated that the behaviours of other residents do not impact on residents' privacy. On moving to the home, all residents undergo behaviour management assessments during the initial phase, three monthly, and when behaviours change. Care plans are developed from assessment information, documented staff observations over a defined period of time, information from adult mental health professionals and family feedback. The home has clear protocols in place to manage the need for restraint for residents who exhibit challenging behaviour. When indicated, individual case conferences are conducted to assist families to understand their relative's behaviour and dispel anxieties. Therapy staff utilise individual diversional, reminiscing therapies, multi sensory equipment and aromatherapy to moderate residents' challenging behaviours. Staff stated their understanding of mandatory reporting requirements. We observed staff interacting in a therapeutic manner with all residents.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Residents stated their satisfaction with the exercise program available throughout the week. On moving into the home, the physiotherapist and registered nurses assess the residents' mobility, dexterity and rehabilitation needs to maximise individual independence. The physiotherapist supports residents with prescribed individualised physiotherapy programs, and therapy staff incorporate gentle exercise into various activities throughout the week. A recently established walking program further encourages residents' independence. Preventive and corrective maintenance programs ensure mobility aids are in good condition. Staff report, monitor, analyse and action all incidents related to residents' falls and near misses.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Residents stated their satisfaction with oral and dental care and assistance provided. On moving to the home, registered nurses review the residents' oral and dental needs. Care plans document individual preferences for cleaning natural teeth, dentures and other care, and residents receiving a high level of care have a choice of toothbrushes. Referrals to the general practitioner and speech pathologist occur if the resident has swallowing difficulties. Residents' oral care is specialised during palliation, and individualised when a resident receives inhaler/nebuliser therapy. Domiciliary dentists visit the home, and staff support residents to attend dental services in the broader community.

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

Team's findings
The home meets this expected outcome

Residents stated their satisfaction with the identification and management of their sensory losses. A formal assessment across all five senses occurs, and the care plan nominates individual strategies to manage needs. Residents are referred to either visiting allied health professionals or in the broader community for optical and audiometry services when required. Care staff offer simple massages, relaxing music, access to a multi-sensory room and quiet conversation to minimise agitation. The living environment is of low stimuli, and residents have access to a smaller lounge for quiet times. During palliation, additional care ensures the enhancement of sensory care.

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

Team's findings
The home meets this expected outcome

Residents reported they sleep well, and stated their satisfaction with the attention provided by night staff. On moving to the home, assessment of the resident's sleeping and rest patterns occurs, and re-assessment occurs if sleep patterns are disturbed. In consultation with the resident and/or representative, care plans generally nominate individual rising and settling and other specific rituals. The home promotes the use of alternatives to medication where possible. Past life histories, pain management, continence care, immobility and behavioural management are defined precursors to disturbed sleep patterns and are integral to individual care planning.

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

See Continuous improvement in Standard 1 – Management systems, staffing, and organisational development for an overview of the continuous improvement system.

Examples of recent or current improvement activities related to Standard 3 are described below.

- Management reported they obtained information from the Agency's magazine, advertisements on television and resident feedback which led to the development of a raised sensory garden. Residents we interviewed reported they enjoy the sensory garden and participate in choosing and caring for plants.

- Residents stated at a residents meeting they would like opportunities to engage socially with children. The home contacted schools in the neighbourhood and both children and teachers attend the home and engage in projects with residents, who reported that they enjoy the visits.

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 organisation has systems and processes to identify and ensure that the home meets regulatory compliance requirements in relation to residents' lifestyle. Residents are offered an agreement as required by legislation, and the home maintains a mandatory reporting register and informs staff about their obligations in relation to elder abuse. Staff and residents advise they are informed about legislation and regulatory compliance requirements at meetings, and by formal communication mechanisms.

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

See Education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and training related to Standard 3 are listed below.

- Cultural awareness
- Elder abuse
- Spark of Life.

