



Aged Care
Standards and Accreditation Agency Ltd

St Andrews Lutheran Aged Care (Hostel)

RACS ID 5270

2 Sullivan Road

TALLEBUDGERA QLD 4228

Approved provider: Lutheran Church of Australia - Queensland
District

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 8 December 2015.

We made our decision on 26 October 2012.

The audit was conducted on 18 September 2012 to 19 September 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

St Andrews Lutheran Aged Care (Hostel) 5270

Approved provider: Lutheran Church of Australia - Queensland District

Introduction

This is the report of a re-accreditation audit from 18 September 2012 to 19 September 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 18 September 2012 to 19 September 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:	Felette Dittmer
Team member/s:	Beverley Wellington

Approved provider details

Approved provider:	Lutheran Church of Australia - Queensland District
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Details of home

Name of home:	St Andrews Lutheran Aged Care (Hostel)
RACS ID:	5270

Total number of allocated places:	72
Number of residents during audit:	72
Number of high care residents during audit:	61
Special needs catered for:	Dementia and related conditions

Street/PO Box:	2 Sullivan Road	State:	QLD
City/Town:	TALLEBUDGERA	Postcode:	4228
Phone number:	07 5576 3559	Facsimile:	07 5576 3731
E-mail address:	standrews.ac@lccqld.org.au		

Audit trail

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

Interviews

	Number		Number
Administration / volunteers	2	Management / quality personnel	6
Care / clinical / lifestyle staff	13	Pastoral / allied health service providers	2
Hospitality / environment / safety staff	7	Residents / representatives	9

Sampled documents

	Number		Number
Care plans	18	Personnel files	2
Medication charts	10	Residents' files	8

Other documents reviewed

The team also reviewed:

- Activities calendars
- Activity participation records
- Annual condition reports
- Assessments
- Audits
- Care assistance plans
- Chemical order forms
- Cleaning schedules
- Community resources log
- Controlled drug register
- Diabetic management plans
- Dietary information forms
- Disaster management plan
- Duties lists
- Education and training records
- Equipment and food temperature records
- Equipment calibration records
- Evacuation impairment inspection list
- Evacuation practice records
- Feedback forms

- Fire and evacuation plan
- Fire/smoke prevention, detection and fighting inspection & maintenance records
- Food safety program
- High and low care activities folders
- Imprest ordering sheet
- Incident forms and summaries
- Laundry daily checklists
- Mandatory reporting folder
- Medication ordering sheets
- Minutes of meetings
- Performance review and planning record
- Pest control records
- Position descriptions
- Preventative maintenance reports
- Probity and credentials matrices
- Recruitment policies and procedures
- Resident handbook
- Resident infection data and summaries
- Resident observation charts
- Resident treatment charts
- Residents' monthly newsletters
- Restraint authorities and records
- Roster
- Safety data sheets
- Shower lists
- Staff appraisal list
- Staff handbook
- Suspected or alleged elder abuse register and reports
- Wound care charts and summary

Observations

The team observed the following:

- Activities in progress
- Beverage service
- Call assistance system
- Chemical storage
- Craft room 'The Nook'
- Equipment and supply storage areas

- Evacuation diagrams
- File storage areas
- Fire and smoke detection/fighting equipment and tags
- Fire panel
- Interactions between residents and staff
- Internal and external living environment
- Maintenance workshop
- Manual handling and mobility assistive devices
- Medication administration and secure storage areas
- Menu on display
- Midday meal, service, settings and practices
- Mobility equipment
- Modified and supplemental food and fluids
- Spills kit, outbreak box and isolation boxes
- Staff practice and provision of care
- Suggestion boxes
- Thickened fluids directions on display
- Wall mounted hand sanitisers

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 has a framework that has multiple mechanisms to assist in the active pursuit of continuous improvement. Improvement information is identified, implemented, monitored and evaluated through the audit program, various staff and resident meetings, incident reports, comments and complaints process and maintenance requests. Feedback on improvements is communicated through staff and resident meetings and via staff/resident memoranda and letters. Residents/representatives and staff are satisfied that improvements continue to be implemented at the home and that their suggestions are considered and result in action.

