



Aged Care
Standards and Accreditation Agency Ltd

Star of the Sea Elders Village

RACS ID 5372

Waiben Esplanade

THURSDAY ISLAND QLD 4875

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

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 27 December 2016.

We made our decision on 27 November 2013.

The audit was conducted on 15 October 2013 to 17 October 2013. 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

Star of the Sea Elders Village 5372

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

Introduction

This is the report of a re-accreditation audit from 15 October 2013 to 17 October 2013 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 15 October 2013 to 17 October 2013.

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:	Stewart Brumm
Team member/s:	Lynette Harding

Approved provider details

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

Name of home:	Star of the Sea Elders Village
RACS ID:	5372

Total number of allocated places:	19
Number of residents during audit:	19
Number of high care residents during audit:	15
Special needs catered for:	Indigenous residents

Street/PO Box:	Waiben Esplanade	State:	QLD
City/Town:	THURSDAY ISLAND	Postcode:	4875
Phone number:	07 4069 2585	Facsimile:	07 4069 2642
E-mail address:	Nil		

Audit trail

The assessment team spent 1.5 days on-site and gathered information from the following:

Interviews

	Number		Number
Service Manager	1	Residents/representatives	5
Registered staff	4	General Manager	1
Care staff	5	Laundry staff	1
Care support officer	2	Cleaning staff	2
Catering staff	2	Maintenance staff	2
Corporate support staff	4		

Sampled documents

	Number		Number
Residents' files	6	Medication charts	10
Summary/quick reference care plans	6	Personnel files	6

Other documents reviewed

The team also reviewed:

- 'Aunty and Uncle' day calendar
- 'Aunty and Uncle' of the day forms
- 'End of life pathway' documentation
- 'All rounder' list
- Action plan for accreditation
- Annual system condition report (fire)
- Assessment forms
- Audit schedule
- Behaviour assessment charts
- Bowel monitoring system
- Care plan assessment matrix
- Cleaning schedules
- Clinical incident documentation
- Clinical working folder
- Communication diaries
- Complaints analysis report
- Compliments and complaints forms and registers
- Controlled drug register
- Correspondence from Department of Health and Aging

- Diabetic working folder
- Dietary profiles
- Duties lists
- Education and training attendance records
- Education resource folder
- Education/training workbooks
- Extent of work (building repairs)
- Fire and evacuation practice record
- Fire systems service records
- Flow charts
- Food licence
- Food safety program and associated monitoring forms
- Handover sheets
- Hazard reports
- Infection control folder
- Infection surveillance forms
- Lifestyle working documents folder
- Local emergency evacuation plan
- Maintenance and calibration records
- Maintenance requests
- Mandatory reportable incidents log
- Medical officer visits folder
- Meeting minutes
- Menus
- Monitoring charts
- Nurse initiated medication instructions
- Observation charts
- Occupiers statement
- Pathology result sheets
- Pharmacy order documentation
- Preventative maintenance schedules
- Probation notes
- Quality improvement forms and register
- Referral folder
- Resident dietary profile lists
- Restraint assessment and authorisation forms
- Risk assessment forms and register

- Self medication assessment process
- Service/supply agreements
- Toolbox education register
- Training tracker
- Wanderer identification forms
- Work instructions
- Wound management forms
- Wound management working folder

Observations

The team observed the following:

- Activities in progress
- Chemical storage areas
- Clinical signage
- Equipment and supply storage areas
- Fire safety and fire fighting equipment and emergency exits
- Hand washing facilities
- Infection control and outbreak resources
- Information noticeboards for residents/representatives and staff
- Interactions between staff and residents
- Internal and external environment
- Medication administration in progress
- Menu on display
- Secure storage of information
- Storage of medications
- Workmen conducting building repairs

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

Star of the Sea Elders Village (the home) has a continuous improvement system to identify, plan and implement improvement opportunities. Areas for improvement are identified through audits, one to one discussion, clinical indicators, meetings and quality improvement forms. Improvements are monitored and evaluated by the Service Manager and raised as agenda items at resident and staff meetings as required. Feedback to residents, representatives and staff relating to progress, status and review of improvements is communicated through meetings and verbally. Residents and staff are aware of ways to raise improvement requests and to contribute to the home's continuous improvement.

