Sinnamon Village - William Moore Court

RACS ID 5996
620 Seventeen Mile Rocks Road
SINNAMON PARK QLD 4073
Approved provider: The Uniting Church in Australia Property Trust (Q)

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 6 October 2015.

We made our decision on 7 September 2012.

The audit was conducted on 30 July 2012 to 31 July 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

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

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

Standard 2: Health and personal care

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

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

Standard 3:   Resident lifestyle
Principle:

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

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

Standard 4:   Physical environment and safe systems
Principle:

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

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

Audit Report

Sinnamon Village - William Moore Court 5996

Approved provider: The Uniting Church in Australia Property Trust (Q)

Introduction

This is the report of a re-accreditation audit from 30 July 2012 to 31 July 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 30 July 2012 to 31 July 2012.

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

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

Assessment team

Team leader:	Karen Thurecht
Team member/s:	Kathy Prain

Approved provider details

Approved provider:	The Uniting Church in Australia Property Trust (Q)

Details of home

Name of home:	Sinnamon Village - William Moore Court
RACS ID:	5996

Total number of allocated places:	56
Number of residents during audit:	54
Number of high care residents during audit:	54
Special needs catered for:	N/A

Street/PO Box:	620 Seventeen Mile Rocks Road	State:	QLD
City/Town:	SINNAMON PARK	Postcode:	4073
Phone number:	07 3714 5231	Facsimile:	07 3714 5232
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Acting Director of Nursing	1	Residents/representatives	10
Acting Clinical Nurse Consultant	1	Chaplain	1
Acting Clinical Nurse	1	Residential Services Coordinator	1
Accreditation Officer	1	Leisure Lifestyle Coordinator	1
Physiotherapy staff	2	Medical Officer (via phone)	1
Registered staff	2	Catering	3
Care staff	4	Cleaning	2
Maintenance	2	Laundry	1

Sampled documents

	Number		Number
Residents' files	8	Medication charts	12
Care plans	8	Personnel files	6

Other documents reviewed

The team also reviewed:

- Audits
- Case conference records
- Cleaning schedules
- Communication book
- Compliments and complaints folder
- Dietary needs and preferences
- Disaster plans
- Duties lists
- Education calendar and programs
- Evacuation list
- Fire management folder
- Food safety manual
- Food safety temperature records
- Handover documentation
- Hazard forms
- Incident folder (residents)

- Incident management graphs

- Infection control data

- Maintenance book

- Material safety data sheets

- Meeting minutes and memos

- Menu

- Police check matrix

- Recruitment policies and procedures

- Refrigerator temperature records

- Residential services care agreement

- Residents' handbook

- Residents' information package

- Risk assessments

- Risk management folder

- Staff handbook

- Staff incidents

- Staff signature register

- Staff training and education records

- Staffing information

- Surveys

Observations
The team observed the following:

- Activities in progress

- Activities schedules on display

- Catering processes

- Chemical storage

- Comments and complaints processes displayed

- Emergency exits and routes of egress

- Equipment and supply storage areas

- Evacuation signage

- File and information storage areas

- Food storage

- Hand washing facilities and practice

- Information brochures and notices

- Interactions between staff and residents

- Living environment

- Meal and beverage services

- Medication storage and medication administration
- Outbreak box and spill kits
- Personal protective equipment in use
- Sharps and waste disposal
- Sign in/out book

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

There is a continuous quality improvement program operating within Sinnamon Village - William Moore Court (the home) capturing opportunities for the identification, implementation and evaluation of improvement activities. The acting director of nursing runs the program and monitors ongoing improvements. Suggestion for improvement forms, hazard identification and risk assessment, audits, satisfaction surveys and meetings are used to identify potential improvements. A quality meeting is held monthly to review continuous improvement activities. Residents and staff are aware of continuous improvement processes at the home and are satisfied that they are effective.