Examples of recent improvements in management systems, staffing and organisational development include, but are not limited to:

- In line with the organisation's operational focus, the home has access to an Instructional Designer who has been appointed by the organisation as an adjunct to management to provide additional expertise in areas such as manuals, flow charts, clinical documentation and education. This initiative has been evaluated as improving pathways and mode of communication as well as providing more useful (comprehensive, simple, accessible, effective) documentation.
- Following feedback from financial auditors, the organisation now uses a computerised purchase ordering system. This system has translated to the home having an efficient ordering system; ensures delivery of goods as per the request, and improves monitoring of stock.
- To provide management and staff with efficient and effective communication and documentation systems and in line with the strategic plan, the organisation has expanded its information technology (IT) with additional equipment and support initiatives. For example:
 - The organisation has purchased portable computer hardware that enables on-site and remote access to management and resident information systems. This program is easier to service and increases the capacity for access which translates to more efficient and effective management of resident care and staffing.
 - An IT help-desk technician is scheduled to be on-site every two months to support staff and check equipment. As the technician is at the home, they are able to see the IT function needs of that particular site – the pace and impact of the IT system. This service translates to increased understanding of customer needs; 'real time' response to queries or hardware/software malfunctions, and improved information management of computerised documents due to increased understanding and reduced 'down time'.
- To facilitate improved opportunity for interested parties to provide feedback to management and/or the organisation, the feedback/suggestion forms have been redesigned – they are printed on glossy paper and capture the writer's details for

response feedback, and outline the confidential process for lodgement. Management reports there has been an increase in feedback from residents/relatives/representatives since availability of the revised forms due to the brochures being accessible, readily identifiable, and the content easy to understand and follow.

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 organisation has implemented systems to identify regulatory requirements and systems to ensure compliance in regulatory compliance. Personnel at the home and the organisation's management are notified of changes to relevant legislation, regulations, standards and guidelines by their networks and external service providers; information is also available through the home's intranet system. The orientation program and mandatory education sessions reinforce relevant regulatory requirements. Systems are in place to monitor and ensure compliance; to notify residents and their representatives of accreditation audits; to ensure all relevant personnel have a satisfactory current criminal history check, and to monitor the qualifications of registered staff.

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 provides an education program for staff based on identified needs, legislative and advisory requirements, and organisational needs. Rostering strategies, self directed learning packages and external specialists are used to improve access to education and training opportunities. Staff have obligations to attend mandatory education and their attendance is monitored by management. Key personnel maintain records and use a register to monitor staff attendance at these sessions; measures are taken to action non-attendance at mandatory training. Staff are satisfied they have access to ongoing learning opportunities and are kept informed of their training obligations.

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/representatives have access to the home's internal comment and complaint system and to external complaints mechanisms. The home provides relevant information to residents, their representatives and other stakeholders through a variety of communication channels including resident entry processes, residential care agreements, residents' handbook, meetings, and via brochures about external complaints and advocacy management processes. Residents are invited to raise issues at resident meetings and/or privately with management and staff. Residents have access to confidential comments boxes

and processes are in place for the regular retrieval of suggestion/complaint forms from assigned receptacles. A process is in place to manage informal and formal comments and complaints. There are processes in place to provide feedback whilst maintaining confidentiality. Residents and staff are satisfied with the mechanisms available to initiate a suggestion or raise a concern and that management is responsive to their suggestions and responds to their requests 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 their mission statement, philosophy and objectives documented and displayed in the home for residents/representatives and visitors. They are reflected in policies and procedures of human resource management and service delivery, and underpin information provided at interview and induction, and in staff and resident handbooks.