Examples of improvements related to Standard 1 include:

- The home has implemented a mentoring program to support and develop indigenous leadership at the home. Mentors have been provided to the service manager and cook, both of whom are indigenous. From late October the cook, will be promoted to a supervisor position overseeing catering services. The General Manager informed us that the program has received a positive response from staff.
- In response to ongoing problems with absenteeism of local staff, the home has developed an 'all rounder' concept. Staff from all areas of the home are trained to work in at least one other area of the home, outside their normal roll. Staff we interviewed who are part of the program informed us that they enjoy working across various areas of the home, including providing care, catering, cleaning or laundry shifts. The Service Manager informed us that the 'all rounders' have ensured that care and services continue to be delivered to residents during periods of absenteeism.

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 are in place to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the accreditation standards. Policies and procedures are updated from a corporate level to reflect change and then emailed to the Service Manager for distribution with staff. Compliance with legislation is monitored through audits, surveys and observation of staff practice. Staff are informed of relevant changes through email, education sessions, verbally and notice boards. The home has a system to ensure all

relevant individuals hold a valid police certificate. Residents have been informed of the current accreditation audit through posters and verbally.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has a system and processes to ensure management and staff have the required knowledge and skills to perform their roles. Staff are required to attend mandatory and specific role related education and attendance at education sessions is monitored. Mentoring programs support the development of indigenous staff into senior roles within the home. Staff training and education is identified through organisation identified needs, a discussion with staff, observation of practice, audits/surveys and the changing needs of residents. Staff are satisfied that education provided is relevant to their work and that management is responsive to requests for additional training needs.

Staff have the opportunity to undertake a variety of training programs relating to Standard 1 Management systems, staffing and organisational development. For example;

- Discrimination and harassment
- Team work – helping each other

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 and other interested parties have access to internal and external complaints mechanisms. Residents are informed about the internal and external complaints processes within the home during the entry process, the resident agreement and through one to one discussion with staff. Compliments and complaints forms are available at the home, a suggestion box is in place to allow anonymity if required, informal discussions with both staff and management are in place for raising issues. Complaints are logged and then tracked by the Service Manager through to resolution. Residents are satisfied management deal with issues raised to their satisfaction and 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's mission, vision and philosophy and commitment to quality are documented and displayed in the home.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has a system and processes to ensure that there are appropriately skilled and qualified staff sufficient for the delivery of services. Recruitment is conducted within the organisations guidelines and using role specific position descriptions. Staffing is determined according to resident needs and in consultation with resident/representatives and staff through one to one discussion and feedback processes. The home has a standing contract with a staffing agency to provide registered and care staff, and to provide clinical monitoring services. Rostering ensures appropriately skilled and qualified staff are available to meet the identified care needs of the residents and the home has the ability to draw on existing staff in the event of planned and unplanned leave. The home is supported by a regional support team including clinical, quality and management support. Residents are satisfied that there are sufficient staff to provide care and deliver services to meet their needs.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Residents and staff are satisfied with the availability and suitability of goods and equipment. There are processes to ensure appropriate stocks of goods and equipment are available for quality service delivery. Stock control including labelling, secure storage, rotation and other practices ensure the safety, working order and useability of appropriate goods and equipment. There is a corrective and preventative maintenance program to ensure that equipment is identified, maintained, repaired, or replaced as required. Staff are provided education on new equipment as required. Regular visual monitoring is undertaken to ensure that goods and equipment are maintained at sufficient levels.

