Southern Cross Apartments Moama
RACS ID 0565
82 Regent Street
MOAMA NSW 2731
Approved provider: Southern Cross Care (NSW & ACT)

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 19 November 2015.

We made our decision on 27 September 2012.

The audit was conducted on 21 August 2012 to 22 August 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

Southern Cross Apartments Moama 0565

Approved provider: Southern Cross Care (NSW & ACT)

Introduction

This is the report of a re-accreditation audit from 21 August 2012 to 22 August 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 21 August 2012 to 22 August 2012.

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

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

Assessment team

Team leader:	Deanne Maskiell
Team member:	Tracey Gemmill

Approved provider details

Approved provider:	Southern Cross Care (NSW & ACT)

Details of home

Name of home:	Southern Cross Apartments Moama
RACS ID:	0565

Total number of allocated places:	40
Number of residents during audit:	37
Number of high care residents during audit:	28
Special needs catered for:	Secure unit

Street:	82 Regent Street	State:	NSW
City:	Moama	Postcode:	2731
Phone number:	03 5482 2973	Facsimile:	03 5482 3127
E-mail address:	tgrainger@sch.org.au		

Audit trail

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

Interviews

	Number		Number
Management	3	Residents/representatives	9
Care staff	6	Pastoral care staff	1
Administration assistant	1	Occupational health and safety staff	1
Catering staff	1	External contractor	1
Maintenance staff	1		

Sampled documents

	Number		Number
Staff files	8	Medication charts	9
Residents' files	6	Resident agreements	4

Other documents reviewed

The team also reviewed:

- Audits and surveys
- Care plans, assessments and progress notes
- Catering certification
- Catering records
- Cleaning records
- Clinical observations
- Comments and complaints records
- Continuous improvement registers and records
- Education records
- Emergency management plan
- Employee handbook and orientation pack
- External providers' records
- Fire and safety equipment inspection records
- Incident reports
- Laundry records
- Lifestyle attendance and evaluation records
- Mandatory reporting register
- Material safety data sheets
- Medication charts
- Meeting minutes

- Memoranda

- Newsletters

- Nursing registration database

- Occupational health and safety records

- Pathology results

- Police check (certificates) records and statutory declarations

- Policies and procedures

- Preventative and responsive maintenance records

- Residents' information handbook and information package

- Rosters

- Specialist and allied health reports

Observations

The team observed the following:

- Activities in progress

- Archive room

- Cleaning in progress

- Electronic keypad security

- Equipment and supply storage areas

- Fire and safety equipment

- Interactions between staff and residents

- Internal and external living environment

- Kitchen area and storage of food

- Laundry in use

- Meal preparation and delivery

- Mobility aids and equipment

- Spills management equipment

- Staff and resident notice boards

- Staff interaction with residents

- Suggestion box/comments and complaints brochures

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

Standard 1 – Management systems, staffing and organisational development

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

1.1   Continuous improvement

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

Team's findings
The home meets this expected outcome

The home actively pursues continuous improvement and demonstrates recent examples of improvement activities related to Standard One. The home systematically evaluates and obtains feedback from stakeholders in relation to the services provided. Continuous improvement tools include a continuous improvement register, happiness forms, annual surveys, staff education and training, monitoring of comments and complaints and incident reporting. Meeting minutes confirm effective implementation of the home's continuous improvement systems and monitoring of outcomes. Stakeholders stated that they are encouraged to contribute to the home's pursuit of continuous improvement and were able to cite examples of recent improvements.

Examples of continuous improvement under Standard One include the following:

- In response to the increasing acuity of residents, management obtained consent to change a 'sleep-over' shift, to a 'stand-up' shift, resulting in two staff being available to residents overnight at all times. Staff reported a significant improvement in their ability to monitor and manage high care residents overnight.

- In response to a complaint, and in an endeavour to improve communication, management purchased a mobile phone. The phone is available to team leaders after hours, and residents at all times. Staff feedback has been positive in view of the improved system providing a safer environment with staff able to immediately contact external support in the event of an emergency, or power outage. Benefits for residents are that they are now able to hold conversations in the privacy of their own room.