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 organisation has systems and processes to recruit appropriately skilled and qualified staff. The home has recruitment and selection processes in place which includes a full day's orientation program and buddy shifts for all new staff. All staff must have a current criminal history clearance prior to commencement of work; staff are notified when criminal history clearance police certificates are due to expire. Shifts are filled with permanent staff; a pool of casual or nursing agency staff are accessed to manage planned and unplanned leave of permanent staff. Position descriptions are provided to staff prior to commencement of work; work instructions are detailed on duty lists appropriate to the shift and job role, and are available to staff. Staff practice is monitored and performance appraisals are conducted during probation and then annually. Residents/representatives are satisfied that the home maintains sufficient appropriately skilled and qualified staff to provide care and services to residents.

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

Staff and residents/representatives are satisfied with the availability of goods and equipment at the home and that the equipment is well maintained. Processes are in place for the ordering of goods with quality checked on delivery. Stock is rotated and use-by-dates are monitored as appropriate. Processes are in place to monitor the condition of equipment and to repair or replace as required. New equipment is tested prior to purchase to ensure that it is

appropriate to the needs of the home. Equipment is maintained according to the existing maintenance schedules or in response to a maintenance request from staff or residents and their representatives.

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

There are systems to enable staff and management to access sufficient and generally reliable information for appropriate decision making. Policies, procedures and forms are monitored by the organisation and the home's quality team. Confidential information is stored securely on computer files or in locked cabinets and can be accessed by those staff with the authority and need to do so. Password protection is in place as well as back-up systems for computer records with access to residents' and staff records being restricted. Information necessary for staff to perform their roles is available and regular briefings, distribution lists and electronic and paper based memorandum keep staff informed. Meetings are held regularly for residents, staff and key groups to support information sharing. Case conferences, satisfaction surveys and auditing processes are in place to monitor effectiveness; notice boards, newsletters and personal communication opportunities are used to inform residents of daily activities. The archiving process is managed by the home's senior administration officer with archived records stored securely at the home; there is a file culling schedule and redundant files are destroyed securely by an external contractor. Staff and residents are satisfied that communication of information is timely and management regularly correspond with residents/representatives to seek their input into improving communication systems.

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

Residents/representatives and staff are satisfied with the quality of services provided by external suppliers. The organisation has service agreements with regular external service providers to specify and establish service and performance criteria. Processes are in place to monitor and evaluate services provided. Contractors who work on site sign in and out and those contractors who work without being accompanied by a staff member are required to have a current criminal history check.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a continuous improvement system in relation to residents' health and personal care. Refer to Expected outcome 1.1, Continuous improvement, for details on the home's overall system.

Examples of recent improvements in health and personal care include but are not limited to:

- Following the departure in November 2012 of a senior clinician, management identified the deficit in the support of clinical and care staff. To remedy this, a role was developed (Care team leader) to fill this gap – they are available all hours; work throughout the home; supernumerary each shift worked, and has flexible work hours. Management and staff report this initiative provides a role model for appropriate practice; enables 'real time' feedback and support for staff, and frees up clinicians to plan and respond to residents' clinical care needs.
- In response to areas of concern identified through review of residents' nutrition and hydration management, the home purchases prepared thickened fluids and nutritional supplements. Resident feedback was canvassed at a 'product tasting' event with their preferences recorded. Residents, staff and management report this initiative increases taste options for residents; improves infection control; ensures the required amount of fluid/nutritional supplement is provided to the resident, and has increased compliance of residents who previously refused their supplements/drinks.
- Residents removing dressings (or dressings falling off) and low staff monitoring compliance triggered an organisational review of wound protocol. A wound care product was selected that would contribute to optimal wound care. Since the introduction of the new product healing times are faster; wounds are kept at a constant temperature, and compliance from staff and residents has increased.
- In response to the number of resident falls, 'balance' sessions have been introduced as a falls prevention strategy. Since the commencement of this program, residents' mobility has increased and their balance improved with a reduction in the number of falls.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems in place to ensure compliance with legislative and regulatory requirements, professional standards and guidelines about health and personal care. There are systems for checking nursing certifications and systems for storage, checking and administration of medications in accordance with regulatory requirements. Registered nurses assess, plan and evaluate resident medication and care needs. Staff receive information and

education on policy and procedures for unexplained absences of residents, and notifiable infections. Refer to Expected outcome 1.2, Regulatory compliance, for details on the home's overall system.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home provides all staff with a learning and development program to enable the maintenance and improvement of staffs' clinical skills. Education in clinical issues is derived from changing resident needs and through continual review of training needs. Staff are assisted to attend external tertiary education. Refer to expected outcome 1.3, Education and staff development, for details on the home's overall system.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