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 access to sufficient and reliable information. This information is stored securely on computer files or in locked cabinets and offices, and can be accessed by those staff with the authority and need to do so. Policy and procedure are managed at an organisational level and are emailed to the Service Manager for distribution. Staff indicated that the information necessary to perform their jobs is available and that regular staff handovers keep them informed on a range of relevant topics. Further communication to staff is via memos, noticeboards, and meetings. Residents are provided information in writing and verbally about care and services. Residents were satisfied with the information provided to them about life at the home.

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

Processes ensure all externally sourced services are provided in a way that meets the organisation's needs and service quality goals. Organisation processes include formal service agreements with suppliers and service providers. An approved suppliers list is available for staff. The General Manager in conjunction with the organisation reviews the performance of external services to ensure quality service delivery is maintained. External service providers are given the opportunity to improve their service and or take appropriate action if required. Quality of service is monitored through review of suppliers and feedback from staff and residents.

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.

Examples of improvements related to Standard 2 include:

- The home has reviewed the resident of the day process, now known as 'uncle or aunty of the day'. The review process for the resident now incorporates feedback from all staff involved in the resident care and also includes an environmental audit of the resident's room, with maintenance and cleaning services conducting a review. Management informed us that this revised process is providing a comprehensive review of each resident. We observed the process during the audit.
- The home has reviewed the process to communicate resident diets to staff. The information was previously contained within the main care plan. The dietary information is now being communicated to staff via tray placemats. Each residents meal is prepared in the kitchen and placed on trays for delivery to residents. The tray placemats contain a photo of the resident, as well as diet type and allergies. Staff informed us that they know clearly now which meal is for which resident.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance system and processes.

In relation to Standard 2, compliance with legislation, including a system to ensure relevant staff have current registration and reporting guidelines in the event of unexplained absences of residents, is monitored and maintained.

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 system and processes.

Staff have the opportunity to undertake a variety of training programs relating to Standard 2, Health and personal care. For example;

- Wound care
- Sensory loss
- Aunty/uncle day process

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

A clinical management system has been established to ensure that residents receive appropriate clinical care. Guidelines are provided to promote consistency of practice. Processes are in place for identification and assessment of residents’ care needs and referral to medical and/or allied health professionals (in accordance with resident’s needs). Care plans are developed in consultation with residents, their representatives and implementation of care and regular evaluation of the effectiveness of care is undertaken three monthly and more frequently if necessary. Residents are satisfied with clinical care, the consultation processes, and the way care is delivered. The effectiveness of the system and process for supporting effective clinical care is monitored through the audit process and discussion with staff (Aunty/Uncle of the day process), residents and representatives.

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 with specialised nursing care needs are identified and their needs are assessed by registered staff available on site 24 hours each day. Residents are referred to their medical officer and allied health professionals and changes to care requirements are documented in progress notes and care plans. Changes are communicated to relevant staff in a timely manner. The home has access to external medical and nursing services to support the provision of specialised nursing care. Staff receive education and have access to appropriate equipment and sufficient stock is available to enable care and treatment to be provided effectively. 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. Referrals are made for medical and/or allied health review and management as needed. The home has access to a bus to assist residents to attend external appointments. Staff are aware of the referral process and documentation

required. Feedback from health specialists is documented in progress notes and care plans are revised to reflect changes. Residents/representatives are satisfied with access to health specialists and other related services in accordance with their needs and preferences.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home uses a multi-dose system for residents’ routine medications including ‘as required’ (PRN). Medications are prescribed by the medical practitioner and are dispensed by the pharmacist. Information about the time and frequency of medications is communicated to staff to facilitate continuity of care and to ensure that residents receive their medications as prescribed. Registered staff administer medications in a safe and correct manner and medications are stored appropriately. The resident’s medical practitioner regularly review resident’s medications and their effectiveness. Residents are satisfied with the way their medications are managed. The effectiveness of medication management system is monitored through the internal auditing and incident reporting processes, and action is taken to address deficiencies.