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 reported the emotional support provided meets residents' needs and preferences. Management provide residents with information regarding the home's services, an orientation and welcoming process, and encourage family and friends to visit. After a settling-in period, relevant staff conduct assessments to identify residents' social and emotional needs, and clinical and therapy staff develop residents' individual programs and review care plans. New residents are introduced to existing residents from the same cultural background and with similar interests. Clinical and therapy staff refer residents to allied health professionals as required, and volunteer and activity programs further assist residents with 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

Residents reported they are satisfied with the assistance provided by the home in relation to their independence and participation in the life of the community within and outside the home. The home has processes to ensure regular assessment of residents' needs in achieving maximum independence. Relevant staff assess and review the residents' level of ability to participate in activities of daily living. A recently established walking program further encourages residents' independence. Care plans include considerations of the sensory, communication and mobility needs of residents when promoting independence. The home encourages residents to maintain friendships and participate in the life of the community through outings and community visitors. The home consults with residents and their representatives about risks associated with activities, and balances risk taking with safety in decision making to allow residents to remain independent. Staff described strategies to assist residents maintain independence in all aspects of their lives.

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 reported the home respects residents' privacy, dignity and confidentiality. The home has processes to ensure that each resident's right to privacy,

dignity and confidentiality is recognised and respected and the admission package details these rights. The home's environment promotes privacy, including the provision for quiet indoor and outdoor areas for residents. The home provides residents' health and personal care services in allocated facilities, and uses feedback mechanisms and audits/surveys to monitor the effectiveness of residents' privacy and dignity. Staff described strategies for supporting personal and clinical care that protect the dignity and privacy of residents.

3.7   Leisure interests and activities

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

Team's findings
The home meets this expected outcome

Residents and representatives reported that residents are satisfied with the range of activities offered to them. There are processes to encourage and support residents to participate in a wide range of interests and activities of interest to them. The registered nurses assess residents when moving into the home and as required, and the lifestyle co-ordinator identifies residents' leisure and interests needs with assistance from family members. The home develops and displays a focused activity program to accommodate individual and group needs and other areas of care such as diversional and sensory therapy. There are planned sessions throughout the week to optimise residents' participation and encourage social interaction. Therapy assistants described ways to encourage residents to participate in activities and how they provide one-on-one activities for those residents who are unable, or who choose not to participate in group activities. Processes are in place to evaluate the residents' past/current interests and activity programs via residents' feedback, meetings, surveys/audits, and review of care planning and residents' attendance to activities records.

3.8   Cultural and spiritual life

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

Team's findings
The home meets this expected outcome

Residents and representatives reported satisfaction with the cultural and spiritual support provided by the home. Staff assess residents' individual interests, customs, cultural and ethnic backgrounds when moving to the home. Clinical staff review and communicate this information to relevant staff via care plans and dietary sheets. The home facilitates regular religious services, and residents who wish to access representatives of other denominations receive assistance as appropriate. The home celebrates religious, special events and cultural days of significance, and community associations visit the home as part of the activity program. Residents from differing cultural backgrounds are enabled to have community visitors for their country of origin. There are specific cultural provisions for the two main ethnic diversities in the home such as multi-lingual staff, dietary options and specific cultural community days. A schedule of activities is available to residents for religious services and cultural celebrations.

3.9   Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents and representatives reported that residents are supported to make choices in all aspects of their daily life. Management and staff encourage and support residents' individual choices and decisions across all areas of care and service delivery when moving into the home and thereafter. The home conducts meetings and family conferences to provide residents and representatives with a forum to express views and participate in decisions about care and service. Authorised representatives make decisions on behalf of residents who are unable to act for themselves when moving into the home, and as required thereafter. Staff reported strategies for supporting residents' individual preferences, including choice of doctors, meals, refusal of care, or intervention and participation in activities. The home uses feedback mechanisms and audits/surveys to monitor the effectiveness of residents' choices and preferences.

3.10   Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents and representatives reported they are satisfied residents have security of tenure at the home The home has processes to ensure residents have secure tenure within the home, and understand their rights and responsibilities. On moving to the home, residents or their authorised representatives receive a residential care agreement covering the residents' level of care assessed, exit criteria and extra services where applicable. The agreement includes information regarding complaint mechanisms and advocacy groups, financial aspects, residents' rights and responsibilities and associated schedules. The home uses a monitoring mechanism to ensure residents have signed a residential agreement and received appropriate information about security of tenure and rights and responsibilities. Management provides residents and representatives with consultation prior to room transfers within the home.

Standard 4 – Physical environment and safe systems
Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

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

Team's findings
The home meets this expected outcome

See Continuous improvement in Standard 1 – Management systems, staffing, and organisational development for an overview of the continuous improvement system.