The home has processes and systems to ensure residents receive appropriate clinical care through regular assessments, care planning and evaluation. Registered nurses consult with residents and representatives, the care team and other health professionals to develop and review care plans. The home has mini care plans as a quick guide for staff and comprehensive plans for expanded information. The home has audit processes that monitor care provision and documentation. Staff are knowledgeable of each resident's care requirements that is consistent with resident needs. Residents/representatives are satisfied with the care that is provided.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

Registered nurses are on site 24 hours each day to identify residents with specialised nursing care and to develop and review care plans as residents' needs change. Complex and specialised nursing care is delivered by registered and enrolled nurses who demonstrate appropriate skills and who work within their level of expertise. Residents are referred to allied health professionals necessary and changes to care requirements are documented in progress notes and communicated to relevant staff in a timely manner. Staff receive education and have access to resources and equipment to enable residents' specialised nursing care needs to be met. Residents/representatives are satisfied with the specialised nursing care provided.

2.6 Other health and related services

This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.

Team’s findings

The home meets this expected outcome

Residents have access to a range of allied health and specialist services including the dietician, speech pathology, podiatry, optometry, physiotherapy, dentistry, audiology, psycho-geriatric and palliative care services. Allied health professionals visit the home or alternatively residents are supported to independently access specialist treatment of their choice in the community as required. Referral to appropriate health specialists is as timely as possible and is initiated by registered nurses and/or the treating medical officer in consultation with residents/representatives. Feedback from health specialists is documented in progress notes and care plans are revised to reflect changes. Residents/representatives are satisfied with resident access to health specialists and other related services in accordance with their needs and preferences.

2.7 Medication management

This expected outcome requires that “residents’ medication is managed safely and correctly”.

Team’s findings

The home meets this expected outcome

The home uses a multi-dose system for residents’ routine medications including ‘as required’ (PRN). Registered nurses oversee the medication management system and along with enrolled nurses, administer medications to the residents. Medication charts are reviewed by the medical officer and pharmacist and include information such as photographic identification, resident allergies and instructions for administration specific to the needs of the resident. ‘As required’ (PRN) medications are monitored for effectiveness and outcomes are documented in progress notes. Processes for ordering, delivery, monitoring and return of medication items ensures that medications are dispensed, stored and administered safely and effectively. Residents/representatives are satisfied with the management of resident medications and the assistance provided by staff.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