Improvement activities implemented by the home in relation to Standard 1 Management systems, staffing and organisational development include:

- A review of quality systems resulted in the appointment of a continuous quality improvement coordinator one day a week at the home. This role ensures improvements are registered, internal audits are carried out according to the schedule and clinical indicator data is referred to the acting director of nursing for trending and discussion at the newly established monthly quality committee meetings. The acting director of nursing reports this has improved the home's ability to carry out improvement activities in a timely manner and to ensure follow-up and feedback to staff and residents is also timely.

- A training matrix was implemented to capture training attendance for individual staff members including both mandatory and in-service training. The matrix provides a flag for management if individual staff have not attended required training and follow-up can take place immediately. The acting director of nursing reports this has improved managements' ability to monitor staff participation in training and ensure all staff have the necessary skills to carry out their work.

1.2 Regulatory compliance

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

Team's findings
The home meets this expected outcome

The home has systems to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the accreditation standards. Policies and procedures are updated to reflect change and are accessible electronically, in folders in the nursing stations and through information from management. Compliance with legislation is monitored through audits, surveys and observation of staff practice. Staff are informed of relevant

changes through meetings, education sessions, memoranda, communication books and notice boards. The home ensures relevant individuals have been screened through a current criminal record check and management monitor for three yearly updates. Residents/representatives were informed of the re-accreditation audit through correspondence, meetings and notice boards.

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 ensures management and staff have appropriate knowledge and skills to perform their roles through the provision of ongoing education and staff development. Staff training needs are identified through staff surveys, performance appraisal processes and analysis of clinical indicator trends. Education records are maintained for individual staff members including participation and attendance, competencies and certificates attained. Staff are encouraged and supported to identify external training opportunities relevant to their roles. Training effectiveness is monitored through staff feedback, informal evaluation and trending of improvement in practice. Adjustments to training are made in response to evaluations. Some training sessions held in relation to Standard one include continuous improvement and using the internet.

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 their representatives have access to internal and external mechanisms for providing feedback on the services provided by the home. Complaints are logged and registered and processes and timelines are in place to ensure investigation and response is carried out in a timely manner. Residents and their relatives are informed about the processes for feedback and encouraged to provide feedback and/or raise issues with the home through resident handbooks, the newsletter, resident meetings and in one on one consultation with staff and management. Residents are familiar with the mechanisms for raising complaints and are satisfied their complaints are managed effectively.

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

Team's findings
The home meets this expected outcome

The home has documented their mission, vision and commitment to quality. These are displayed in public areas of the home and in resident and staff orientation packs.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has human resource policies and procedures guiding the recruitment and effective orientation of appropriately skilled and qualified staff. Processes include recruitment criteria, reference checking, monitoring of registrations and police checks. Residents' changing care needs, staff availability and skill mix are monitored and form the basis of a flexible rostering system. A range of strategies is used to monitor and manage staff performance, including performance appraisals, staff meetings and training, competency testing and supervision. Residents are satisfied with the responsiveness of staff to 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

There are systems and processes for the purchase of operational goods and equipment to ensure there is sufficient and appropriate supplies to deliver the care and services required by residents. Stock levels are maintained on a rotational basis including clinical and personal care products and hospitality supplies. A reactive and preventive maintenance system is in place to ensure reliability of equipment and training is provided to staff when new equipment is purchased. Staff and residents are satisfied the home provides adequate supplies and equipment to meet the residents' needs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home ensures information is managed in a secure, confidential and effective manner. Processes include restricted access to service information and resident personnel files, locked storage areas and restricted access passwords to computers. Information is communicated to staff through meetings and meeting minutes, memoranda, notice boards, handover processes, communication books and clinical documentation. Management communicates with residents and their families through newsletters, residents' meetings and one on one discussion. Residents and staff are satisfied the home's information systems are effective.