- In response to increased high care needs of residents, management has purchased additional equipment to assist with resident care. New equipment has included an air mattress, nebulisers, pressure relieving cushions and a bariatric chair. Management report there are no pressure ulcers at the home.

- The new full-time position of 'receptionist' was developed in late 2011. Management report a significant improvement in the admission of residents and orientation of staff, and associated documentation. Since commencement, the receptionist has audited all staff files, creating an index for each file and following up where mandatory training and documentation gaps were identified. Documentation confirms that staff files are in an orderly state, and that there is high compliance with mandatory training requirements.

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

Systems help ensure management receive and respond to legislative changes and information relating to regulatory requirements, professional standards and guidelines. Information is received through legislative updates services and industry peak bodies. The executive team forwards relevant information to management, which is then forwarded to staff through memoranda, emails, meetings, education sessions and handover. Regulatory compliance is monitored through the home's auditing processes. Staff are aware of their obligations regarding regulatory compliance and confirm they are informed when changes occur.

Regulatory compliance in relation to Standard One is demonstrated by:

- Confirmation in meeting minutes that management regularly monitors legislative compliance while audits and staff education also assist in ensuring the home meets its legislative responsibilities.

- A system to ensure compliance with police certifictes requirements and completion of a statutory declaration by staff and volunteers in relation to criminal history in countries other than Australia.

- Monitoring of professional registrations, licenses and insurance of relevant contractors and external providers.

1.3 Education and staff development:

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

Team's findings
The home meets this expected outcome

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

Recent education relating to Standard One includes:

- Aged care funding and documentation requirements

- Regulatory compliance-missing residents

- Team leader training

- Code of conduct.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Management and staff inform resident/representatives of the home's complaints and improvements procedures upon entry to the home. Stakeholders have access to internal and external complaints mechanisms. Information relating to complaints resolution processes is included in resident handbooks and through the provision of brochures. Stakeholders are encouraged to make suggestions or suggest improvements through meetings or through completion of the home's 'happiness forms'. Residents and relatives state that they feel comfortable approaching management in relation to issues and concerns and that management generally respond to complaints in a timely manner.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has documented mission, vision and philosophy statement that includes the home's commitment to quality care and services. This document is on display within the home and statements of commitment are available in information packages provided to stakeholders.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Residents and representatives stated they are satisfied with care and services offered at the home. The home's management ensures staff have suitable qualifications, competencies and support to perform their duties effectively. Management and senior staff monitor staff skills and care delivery through structured review processes and informally through observation and communication with relevant stakeholders. Staffing is responsive to residents' changing care needs and those of the home. Management provide formal orientation days and staff attend education. Residents and representatives stated staff are available and responsive to resident needs.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has systems for the effective ordering of supplies to help ensure appropriate stocks of goods and equipment. The team observed adequate supplies of goods, including appropriate storage for clinical needs, cleaning, laundry and catering. Equipment is stored appropriately avoiding hazards to residents and staff whilst ensuring accessibility. Management maintain a preferred suppliers' list, stock is rotated as required and expiry dates are checked. New equipment is trialled and maintenance staff attend to corrective maintenance and preventative maintenance and contractors service other equipment as required. Residents and staff stated there is adequate and appropriate provision of supplies and equipment to enable delivery of care.

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 has effective information management systems including documented policies and procedures as well as clearly defined roles and responsibilities to assist staff in the delivery of care and in fulfilling their duties. Documentation and communication systems help identify residents' care needs and delivery of appropriate care. Meetings, care staff handovers, newsletters and various feedback mechanisms, including the approved provider's intranet, ensure effective communication with stakeholders. All meetings include terms of reference, an agenda and typed minutes. The home's computer systems are protected with password. There is an organised archiving room and staff report ease of locating information. Residents and relatives stated they are kept well informed of events and improvements in the home, while staff also expressed satisfaction with communication and management systems in fulfilling their duties.

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

Externally sourced services are provided in a way that meets the home's service's needs. Management personnel maintain records of preferred suppliers and negotiate tenders and contracts for group suppliers. The home holds details of service providers including agreements, insurances and qualifications, which are reviewed at the expiry of each contract. External suppliers complete an induction process prior to commencement of contract and are presented with a contractors' handbook developed by the home. Staff and residents stated satisfaction with the quality of services sourced externally including allied health providers, food suppliers and maintenance of fire safety equipment.