On entry, registered staff assess each resident’s history of pain and residents experiencing acute or new episodes of pain are commenced on pain assessment and monitoring charts. Verbal and non-verbal pain assessment tools are available for staff to use and interventions used to manage pain are documented. Strategies to manage pain involve a multidisciplinary approach and include pharmacological and non-pharmacological interventions such as massage, heat therapy, a transcutaneous electrical nerve stimulation (TENS), repositioning, exercise and distraction. Staff have access to information on the home’s pain management approaches and demonstrate knowledge of specific pain management interventions for residents. Residents are satisfied their pain is managed effectively and that staff are responsive to their changing needs.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The clinical nurse identifies the terminal care needs and wishes of residents as appropriate. Copies of advanced health directives and enduring power of attorney documents are located within the residents’ files for staff reference. Residents’ care plans are altered according to their needs and emotional support is provided to residents and their families by nursing staff, the chaplain, diversional therapists and volunteers and consideration is given to cultural and religious values. Alternative care options are discussed with the resident and their family as care needs increase. Staff utilise organisational and external resources and specialty equipment to ensure the comfort and dignity of terminally ill residents.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Registered nurses identify residents’ nutrition and hydration needs through the initial and ongoing assessment and develop care plans reflecting residents’ dietary needs and preferences. Residents’ body weight is monitored and unplanned weight loss or gain is recorded and the organisation’s nutrition management plan is implemented. This includes enriched diets and supplements, food intake monitoring and referrals to the medical officer, dietician and/or speech pathologist. Strategies recommended are implemented and include provision of texture modified diets, dietary supplements and increased monitoring of food/fluid intake and weight. The menus utilised at the home are reviewed by the dietician, provide choice and variety and accommodate residents’ needs and preferences. Staff ensure residents receive adequate nourishment and hydration, assisting residents as required. Residents are satisfied with the quantity and quality of food and fluid received.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Registered nurses identify the skin care needs of residents during assessment and reassessment processes and record interventions used to maintain skin integrity in the care plan. Consultation occurs with other health professionals and skin tears and wounds are documented on the wound management plan. Registered staff attend to wound care using skin and wound care products. Equipment such as emollient creams, pressure relieving mattresses, sheepskins, heel and limb protective devices are available to maintain, protect or improve residents’ skin. The home provides manual handling equipment and staff training to support the safe transfer and mobility of residents. The incidence of skin impairment is monitored regularly with skin tears and wounds data collected and trended. Residents are satisfied with the care received in relation to skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The continence needs and preferences of residents are identified through assessment and reassessment processes using specific assessment tools that consider each resident’s bowel and bladder patterns. The continence link nurse in consultation with the resident and care staff identifies interventions and aids for residents and information is transferred to the care plan. Strategies such as programmed toileting, bowel management regimes, dietary modification, hygiene assistance and use of continence aids are recorded, implemented and evaluated for effectiveness by registered nurses and the continence link nurse. Staff demonstrated an awareness of individual residents’ specified requirements. Residents are satisfied that staff respect their privacy and dignity when providing continence care and confirm their continence needs are met.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Registered staff consult with residents’ representatives and relevant health specialists about each resident’s physical and psychosocial history to identify challenging behaviours. Staff recognise residents’ individual environmental needs and possible behavioural triggers through monitoring and assessment processes. Residents’ care routines are individualised and staff consistently implement behavioural management strategies aimed at minimising and/or preventing behaviours of concern. Registered staff collaborate with the medical officer and specialist mental health services to assist in developing behaviour management strategies as required. Residents/relatives are satisfied with the home’s approach to managing the needs of residents with challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Registered nurses in association with the physiotherapist assess residents’ mobility needs and falls risk and document residents’ requirements in the care plan. The home provides mobility aids and equipment to minimise the risk of falls to residents. The physiotherapist and the physiotherapy assistant provide individual therapy for residents where necessary and the lifestyle team conduct group exercise and walking programs. Staff receive annual manual handling education to guide and enable them to safely assist residents to mobilise and transfer using appropriate mobility aids as instructed. The mobility of residents is monitored regularly with falls data collected and trended. Residents are satisfied with the support provided by staff to achieve their optimal mobility and dexterity within and around the home

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

Care staff assist residents to maintain their oral and dental needs and referrals to external oral and dental care providers are available as necessary. Special dietary considerations and palliative care needs are included in the management of residents’ oral and dental care including the provision of soft and vitamised diets, and mouth care where appropriate. Staff have education in providing oral care for residents and have access to appropriate equipment and supplies for the management of residents’ oral and dental care needs. Residents are satisfied with the assistance provided by staff in maintaining oral and dental health.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The clinical nurse assesses information about each resident’s sensory losses and the use of assistive devices and documents this in residents’ care plans. Staff assess residents’ ability to participate in activities of daily living and activity programs and adapt activities to the needs of residents using assistive devices and equipment as necessary. Staff are aware of strategies and processes to ensure the correct use and maintenance of sensory aids. Residents with sensory loss are satisfied with the assistance and support they receive from staff to maintain their optimal sensory function.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Registered staff collect information about residents’ usual sleep patterns, settling routines and personal preferences. Staff develop strategies to promote adequate sleep and rest in consultation with residents considering their normal sleep patterns and include supper, reassurance and comfort as required. Staff ensure that residents identified as having disturbed sleep patterns are referred to medical practitioners for medication review. Residents are satisfied with the home’s approach to maintaining their natural sleep and rest patterns and with the assistance received from staff during times of sleep disturbances.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a continuous improvement system in relation to residents’ lifestyle. Refer to Expected outcome 1.1, Continuous improvement, for details on the home’s overall system.