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

Service agreements outline the home's requirements and the quality of service to be provided to the home. Key personnel monitor performance of external providers and evaluations are reported to corporate support services. Managers are supported in sourcing alternative suppliers if they are unsatisfied with services provided. Residents and staff are satisfied with the quality of external services.

Standard 2 – Health and personal care
Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

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

Team's findings
The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, staff record resident falls, skin tears, medications, behaviours and absconding residents and this information is then collated and analysed for trends. Residents and staff are satisfied the home actively promotes and improves residents' physical and mental health.

Improvement activities implemented by the home in relation to Standard 2 Health and personal care include:

- A review of pain management led to employment of a physiotherapy aide to implement, under the direction of the physiotherapist, a walking program and an exercise program for residents. The physiotherapy aide also assists with alternative pain management strategies such as massage. Clinical staff report a reduction in the use of analgesia for pain management as a result of the use of prevention strategies and alternative pain management.

- An increase in urinary tract infections led to focussed training for staff in relation to prevention, a review of processes around continence management and hygiene and distribution of information resources to staff. The acting director of nursing reports the increase in staff awareness has contributed to a reduction in the incidents of urinary tract infections among residents. In addition, the use of kylies has been discontinued leading to a reduction in the incidence of skin rashes, with enhanced continence management through alternative aid allocation.

- The home has implemented a program to increase residents' access to specialist consultation through the use of electronic media. One resident has accessed a consultation with a specialist in relation to a skin condition via Skype and there are plans in place for more residents to access specialist advice in this way. The acting clinical nurse consultant reports residents appreciate the increased access without having to travel from the home.

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's systems and processes for identification and monitoring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

In relation to Standard 2, Health and personal care, management maintain and monitor the systems to manage residents' care planning in accordance with *the Quality of Care Principles 1997*, protocols for medication management and the reporting of unexplained absences as set out in *The Accountability Principles 1998*.

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the systems and processes the home has in place to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. Staff report management is responsive to their learning needs. Examples of education provided relevant to Standard 2 are falls prevention and dementia.

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

Team's findings
The home meets this expected outcome

The initial care needs of residents are identified on entry through observation and consultation with residents and their families; information is captured on an interim plan while the assessment processes are taking place. Following the assessment phase individual care plans are developed with consideration of residents' needs and choices. Residents have access to registered staff for the management of their clinical care. Access to onsite medical officers and health professionals is facilitated by the clinical staff as needs are identified. Care plans are reviewed four monthly and more frequently if required. Changes to residents' health status are identified, actioned and documented. Residents/representatives indicated satisfaction with the clinical care provided and staffs' understanding of residents' care needs.

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

There are processes to ensure residents' specialised nursing care needs are identified and managed by appropriately qualified staff. Information gained on entry and through the assessment phase informs registered staff of residents' needs. Referral to other health professionals or specialists occurs where there is an identified need. Examples of specialised care needs currently being provided include indwelling catheters, variable dose medication, insulin therapy, enteral feeding, oxygen therapy, complex pain management and wound management. Specific specialise nursing care needs are monitored and evaluated through the care plan review process. Registered staff have access to education, resources and equipment to provide specialised nursing care. Residents/representatives reported satisfaction with the management of specialised nursing care needs.

2.6 Other health and related services
This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".

Team's findings
The home meets this expected outcome

The need for referral to allied or other related health professionals is identified upon entry to the home. Onsite and visiting health professionals document assessments and develop plans of care which are implemented by care staff. Evaluation and follow up occurs. Examples of recent referrals and assessments by allied and related health professionals include dietician, speech pathologist, dentists, hearing and optical specialists, physiotherapist, occupational therapist, and podiatrist. Residents are assisted to attend appointments onsite, externally and through video conferencing, where indicated. Residents/representatives indicated satisfaction with the residents' access to other health and related services.