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 Two Health and personal care, staff record resident falls, medication incidents, skin tears and behaviours, of which management collates and analyses findings in relevant meetings. Staff, residents and their representatives expressed satisfaction with how the organisation promotes and improves residents' physical well being.

Examples of continuous improvement under Standard Two includes the following:

- The development of a 'palliative care pathways' resource folder to ensure that all residents requiring palliative care have their care needs met. The folder provides prompts to unskilled staff in relation to regular mouth and eye care, pain assessments and skin care. The registered nurse at the home reports this initiative has greatly improved staffs ability to effectively cover all aspects of the care of palliative residents, and provides clear documentation that all needs are met.

- The development of portfolios in relation to wound management, palliative care and oral and dental care.

    o The development of a palliative care committee, to oversee the provision of appropriate resources and education to dying residents. The committee has established a palliative care trolley and developed a consultative relationship with a regional palliative care consultant, resulting in staff at the home having access to contemporary practice information and resources.

    o The nomination of a staff member to manage oral and dental care has resulted in all residents being assessed for their oral and dental care needs, with timely referral made to a dentist where required.

    o The staff member responsible for overseeing wound care has received appropriate training, and has contributed to the development and implementation of a wound care resource folder to provide information for staff in relation to product use and treatment types. Management state that the use of this tool has resulted in improved wound healing in relation to consistency and appropriateness of products.

- The installation of a sensory garden adjacent to the secure unit, to provide sensory stimulation for residents with dementia.

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 how the home identifies and ensures compliance with relevant legislation. In relation to Standard Two Health and personal care, procedures and systems for recording and reporting relevant information and monitoring compliance ensures the home is meeting obligations regarding residents' health and personal care.

Regulatory compliance in relation to Standard Two is demonstrated by:

- Ensuring skilled and qualified staff and medical practitioners provide appropriate care to residents and that registered nurses oversee care plans of residents with high care needs.

- Ensuring residents who are classified as requiring high-level care are supplied with services and equipment according to the specified care and services.

- Secure storage of medication and evidence that medications are managed in a safe manner by appropriately qualified staff in accordance with regulatory requirements.

- Regular reviews of nurses' registrations to ensure compliance.

- Policies and procedures, guidelines and mandatory reporting records are maintained for unexplained absence of missing residents.

2.3 Education and staff development

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

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

Recent education relating to Standard Two includes:

- Wound care

- Medication management and administration

- Diabetic management and insulin administration

- 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 receive clinical care that is appropriate to their individual needs and preferences. Staff assess, monitor and evaluate residents' individual care needs on entry to the home and then on an ongoing basis. Appropriate staff develop individualised care plans, which staff review on a regular basis. Health specialists and medical officers attend the home regularly and registered nurses amend care plans in response to these consultations. Staff record clinical incidents and management monitor care via audits, surveys and feedback from residents and their representatives. Staff reported they complete regular clinical education to update and maintain their skills. Residents and representatives expressed satisfaction with the care provided.

2.5   Specialised nursing care needs
This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings
The home meets this expected outcome

Residents have their specialised nursing care needs identified, planned and provided by appropriately qualified nursing staff. There are procedures and guidelines available to assist staff in the management of specialised nursing care. Observations confirm sufficient resources and equipment are available. Specialised nursing care includes diabetes management, anticoagulant administration, oxygen administration and wound management. Care plans reviewed describe specific needs and instructions to manage care. The home has access to clinical specialists and medical officers for advice and education in areas of complex care. Monitoring of specialised nursing care occurs through care plan reviews, audits and feedback from residents. Residents confirmed their satisfaction with specialised nursing care provided.

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

Team's findings
The home meets this expected outcome

The home has systems to ensure referrals to appropriate health specialists occur in accordance with residents' needs and preferences. Identification and documentation of residents' preferred health specialists occurs on entry. A range of allied health specialists visit the home or staff assist residents to attend external appointments as required. Health specialists document their assessments and treatment and nursing staff amend care plans in response to the information provided by specialists. Residents said they are satisfied with the arrangements for referral and assistance to appropriate health specialists.