Improvement initiatives implemented by the home in relation to Standard 4 are described below.

- Families reported missing clothing to management. In response the home is stitching labels on residents' clothing after adhesive labels were found to be unreliable. There is a register for clothing and the home's policy is to replace residents' clothing without charge if clothes are missing for more than two weeks. Evaluation shows that misplaced clothing is almost negligible, and residents and relatives reported satisfaction with laundry services.

- Due to resident feedback about food, management has reviewed where residents sit, and residents are provided with more options and are able to order on the day. Management reported the food experience has improved with increased opportunities for socialisation and greater choice. A Polish cook provides Polish recipes on Sundays which the high number of Polish residents reported they enjoy. Residents we interviewed were highly satisfied with the extra choices and also reported t the food is hotter as there is a concentrated effort to serve food quickly.

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 management systems to ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Workplace, building, catering, and fire emergency preparedness are routinely inspected and audited. Material safety data sheets are stored with chemicals, and infection control guidelines are available. The home has a food safety program to provide staff guidance. Interviews with staff demonstrate their knowledge of regulatory compliance requirements.

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

See Education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and training related to Standard 4 are listed below.

- Chemical handling

- Fire training

- Infection control

- Manual handling.

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

Residents and representatives reported that the home is private and comfortable, air conditioned and they feel safe and secure. The home provides a safe and comfortable environment, consistent with residents' care needs. Residents are encouraged to personalise their rooms with furniture, pictures, and personal mementos and they have access to communal and private areas for social interactions and activities. Environmental audits and inspections are regularly undertaken and actioned, and a maintenance program is used with linkage to hazard management. Protocols are established to manage residents who may wander from the home.

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

Processes are in place to educate staff at orientation and on an ongoing basis regarding occupational safety and health responsibilities. The home uses accident and incident reporting mechanisms, audits, preventative and corrective maintenance schedules, hazard reporting, and suggestion forms to identify and take action on reported incidents and potential hazards. Information regarding occupational safety and health is communicated to staff through meetings, awareness raising, memos, and notice boards. The home has a trained occupational health and safety representative, and occupational health and safety is a standard agenda item at meetings. Staff interviews and observations demonstrated awareness of occupational health and safety requirements and potential hazards are marked or removed from the environment.

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

Residents and representatives interviewed were aware of the process to follow should the fire alarm sound. The home has systems and processes to provide a safe environment and to reduce the risk of emergencies, fire, and security breaches. Fire security and emergency procedures are available to staff, residents, and visitors, informing them of how to proceed in the event of an emergency. The organisation has policies and procedures should an evacuation be required including alternate accommodation. Contracted fire services carry out routine inspections, and testing of fire systems and equipment, and the home acts on recommendations. Electrical tagging is maintained. The building is equipped with fire prevention and fire fighting equipment and access is by coded key pad and a door bell. All visitors and residents sign a in and out register. Staff attend fire and safety training, and were able to report the processes to follow in the event of an emergency.

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

Team's findings
The home meets this expected outcome

Residents and representatives reported satisfaction with the home's infection control program. The home has an effective infection control program. A clinical staff member holds the infection control portfolio. Policies, guidelines, outbreak and spill kits are available in the home to assist staff. Infection data is collated, analysed, and trends noted to ensure action is taken to reduce infections. Equipment and signage is utilised to lessen the risk of infection. Infection control is a mandatory training topic for all staff who were able to provide examples of infection prevention strategies. The external infection control consultant showed reports and statistical data demonstrating that the home has a low incidence of infection.

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, representatives, and staff reported satisfaction with hospitality services. Systems and processes for catering, cleaning, and laundry are provided to enhance the residents' quality of life and meet their needs. A dietician approved culturally appropriate menu is in place. Changes to menu occur in response to residents' surveys and feedback. Dietary preferences and requirements are provided and monitored to reflect residents' changing needs. Housekeeping staff provide laundry services and are guided by scheduled task lists and duties, and high cleaning is undertaken as per the maintenance program. Colour-coded mops are used for infection control and there is a labelling and sorting system to prevent loss of linen and clothes. All hospitality services are provided to meet the home's food safety and infection control requirements, and monitored for quality via feedback, audits, and surveys.