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

Each resident’s history of pain and discomfort is assessed on entry into the home. Residents’ experiencing acute or new episodes of pain are commenced on a pain assessment. Verbal and non-verbal pain assessment tools are available for staff to use and a pain management plan is developed. A variety of pain management strategies are available that include medication and other interventions such as massage, heat therapy, repositioning, exercise and distraction. The home has two staff trained in a ‘non touch’ method of pain management. Staff are aware of pain management strategies for individual residents, progress notes entries show that action is taken in response to residents’ reports of pain. Residents are satisfied that their pain is managed effectively and 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 home has a multicultural approach when supporting the individual wishes of the residents. The comfort and dignity of palliating residents is maintained and information about resident’s care needs is gathered from both the resident and families. Changes are communicated to staff within the care documentation, palliative care plan and verbally throughout the shift. Palliative care, pain management, physical, emotional and spiritual support is provided to residents and their representatives in accordance with their needs and preferences. Resident’s choices and preferences in relation to their end of life care are

recorded, communicated to care and lifestyle staff. Resources, education and support are available to relatives and staff to assist them to understand the processes of palliative 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 receive adequate nourishment and hydration. Through assessment registered staff identify individual resident’s food and fluid preferences and identify residents at risk of impaired nutrition. Weight monitoring is undertaken on a regular basis, monthly or fortnightly, with action undertaken to address weight loss. Residents are referred for a medical and/or allied health assessment and management if nutritional deficiencies are identified. Daily monitoring is undertaken to ensure that residents’ special dietary needs are provided and assistance/supervision is given to residents to ensure that their nutrition and hydration is maintained. Residents are satisfied with the quality and variety of food and fluids and with the assistance provided by staff. Registered staff monitor and review the effectiveness of processes for ensuring residents’ nutrition and hydration.

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 staff identify the skin care needs of residents during assessment and reassessment processes. Registered staff identify interventions used to maintain skin integrity on a pictorial care plan to guide staff practice. All residents receive a daily massage using coconut oil to promote effective skin integrity. The home uses pressure relieving mattresses, gel cushions, heel protective devices, all staff are trained in manual handling. When required, the home consults with the external consultants to ensure wound care practices are relevant, any skin tears and wound care is documented on a wound management plan and attended by registered staff. The incidence of skin impairment is monitored regularly with skin tears and wound data collected and trended each month. 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

Residents’ continence is managed through identification and assessment of resident’s bladder and bowel patterns daily and through the home’s ‘Aunty and Uncle’ daily meetings. A programme to support individual needs, manage incontinence and prevent constipation is developed in consultation with residents and the health care team. Resident’s individual continence management programs are communicated to care staff and registered staff monitor and review the effectiveness of the programs in meeting residents’ needs. Residents are satisfied with the assistance provided by staff in respect to continence management.

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

The needs of residents with challenging behaviours are managed effectively through assessment and identification of triggers, trends and the implementation of strategies to prevent and/or manage behaviours. Staff recognise residents’ individual environmental needs and possible behavioural triggers and intervene where possible to reduce residents’ anxiety. Residents’ care routines are individualised and staff implement behavioural management strategies aimed at minimising and/or preventing behaviours. Residents are referred for specialist medical and allied health services in accordance with their needs and preferences. Residents 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

Residents’ mobility needs and falls risk are assessed by a physiotherapist on entry into the home. Individual requirements are documented in a pictorial care plan. The home provides mobility aids and equipment to minimise the risk of falls to residents. A physiotherapy aide provides individual exercises developed by a physiotherapist, for residents on a daily basis. The lifestyle team conduct group exercise and outings that support movement. Staff receive annual manual handling education to guide them to safely assist residents to mobilise and transfer using appropriate mobility aids as instructed. The mobility of residents is monitored regularly with falls information collected and trended at the end of each month. Residents report satisfaction with the support provided by staff to help them maintain their mobility, dexterity and independence 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. Referrals to external oral and dental care providers are available as necessary with support to visit a dentist when required. Care strategies to effectively maintain residents’ oral and dental health are developed. 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 report satisfaction 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