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

Team's findings
The home meets this expected outcome

The home has a system to ensure safe and correct management of residents' medication. Registered nurses and care staff administer medications according to general practitioners' orders. Medication management monitoring processes include regular audits, monitoring of staff practices and an incident reporting system. We observed medications securely stored with processes for ordering, receiving and disposal of medications. Residents and their representatives said staff give medications in a safe and timely manner.

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

Team's findings
The home meets this expected outcome

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

2.9   Palliative care
This expected outcome requires that "the comfort and dignity of terminally ill residents is maintained".

Team's findings
The home meets this expected outcome

Consultation with residents and representatives regarding palliative care wishes occurs on entry to the home and staff review resident wishes on a regular basis or when residents health status changes. Staff encourage residents and/or their representatives to complete end of life preference care plans to reflect residents' wishes regarding terminal care. Staff assess residents' ongoing terminal care requirements as necessary in consultation with medical officers, residents and representatives. Staff update care plans when the need arises to guide in symptom and care management. Staff can access palliative care specialists who provide support and education to staff. Visiting clergy and pastoral carers are available to provide comfort and support, and staff encourage families to be involved in care.

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

Team's findings
The home meets this expected outcome

Residents' nutritional and hydration needs are assessed to identify specialised diets, allergies and individual preferences. Staff develop a care plan, communicate dietary information to the kitchen and there is a process to ensure information remains current. The home monitors residents for adequate nutrition and hydration through the regular checking of weight. Staff implement strategies for weight management such as high-energy foods, modified textures and meal supplements where indicated. The dietitian and speech pathologist reviews residents as needed. Catering staff provide texture modified diet and fluids in response to assessed needs. Progress notes confirm referrals to the dietitian or speech pathologist occur promptly. We observed meal service to occur in a calm and sociable environment. Residents and their representatives said residents receive texture modified diets as needed and that staff monitor resident weights.

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

Team's findings
The home meets this expected outcome

The assessment of residents' skin integrity occurs on entry to the home and on an ongoing basis. Staff complete assessments to identify risks to skin integrity and the potential for pressure injury. Staff develop skin care plans, which include residents' needs and preferences. Progress notes reflect the monitoring of residents' skin integrity and staff confirmed the use of resources to address residents' skin issues including airbeds, repositioning and sheepskins. Residents with wounds have care provided by trained staff with wounds monitored by registered nurses. Wound charts record the location of the wounds, instructions for treatment and progress reviews. Residents and their representatives stated they are pleased with the way staff care for resident's skin.

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

Team's findings
The home meets this expected outcome

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

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

Team's findings
The home meets this expected outcome

There are processes to manage residents' challenging behaviour. Staff complete assessments to determine effective interventions and develop care plans with the information. Behaviour assessments monitor types of behaviour, triggers and strategies to prevent or manage behaviours. Staff review care plans regularly and reassessment occurs if there is an increase in behavioural episodes. Staff access specialists for assessment and reviews when required. Staff encourage residents to participate in the activities program and we observed staff interacting supportively with residents. Residents and their representatives stated they are satisfied with how residents with behaviours are managed.

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

Staff support residents to achieve optimum levels of mobility and dexterity through assessments and regular reviews. The home's physiotherapist and staff assess residents' mobility, dexterity, transfer needs and identify level of assistance needed with activities of daily living. Care plans include types of mobility aids, assistance and transfer needs and evaluation occurs regularly and in response to changing needs. Residents have access to appropriate assistive devices and dedicated staff facilitate individual and group exercise programs. Staff report all falls incidents and undertake follow up actions and falls risk assessment. Residents and their representatives stated they are satisfied with the physiotherapy programs provided at the home.