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

Team's findings
The home meets this expected outcome

Medications are supplied in a sachet packaging system delivered weekly and as changes occur. Residents' medication is administered by registered staff who have undertaken medication competencies. Medical officers prescribe medications on charts which contain special instructions, allergies and photo identification. There are processes to manage and account for controlled medication, including disposal of discontinued medications. Periodic and time critical medications are monitored for appropriate administration times. Medication incidents and care practice issues are reported, monitored and acted upon. Education is provided and access to resources support the registered staff. The need for 'as required' medication is assessed by a registered nurse and reviewed for effectiveness. Medication charts are generally signed following administration. Medication reviews are conducted by medical officers and the pharmacist. Residents/representatives expressed satisfaction with the management of medications.

2.8 Pain management
This expected outcome requires that "all residents are as free as possible from pain".

Team's findings
The home meets this expected outcome

Registered staff undertake assessment of each resident to determine the presence of pain utilising verbal and nonverbal processes. Residents with ongoing pain symptoms are assessed at regular intervals in consultation with the medical officer, registered staff and relevant allied health professionals, such as the physiotherapist. Care plans detail individual management plans to ensure residents' comfort is maintained. Clinical staff utilise a variety of strategies to manage symptoms including massage, electro-magnetic therapy, heat pads and the provision of regular or 'as required' analgesia. Evaluation of the combined effectiveness of analgesia and pain strategies occurs. Residents expressed satisfaction with the management of their pain symptoms and the response by staff when pain is reported.

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

Residents' palliative care needs are identified through assessment and in consultation with the resident, family members, medical officers and the health care team. Residents' cultural and spiritual needs and preferences are also identified. End of life care pathways are used when a resident is receiving palliation and they are monitored for symptom control. A designated palliative care room is available to support residents and their extended family. There are resources and equipment to meet residents' palliative care needs. Registered staff demonstrate relevant skills and knowledge in the management of residents' palliative care needs. Emotional support is provided to residents and their extended families through the onsite chaplain and care staff. Memorial services are held and are coordinated by the chaplain. Representatives said they felt confident staff understand residents' extended care wishes and are consulted regarding care and treatment options.

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' individual needs are identified through focused assessment on entry. Dietary requirements and preferences for eating and drinking are communicated to the catering staff. Food and fluid intake is monitored where indicated. Weight monitoring data is reviewed by the clinical staff and referrals to allied health professionals occur where there is an identified need. The menu is reviewed by a dietician for nutritional value and residents are able to have fresh fruit as part of their daily eating regimes. Strategies such as texture modified diets, thickened fluids, finger foods, enteral feeding and supplementation are utilised. Residents are assisted to eat and drink and aids are supplied where indicated.
Residents/representatives said they were satisfied with the provision of food and fluids.

2.11 Skin care
This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's findings
The home meets this expected outcome

Residents' skin integrity is assessed on entry and an individual plan of care is developed. Risks to skin integrity are managed through the use of repositioning, skin protective devices, pressure relieving equipment and the application of creams and emollients. Skin care products and continence aids are changed where improved outcomes for residents' skin can be achieved. Pressure areas are generally assessed for causative factors and additional repositioning and cream application occurs. Skin tears are reported, actioned and trends identified, with reassessment and review of manual handling techniques to minimise the risk of further skin tears. Wound care is undertaken by registered staff and evaluations are documented. Residents/representatives indicated satisfaction with the maintenance of the residents' skin consistent with their general health.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Continence assessment is conducted on entry and as changes to residents' needs occur. Normal patterns are identified and where indicated aids are provided to assist in maintaining or improving residents' continence. Bowel monitoring is undertaken by care staff and interventions such as increased fibre, fluids and aperients are utilised, where indicated. Toileting programs are included in care plans and staff assist residents as required. Staff are provided with training in continence management and the application of aids and management of indwelling catheters. Residents/representatives said they were satisfied with the assistance of staff to meet residents' toileting and continence care needs.