Examples of recent improvements in residents’ lifestyle include, but are not limited to:

- To ensure the organisation has meaningful and comprehensive customer feedback to guide their planning and service delivery, the resident/relative/representative survey tool has been revised and standardised – questions are open-ended; the survey is conducted uniformly across the organisation, and is conducted by volunteers with management providing analysis. Through the April/May 2012 survey (using the revised tool) management identified higher response rates; it provided information for comparison across the organisation; facilitated clearer opportunities for improvement at both organisational and home levels, and provided an additional forum for resident input into systems that affect their lives.
- On review of the home’s layout, an underutilised area of the home has been developed into a recreation space with bar – a large screen television was also purchased. The revamping of the room was timed to coincide with international sporting events which residents wished to watch. This initiative has been evaluated as increasing camaraderie and sense of community; encouraging residents to sit in groups and enjoy the experience, and reduced the sense of isolation for residents.
- To support residents’ enjoyment of activities, the music program has been expanded to include Latin themes and Hawaiian music – sessions are ended with a meditation session. This program affords residents an additional activity they are able to participate in and enjoy with residents self-motivating to attend.
- Following on from a reading by a resident who writes poetry, the home has established ‘Poets’ Corner’ which is a fortnightly forum for poetry recitals of works written by members of the home’s community and/or published poets. These recitals encourage and support residents to participate in activities of interest to them; promote socialisation, and provide a cultural interlude to the residents’ lives.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure compliance with legislative and regulatory requirements, professional standards and guidelines relating to resident lifestyle. Residents/representatives are provided with a resident agreement and resident information pack, including a handbook. These materials detail information relating to resident security of

tenure, internal and external complaints mechanisms, rights and responsibilities and privacy. Staff receive information related to privacy, mandatory reporting responsibilities and residents' rights. Refer to Expected outcome 1.2, Regulatory compliance, for details on the home's overall system.

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

Lifestyle staff provide support for care staff in relation to residents' lifestyle needs. Education in lifestyle issues is derived from changing resident needs and through review of training needs. Staff are assisted to attend external education. Staff are offered opportunities in accessing continuing education reflecting leisure and lifestyle. Refer to Expected outcome 1.3, Education and staff development, for details on the home's overall system.

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

Prior to entry to the home where possible residents and their families are provided with a tour of the home and given opportunity to have their enquiries addressed. The home provides a resident handbook and residents are orientated to the environment, services, staff and other residents. Regular review processes identify changes or concerns experienced by residents, current strategies used to support residents are discussed during nursing handover and family care consultations occur and are generally documented in progress notes and consultation forms. Management, staff, chaplain and the lifestyle team provide social and emotional support for residents. Residents generally confirm satisfaction with the emotional support provided on entry and on an ongoing basis to enable them to adjust to life within the home.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has systems to support and assist residents to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. Residents' preferences are assessed on entry to the home and are documented on care plans. Residents requiring alternative decision makers have relevant information documented and those with special needs are provided with appropriate equipment and support by care staff and diversional therapists to promote independence. Staff assist residents to pursue activities of preference, encourage residents to maintain friendships and cultural/spiritual connections within the home and wider community and are

aware of individual resident's preferences and limitations. Residents are satisfied with the assistance they receive in maintaining personal 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

Residents are provided with information about their rights on admission and strategies are implemented to ensure residents' privacy and dignity are maintained during all aspects of resident care. Staff sign confidentiality agreements and receive information relating to confidentiality and respect for residents at orientation and education sessions. Residents' personal information is stored securely. Staff demonstrated strategies to maintain residents' privacy and dignity and interact with residents respectfully. Residents/representatives are satisfied that staff are courteous, respect resident privacy and treat them with dignity when caring for them.