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

Team's findings
The home meets this expected outcome

Residents receive oral and dental care that is appropriate to their individual needs and preferences. Staff assess residents' oral and dental health and care plans reviewed contain details of daily care needs. Staff observation and resident/representative feedback in addition to audits monitor residents' ongoing oral and dental needs. Staff identify residents at risk of poor oral health and staff include management strategies in care plans. Progress notes reviewed show residents receive assistance to attend dental appointments when necessary. Residents and their representatives stated they are satisfied with dental care at the home.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Staff at the home identify and manage residents' sensory needs. Staff assess residents' senses on entry in consultation with residents and representatives to identify interventions to manage sensory loss. Care plans reviewed include preferred specialists, use and types of aids, level of staff assistance and needs or preferences for service providers. Specialists attend the home for reviews or staff assist residents to attend external appointments. The lifestyle program includes sensory activities to cater for individual needs and staff modify programs to ensure residents' participation. Residents and their representatives stated staff assist residents with fitting of aids and access to specialists as needed.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

The home ensures residents are able to achieve natural sleep patterns through initial and ongoing identification of sleep needs. Staff complete sleep assessments and develop strategies in accordance with residents' normal sleep patterns. The home provides a quiet environment at night and care evaluation occurs from staff observations and residents' feedback. Strategies used to promote sleep include offering of food or a warm drink, position changes and pain management. Residents and their representatives confirmed staff assist residents to settle at night at times suitable for each resident.

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 Three Resident lifestyle, resident meetings and annual surveys capture stakeholders' suggestions and feedback. Staff use lifestyle and care activities as a means for recording and evaluating provision of lifestyle activities. Staff contribute to improvements through annual surveys, training and input at meetings. Residents state the organisation actively promotes and improves provision of lifestyle opportunities.

Examples of continuous improvement under Standard Three include the following:

● The creation of the role of 'Dementia consultant' employed across the organisation to oversee lifestyle staff and provide contemporary practice education and support in relation to the care of residents' with dementia. The consultant oversees a bi-monthly regional support group for activities officers, and is available for phone support when required. Lifestyle staff reported that this initiative has greatly improved networking relationships with other activities officers within the organisation, and has provided them greater support and reassurance that they are 'on the right track'.

● The Pastoral care co-ordinator now undertakes training for care staff in relation to communication and each resident's own life-story. To date five staff have undergone the training, with plans for all care staff to complete the session. Management advise that the experience has enabled staff to be more empathetic to the individual needs, choices and histories of each resident, and provide more individualised and 'person centred' care.

● The names of all volunteers have now been placed on a centralised register to ensure that the home meets its regulatory responsibilities in relation to police checks and statutory declarations. Previously volunteer police checks had been maintained by lifestyle staff. Management advised that the system is now easier to monitor, and that volunteers (like staff) now receive reminders at regular intervals prior to the expiry of a police check.

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 how the home identifies and ensures compliance with relevant legislation. In relation to Standard Three Resident lifestyle, policies, procedures and staff education provide guidance to staff in meeting regulatory requirements. Systems help ensure the organisation meets its obligations and monitors compliance in relation to regulatory compliance relating to resident lifestyle.

Regulatory compliance in relation to Standard Three is demonstrated by:

- Management offering resident agreements to all residents that specify care, services, rights and responsibilities and security of tenure.

- The Charter of residents' rights and responsibilities is prominently displayed throughout the facility.

- Implementing procedures and practices that comply with privacy legislation and ensure the security and privacy of confidential information.

- Policies and procedures, guidelines and mandatory reporting records are maintained for reporting of all incidents involving alleged elder abuse.

- All staff have undergone training in the reporting of elder abuse.

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

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

Recent education relating to Standard Three includes:

- Dignity and care

- Abuse and compulsory reporting

- Cultural diversity

- Spirituality in aged care.

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

Care and lifestyle staff identify the residents' emotional support needs in adjusting to living in the home and on an ongoing basis. The residents' social, religious and cultural requirements are assessed upon entry to the home and a care plan is developed in consultation with residents and representatives. Residents and families are oriented to the home and new residents are introduced to fellow residents and families. Staff are encouraged to support the resident in the settling in process. Resident records confirm pastoral support and one on one visiting of residents where they have experienced anxiety, bereavement or during the settling in process to the home. Residents stated they felt supported by staff in adjusting to their new environment and on an ongoing basis.