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 with challenging behaviours are assessed through behaviour monitoring charts. Individual management plans are developed to guide staff. Risk assessments are conducted and where indicated residents with increased or challenging behaviours have a 24 hour care plan to guide staff. Staff are provided with training in dementia and the management of residents with challenging behaviours such as aggression. The incidence of behaviours including aggression is reported and monitored; management plans are reviewed when episodes of physical aggression occur. Residents/representatives said they were satisfied with the support provided to 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' mobility and dexterity is assessed by a physiotherapist in consultation with the resident and other members of the health care team. A physiotherapy plan is documented to guide staff practice regarding residents' mobility and manual handling requirements. An exercise program is also developed and implemented by physiotherapy aides. The incidence of falls is reported and monitored for any trends. Risk assessment processes are utilised by the occupational therapy staff to ensure the safety of the residents' physical environment. Aids are provided to assist residents to mobilise and maintain their dexterity. The use of sensor mats and increased monitoring is aimed at minimising risk to residents. Residents expressed satisfaction with the assistance provided to maintain their mobility and dexterity.

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

Team's findings
The home meets this expected outcome

Residents' oral and dental health care needs are identified on entry and as care needs change. Referrals to dental services are arranged where there is an identified need. Individual mouth care regimes and preferences are documented in resident care plans, including consideration for oral mucosa during palliation. Meal textures are modified where residents have oral or dental conditions to assist with eating. Residents/representatives said they were satisfied with the residents' oral and dental care and referral when required.

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 with sensory loss or impairment are identified on entry through the assessment process with consideration for all senses. A plan of care is developed which includes residents' preferences for management. Staff assist residents with the cleaning and fitting of aids and a register is maintained of each resident's individual aids and required maintenance. Referrals to specialists are initiated where there is an identified need. Resources are provided to residents to assist in activities of daily living and include large print books, lighting, positioning to maximise optimal hearing or vision and small or redesigned activities to compensate for sensory loss. The home has a sensory room to provide variable sensory experiences which also assists in the management of behaviours. Residents/representatives expressed satisfaction with the assistance and support to maintain the residents' sensory ability.

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

Staff assist residents to achieve natural sleep patterns through assessment of their patterns and preferences. Rising and settling times are known and supported by staff. Strategies to manage disturbed sleep include the provision of reassurance, warm/cool drinks, food, reduced lighting, repositioning and toileting or continence care. Where required, residents are provided with sedation which has been prescribed by the medical officer. Flexible routines for residents assist in optimising sleep and rest periods. Residents are satisfied with the assist to achieve their preferred sleep patterns and rest times.

Standard 3 – Resident lifestyle

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

3.1   Continuous improvement

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, resident meetings and resident surveys are used to gather suggestions. Feedback is regularly recorded and evaluated from all lifestyle and care activities. Staff encourage and support residents and others to provide feedback and suggestions.

Improvement activities implemented by the home in relation to Standard 3 Resident lifestyle include:

- Feedback from staff and an increase in clinical incidents resulted in an increase of leisure and lifestyle activity hours in the afternoons on weekends. The increased hours are used to provide additional small group and individual activities for residents. Staff report residents are more settled and behaviour related incidents and falls have reduced as a result of the additional hours.

- The home implemented an annual memorial service for relatives of past residents. The first service was well attended and many participants expressed their appreciation of the memorial service in writing to 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

Refer to expected outcome 1.2 Regulatory compliance for information about the home's systems and processes for identification and monitoring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

In relation to Standard 3 Resident lifestyle, management maintain and monitor the mandatory reporting register and ensure residents are provided with security of tenure.

3.3 Education and staff development

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the systems and processes the home has in place to ensure management and staff have appropriate knowledge and skills to perform their roles effectively.

Staff report management is responsive to their learning needs. Examples of education provided relevant to Standard 3 include mandatory reporting in relation to assault.