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's activities program includes a wide range of activities of interest to residents and staff encourage and support residents to participate as desired. Resident's psychosocial, physical and cultural history is captured on entry and this information is used in individual program planning. Staff encourage and support residents to participate in individual and group activities through flexible care routines, assistance with transport and equipment and ensuring information about activity choices is provided. Residents are satisfied with the range of activities and with the encouragement and support they receive to participate in 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

The home identifies residents' cultural and spiritual needs through discussion with residents and families. The diversional therapists ensure significant cultural and religious events are celebrated and residents are able to have family celebrations if they wish. Spiritual support is provided by the chaplain who participates in many aspects of the life of the home, including visits with residents according to their requests and participation in activities. Regular Christian church services of varying denominations are available for residents. Staff demonstrate an awareness of residents individual beliefs and backgrounds and have access to cultural resources should they require additional guidance or support.

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

Staff identify residents' individual care and lifestyle preferences and information regarding residents' alternative decision-makers is documented and accessed if required. Residents receive information about internal and external complaints mechanisms, advocacy services and their rights and are enabled to participate in decisions and exercise choices through direct discussions, satisfaction surveys, resident meetings and the comments/complaints process. Staff interactions with residents support residents' choice and decision making in the planning and provision of care and the environment of the home. Residents are satisfied that they are able to exercise choice and are satisfied with their involvement in decision making.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home provides residents with information about security of tenure and consults about their accommodation requirements. Information is provided about care and services and associated rights and responsibilities in appropriate formats and is further discussed in detail prior to entry. Residents/representatives are supported to understand their rights and responsibilities throughout their stay by way of newsletters, brochures, resident/relative meetings and information on display. Residents/representatives are kept informed of any changes to their tenure and where care needs change consultation occurs between residents/representatives, relevant health professionals, management and staff to offer interim support measures. Residents understand their rights and responsibilities in relation to security of tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a continuous improvement system in relation to the physical environment and safe systems. Refer to Expected outcome 1.1, Continuous improvement, for details on the home’s overall system.

Examples of recent improvements in the physical environment and safe systems include, but are not limited to:

- In response to increased premiums and common law claims, the organisation has appointed a Workcover/Work health and safety advisor who supports the home to manage their incident reporting system, return to work program, and other responsibilities in line with legislation and organisational requirements. Management advises that, since this appointment, work health and safety has improved, and there has been increased compliance of staff taking on personal responsibility for their actions.
- Following resident comments on the comfort level of foyer chairs, the home refurbished the entrance and lounges and purchased new chairs that would increase the comfort of residents. Management and residents report the new furniture is more comfortable and suites their needs, and improves the aesthetics of the communal areas in the home.
- An adverse incident at another of the organisation’s sites prompted a change of chemical management at the home – the chemicals have changed as has the distribution style. The revised system has been evaluated as eliminating the risk of decanting into incorrect bottles, and chemicals are now more environmentally friendly.
- To provide optimal use of space, an underutilised area of the home (the spa) has been converted into a gymnasium for residents’ use. This space is shared with the residents of the independent living units and is adjacent to the pool to provide an exercise precinct. This initiative has been evaluated as providing a dedicated area for exercise that is climate controlled, and promotes social connectedness.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has an audited food safety plan, complies with work health and safety guidelines, emergency and fire safety regulations and recommended infection control guidelines and procedures. Refer to Expected outcome 1.2, Regulatory compliance, for details on the home’s overall system.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management has systems to monitor and enhance the skills and knowledge of staff to ensure they perform their roles effectively. Management maintains a schedule for training that includes in-service and external courses or consultants. All staff are required to attend annual mandatory training sessions. Refer to expected outcome 1.3, Education and staff development, for details on the home's overall system.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The living environment and resident safety and comfort needs are assessed and reviewed through regular staff meetings, audits, incident/hazard reports, maintenance requests and staff observation. The home, situated on a campus facilitating three levels of care (including a secure wing), consists of single en suite rooms, and the environment provides safe access to clean and well maintained internal and external communal areas, with appropriate furniture sufficient for residents' needs. Handrails are in place throughout the home and concrete paths facilitate resident mobility outside. The maintenance team implement and oversee a preventative maintenance program on buildings, infrastructure and equipment, with external contractors being utilised as is appropriate. Restraint is utilised for some residents and appropriate authorisation and monitoring is undertaken. Staff ensure all external entrances to the home are secure in the evening; regular security rounds are undertaken, and staff have access to police and emergency telephone numbers in the event of a security breach. Residents/representatives are satisfied with the maintenance, safety and comfort of their living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management of the home have implemented a safety system that meets regulatory requirements. The home's safety system is coordinated by a corporate Workcover and Work Health and Safety advisor in association with on-site representatives. Effective processes are in place for the notification and control of hazards; for managing exposure to risks; for the reporting and investigation of staff incidents; for the management of chemicals; for regular safety and environmental audits, and for the rehabilitation of injured staff and to support their return to work. Staff receive education on their responsibilities in relation to work health and safety in a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Processes are in place to identify and minimise risks associated with fire, security and other emergencies through regular fire inspections and auditing of the environment as well as practices. Emergency and evacuation procedures are documented and available to guide staff practice along with resident lists that are updated when there is an entry or exit of a resident. A preventative maintenance program for fire systems, equipment and signage are completed by an external provider. A role is designated to being the fire warden on site. Internal environmental and maintenance audits are conducted to monitor emergency systems and equipment and deficiencies are actioned accordingly. Evacuation diagrams are located across the site and exits are clear of obstructions. All staff participate at orientation and annually thereafter in a mandatory education program which includes evacuation training in response to fire and other emergencies, and are made aware of lock up procedures for security. Staff have access to an emergency response manual and the home's management maintain links to the local area disaster management group. Residents are informed of the fire, security and emergency procedures. Procedures are in place to ensure night time security of residents and staff.

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

An infection control surveillance program is in place and organisational infection control policy, procedures and outbreak guidelines are available for staff reference. Staff collect residents' infection data and pathology is instigated where appropriate, following notification to the medical officer. Infection information collected is reviewed and acted upon on an individual resident basis and the data is collated on a monthly basis. Infection control auditing is conducted in all areas of the facility as per the audit schedule. Staff are provided with infection control training at orientation, as part of the annual mandatory training program, and other opportunities are provided as part of the staff education program. Hand washing facilities are located throughout the facility and staff have access to personal protective equipment. Safe food storage practices are evident in the kitchen: temperature monitoring of cold food and of heated foods on delivery, storage and serving is conducted and recorded. Colour coding systems are used for laundry items and cleaning. Cleaning schedules are in place for general cleaning. Residents are satisfied with the cleanliness of the home and cares provided by the staff, and residents/representatives are satisfied with the actions of staff to control the risk of cross infection.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Residents/representatives are satisfied with the standard of the catering, cleaning and laundry services provided at the home. Residents' dietary needs are assessed and along

with their allergies, likes, dislikes and preferences are recorded so their needs and preferences can be met. Catering services are operated according to the home's food safety program. A rotating seasonal menu is planned with dietetic consultation prior to implementation. Meal alternatives are provided; special items are made for individual residents on request, and specific food, drinks and snacks are provided according to resident preference and clinical need. Residents' uncontaminated personal clothing items are attended to in the on-site laundry using specialised equipment and practices that minimise risks of cross infection, and these items are folded and delivered to the resident's wardrobe. The home's manchester, linen and residents' contaminated personal clothing are laundered at an off-site commercial laundry. Cleaning services are carried out by trained staff using appropriate cleaning and waste disposal practices and according to schedules suitable to residents. Staff are directed by duty lists and complete work and cleaning schedules to ensure duties are carried out as required. Hospitality services are monitored via regular audits, observation of staff practice and through resident feedback in meetings, surveys and complaints mechanisms.