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

Care and lifestyle assessment processes identify each resident's level of assistance required to participate in specific interests, to maintain their independence and retain ongoing community associations. The home provides a focus for various community activities including visits from pastoral volunteers from within the wider community. Residents who are unable to make their own decisions have advocates act on their behalf to ensure they can retain as much independence as possible. The team observed staff encouraging residents to remain independent such as during meals and performing their daily activities. Residents and their representatives stated management and staff assist them to maintain their independence and involvement in activities within the community.

3.6 Privacy and dignity

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

Team's findings
The home meets this expected outcome

The home recognises and respects each resident's right to privacy, dignity and confidentiality. Management explain residents' right to privacy to residents and their representatives pre-admission, and residents or their representatives give written approval for the use of their personal information or photographs. Resident files are located securely and staff state they have sufficient time to attend to residents' needs. The team observed residents to be well groomed and appropriately clothed. We observed staff liaising with residents in a respectful manner, knocking on their doors and waiting for a response before entering. Residents stated they never felt rushed by staff and that staff were respectful when providing care needs.

3.7 Leisure interests and activities

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

Team's findings
The home meets this expected outcome

The home supports and encourages residents to participate in a wide range of interests and activities of interest to them. Assessment and consultation with residents and representatives following entry identifies individual interests and these contribute to the overall program. The lifestyle program is evaluated regularly and lifestyle staff provide a diverse range of group activities and individual sessions to meet residents' needs, ensuring residents with sensory or cognitive difficulties can participate. Notice boards and information provide regular reminders of upcoming sessions, and photo boards reflect the varied activities program. We observed residents enjoying a range of activities. Residents confirm the lifestyle program offers a range of activities that cater for their interests

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

Management and staff value and foster residents' individual interests, customs, beliefs as well as their cultural and ethnic backgrounds. Initial assessments identify the resident's spiritual and cultural needs. Ecumenical services are conducted regularly in the home and local clergy and parishioners provide pastoral visits to residents. Dedicated pastoral care workers employed by the organisation also support residents. Residents' cultural and spiritual needs are also met through the celebration of events, days of significance and practices that are of importance to residents as a group and individually. Residents and their representatives stated satisfaction with the support provided by management and staff in the provision of cultural and spiritual needs.

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

Team's findings
The home meets this expected outcome

Residents' personal preferences and needs are identified upon entry to the home. Residents and their representatives are encouraged to exercise choice and control in decisions relating to the care and lifestyle appropriate to their needs and preferences. Examples of exercise of choice and control include resident consultation in the development and review of the resident's care plan, consultations with residents and their representatives, participation in activities, furnishing of their room and the right to refuse treatment. The home encourages each resident to nominate an enduring power of attorney. Residents and relatives confirm their participation in decisions about care and services and their right to exercise choice. The Charter of residents' rights and responsibilities is displayed prominently throughout the home.

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 their representatives confirmed they received appropriate information with respect to the home's provision of services prior to entering the home. The home has systems to ensure residents have security of tenure within the home and understood their rights and responsibilities. The resident agreement contains information about rights and responsibilities, terms of tenure and the schedule of specified services. The resident handbook also details security of tenure principles. Residents state they feel secure in their tenure in 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

Refer to Expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes. In relation to Standard Four Physical environment and safe systems, management records and monitors findings from workplace inspections and records of staff injuries. Resident feedback with regard to satisfaction with the living environment and delivery of hospitality services is sought through surveys and resident meetings. Staff and residents are satisfied the organisation actively promotes and improves the safety and comfort of the residents' living environment and staff workplace.

Examples of continuous improvement under Standard Four include the following:

- The home is currently undergoing renovations to include an additional 16 beds, a coffee shop, communal dining area and larger living spaces. Some work such as internal courtyards and communal dining areas has been completed and are operational. The once separate dining rooms have been combined into more spacious and lighter areas. The organisation developed an executive residents group, which was consulted in planning the new upgrade. Residents confirmed their involvement in planning and decision-making. Residents also conveyed that they have now had opportunities to meet other residents within the home and that they are happy with improvements in the living environment.