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

There are processes to identify and assess emotional support needs on entry and when changes to care needs occur. The client services coordinator meets with the prospective resident and their family and they are given information about the home prior to entry. The therapy staff, in consultation with the care staff, orientate the resident to the new environment. Individual care plans are developed and reviewed to reflect residents' emotional support needs. Access to pastoral care, chaplaincy or counselling services is facilitated where residents require additional or ongoing support. Residents/representatives interviewed said that staff and management are supportive and understand residents' 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' needs in relation to their independence are assessed on entry and when changes to care needs occur, via focus assessment tools. The care staff, therapy and relevant allied health specialists such as physiotherapists and occupational therapists develop and review the care plans to reflect the desired levels of independence. Aids to assist with maintaining optimal levels of mobility are provided or sourced for residents. Residents are encouraged to be independent wherever possible. Risk assessment processes are utilised when there is an identified need to support residents' safety and independence. Residents/representatives reported staff assist residents to achieve desired levels of independence.

3.6 Privacy and dignity

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

Team's findings
The home meets this expected outcome

There are established processes to identify and assess residents' privacy and dignity needs on entry and when changes to care needs occur. Care plans reflect residents' individual needs and include consideration for the residents' family and friends. Clinical staff are aware of privacy and dignity considerations when attending to residents' care needs within shared rooms. Signage is used to alert anyone entering the room that care is being provided. Care staff address residents by their preferred name. Resident information is stored and utilised in a manner supporting residents' privacy and confidentiality. Residents/representatives are satisfied with the approach by staff to ensure residents' privacy, dignity and confidentiality needs are maintained.

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

With information from residents and their families, the leisure and lifestyle coordinators identify and meet activity and lifestyle needs. Care plans are developed on entry with input from the resident, carers and therapy staff; regular reviews occur and the care plan is amended when changes are identified. Residents are encouraged to attend planned activities and indicated their wish not to participate is respected. The monthly activities calendar is printed and distributed to residents as well as being displayed in the home. The home offers a seven day program. Large and small group activities are provided with support from volunteers. Due to higher care need staff provide additional one-to-one time with residents. Records of attendance, participation and enjoyment are maintained to assist in evaluation of the program. Activities are evaluated with residents and reflect individual interests and preferences as well as the preferences of the wider group of residents. Residents/representatives said they are satisfied with the range of activities and the residents' ability to make choices regarding day to day participation.

3.8 Cultural and spiritual life

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

Team's findings
The home meets this expected outcome

The identification of residents' cultural and spiritual needs occurs following entry via the assessment process. Care needs and preferences are reflected in the resident care plan developed by the therapy and care staff. Specific cultural and religious activities are programmed and links to the various religious denominations are maintained. Designated areas are available for services and the home has a chapel. An onsite chaplain provides visitation to residents where there is a request or an identified need. Access to interpreter services can be obtained if required. Residents reported their cultural and spiritual needs and preferences are respected and supported through a variety of activities including access to

church services, devotions, communion rites and recognised days of individual or cultural celebration.

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

Team's findings
The home meets this expected outcome

Residents are informed about their rights and responsibilities through interview on entry. Written information about their rights and responsibilities is also contained within the residential care agreement which is offered to all residents or their representative prior to entry. There are established processes to identify and assess choice and decision-making needs on entry and when changes to care needs occur. Information in relation to residents' appointed decision-makers or the presence of advanced health directives is identified and documented. Residents have the right to refuse care or treatment offered and such refusal is documented in the progress notes. Access to advocacy services can be facilitated. The three monthly residents' meeting and one to one consultation by therapy staff provide residents with information to support their choices and decisions. Some staff are bilingual and can assist residents from other backgrounds to make day to day decisions, where appropriate. Residents/representatives reported they are able to participate in decision making and choices regarding residents' care and lifestyle.

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

Team's findings
The home meets this expected outcome

All residents and/or representatives are offered a residential care agreement prior to entering the home and they are encouraged to seek independent advice regarding the terms and conditions. The agreement contains information on relevant fees or charges, rights and responsibilities as well as external complaints processes and advocacy services. Information and brochures relating to rights, responsibilities and advocacy are also displayed for residents and their families. Residents are consulted regarding movement within the home should their care needs change. Residents/representatives reported that they (or their family member) feel secure and are aware of their rights and responsibilities.

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

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

Team's findings
The home meets this expected outcome

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

Examples of improvement initiatives relevant to Standard 4 Physical environment and safe systems and implemented by the home include:

- Resident feedback indicated dissatisfaction with the appearance of the entrance to the home and resulted in a plant program to rotate plants from the courtyard into the entrance corridor on a weekly basis. Residents express satisfaction with the improved appearance of the entrance to the home.

- Resident feedback led to the provision of new outdoor furniture in the courtyard to provide additional furnishings for residents and relatives to meet outdoors. Resident feedback through resident meetings indicates they are happy with the new furniture.

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's systems and processes for identification and monitoring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

In relation to Standard 4 physical environment and safe system, the home has a food safety program and management maintain and monitor systems to manage fire safety compliance and a safe environment.

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the systems and processes the home has in place to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. Staff report management is responsive to their learning needs. Examples of education provided relevant to Standard 4 are manual handling, safe food handling and fire and emergency procedures.

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

Management provides an environment ensuring residents and their visitors have safe access to clean internal and external areas. There is sufficient furniture for residents to meet with one another and their visitors with comfort and privacy. Residents' rooms are clean, odour free and well lit. There is a process to ensure restraints, where required, are authorized and reviewed regularly. Hazards are identified and risk assessed and remedial action is taken as necessary. Preventive and reactive maintenance processes ensure equipment and buildings are safe and environmental audits are carried out to monitor the home's physical environment. Residents are satisfied with the living environment of 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

The home maintains an occupational health and safety system meeting regulatory requirements and minimising risk to staff. Organisational management provide support and guidance through updating policies and procedures regularly and providing on-site training and support to key personnel. Staff participate in mandatory training in relation to occupational health and safety and have access to trained on-site occupational health and safety representatives. Occupational health and safety issues are discussed as a standing agenda item at staff meetings. The internal audit system ensures monitoring of staff practice and the safety of the environment. Staff demonstrate effective knowledge of occupational health and safety requirements.

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

Systems and processes are in place for detection and action in the event of a fire, security breach or other emergency within the home. Fire fighting equipment, including fire blankets, extinguishers, hoses and fire identification panels, is maintained by external contractors and monitored by the maintenance officer. Evacuation plans are displayed throughout the home with evacuation lists and emergency manuals readily available for staff. Staff training occurs at induction and annually and is monitored to ensure all staff attend. Staff confirm they have knowledge of their responsibilities in the event of an emergency.

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

Team's findings
The home meets this expected outcome

The home has processes to effectively manage infection control in the areas of clinical, catering, cleaning and laundry practices. Infection control policies guide staff practice and include guidelines on outbreak management. Staff have access to hand washing facilities and personal protective equipment and have had training in infection control practices relevant to their role responsibilities. There is a monitoring program overseeing the incidence of resident infections to identify trends that may occur and audits are undertaken to ensure appropriate staff practices are maintained. Staff demonstrate knowledge of infection control principles during resident care and service delivery.

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

Team's findings
The home meets this expected outcome

The home provides hospitality services meeting residents' needs. Meals are prepared at an external site and are delivered daily according to the 'cook/chill' model. Residents have input into the development of a seasonal menu and are offered alternative choices at meal times according to their preferences. Residents are invited to provide feedback on meals through the resident meetings, feedback forms or directly to staff and management. The menu is adjusted in accordance with residents' feedback. Laundry services are provided through an external supplier with items delivered to residents' rooms. The home has processes to ensure the minimisation of 'lost' items. Cleaning schedules guide cleaning staff and ongoing monitoring systems ensure the home is clean and odour free. Residents are satisfied with the hospitality services provided by the home.