- A new dry storage room has been built to increase stock levels and allow for forward planning around meal provision. Kitchen additions also include a new walk in cool room and freezer. While the home previously purchased pre-made biscuits and cakes for morning and afternoon tea, there is now sufficient space to cook and store these items on site. As a result, management have employed an additional cook for one day per week to prepare home made cakes, biscuits and scones.

- Traditionally, the homes cook prepared meals for weekends during the week and these were re-heated. In response to complaints about food on weekends, the home trialled employing a designated cook for weekends and following approval plans to make this a permanent arrangement. Residents interviewed noted improvements to meals on weekends.

- In response to impending workplace health and safety legislation changes, the home has replaced all smoke doors with fire doors, resulting in more secure compartmentalisation in the event of a fire.

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 how the home identifies and ensures compliance with relevant legislation. In relation to Standard Four Physical environment and safe systems environment, internal and external audit reports, essential services inspections and maintenance processes ensure the home meets its regulatory compliance obligations.

Regulatory compliance in relation to Standard Four is demonstrated by:

- Secure storage of chemicals, oxygen and hazardous items.

- Provision of staff access to material safety data sheets in relevant work areas.

- Mandatory education in infection control, manual handling and food safety handling for all relevant staff.

- Recording and reporting of infectious illnesses.

- External auditing of compliance with food safety regulations.

- In response to changes in work place health and safety legislation, the home undertook compulsory education, followed by a written questionnaire to determine staff knowledge.

4.3   Education and staff development

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

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

Recent education relating to Standard Four includes:

- Manual handling

- Fire and emergency

- Food safety

- Chemical 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

Management is actively working to provide a safe and comfortable environment consistent with residents' care needs. Preventative and responsive maintenance procedures are effective in providing a safe and comfortable environment. Grounds and garden areas are well-maintained and provide attractive and secure recreational areas for residents and relatives. The home's fittings and furnishings are sufficient and appropriate for residents' needs. Heating and cooling systems provide comfortable temperatures in resident's rooms and public areas. Residents and representatives stated that the living environment is comfortable and that residents feel safe and secure.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Policies and procedures guide staff practices. Management has provided training for workplace health and safety representatives and staff have regular opportunities at meetings to provide input into the system. The home monitors the safety of the environment by conducting regular workplace inspections and there is both a preventative and a reactive maintenance program to assist in ensuring equipment remains in working order. Material safety data sheets are available and signage is used when cleaning, following spills or when equipment is out of order. Management provides training for safe chemical handling, fire and evacuation, manual handling and food safety training for relevant staff. Staff were aware of the name of their representative.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Accredited external contractors monitor and maintain the safety and operation of the home's fire panel and sprinkler system. Fire and emergency training is provided for all staff upon orientation and forms part of the home's mandatory education program. Staff training records confirm desktop evacuation drills are conducted annually and fire response training on an ongoing basis. Stakeholders are familiar with required responses to emergency procedures. Residents and staff stated they are in a safe and secure living environment and workplace.

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

Team's findings
The home meets this expected outcome

The home has a system to control and monitor infections. This includes initial and ongoing education for staff in infection control strategies, cleaning processes and food preparation. Personal protective equipment is available and management has information on managing infectious outbreaks. Cleaning schedules are in all areas and regular removal of sharps, general and infectious waste occurs. Management and staff complete audits to assist with the overall monitoring of the infection control program and the home undertakes data collection with trend analysis. Management ensures policies and procedures are current and reflect best practice. Staff confirmed attendance at relevant education and are able to discuss their roles and responsibilities relating to infection control at the home.

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

Team's findings
The home meets this expected outcome

Staff at the home provide hospitality services in a holistic and caring manner. Meals are prepared in accordance with the food safety plan. Current kitchen certification is in place, food is appropriately stored and there is a rotating menu with alternative meals offered to residents. Staff and management ensure dietary information is accurate and reflective of residents' current dietary requirements and preferences. The cleaning program includes scheduled cleaning of residents' rooms, living environment and staff work areas. Cleaning schedules guide staff in practices and regular audits monitor the environment. Laundering of personal clothes occurs on-site and staff confirmed knowledge of how to operate equipment within the laundry. Residents and their representatives stated staff are always available and laundry and cleaning services are of a high standard.