Residents’ sensory abilities are assessed and if sensory loss is identified, residents are referred for specialist medical and/or allied health services for more detailed assessment and management in accordance with their needs and preferences. The home is able to access the services of specialist services such as optometry and hearing services through local health services. Lifestyle staff incorporate activity programs that promote senses such as touch, taste and smell and adapt activities to the needs of residents as necessary. Staff demonstrate an awareness of these strategies and processes are in place to ensure the correct use and maintenance of sensory aids. Registered staff monitor and review the effectiveness of strategies for identifying and managing residents with sensory losses.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Information about residents’ usual sleep patterns, settling routines and personal preferences is identified on entry into the home. Registered staff develop strategies to support individual preference relating to normal sleep patterns. Staff ensure that residents identified as having wakeful nights are offered to food and drinks, massage, or just to sit down for a ‘chat’, watch television and are referred to medical practitioners for medication review as needed. Residents are satisfied with the care and assistance provided to them to make them comfortable in bed and promote sleep.

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.

Examples of improvements related to Standard 3 include:

- The home has reviewed the level of community involvement with the residents. Community groups have been contacted and weekly visits are now occurring. The aim is to maintain community and family ties. The Service Manager informed us that the community groups have been responsive to the initiative. Residents we interviewed were satisfied with the increased community involvement.
- A review of the volunteer program has been conducted. In an effort to increase volunteers posters/flyers were produced and distributed around the community, the Service Manager has also appeared on local radio requesting for volunteers. In response to the homes requests a local hotel is providing a weekly free meal for residents. Residents informed us that going to the hotel for regular meal “has been great”.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system and processes.

In relation to Standard 3 Resident lifestyle, compliance with legislation includes a system to ensure staff and residents are aware of compulsory reporting guidelines.

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 system and processes.

Staff have the opportunity to undertake a variety of training programs relating to Standard 3 Resident lifestyle. For example;

- Lifestyle and activities
- Security of tenure

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

Information is gathered to identify resident's lifestyle background, personal traits, likes and dislikes, current abilities and assessment of resident's emotional needs is undertaken. Information about resident's individual needs in relation to emotional support is shared with staff both verbally, through daily handover processes and as part of the 'Aunty and Uncle day'. Residents receive support from staff and are given assistance to meet other residents within the home, make and renew friendships and participate in the lifestyle of the home at a pace that suits them. Residents are satisfied with the support they received and the care and concern shown by staff.

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

Individual residents' needs to achieve independence is assessed with needs and preferences communicated to staff to ensure that residents are supported to maintain their independence as much as possible. Reassessments of residents' needs and ability are conducted monthly (through the Aunty and Uncle day) then as required to ensure that any changes, which may impact on residents' independence, are identified and addressed and communicated to staff. Residents' independence is promoted during care, individualised activities program and leisure activities, through interactions with family and the community outside and within the home. Residents are satisfied with the assistance provided to them and with the support that they receive to maintain their 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' privacy and dignity needs are identified and the individual needs and preferences of each resident are communicated to staff and respected. Staff demonstrated their understanding of principles associated with maintaining residents' privacy and dignity as well as the particular preferences of individual residents. Education is provided to staff regarding privacy, dignity and confidentiality. Staff are respectful in the recording of residents' personal information, and information is stored in a way that is not easily accessible to unauthorised

persons. Residents advised they are treated with respect, and that staff recognise the need for privacy and to maintain their dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents' lifestyle and leisure needs and preferences are identified, activity programs (individual and group) are provided which help to stimulate residents' physical, intellectual, spiritual, creative and social skills. The homes activities officers actively involve the residents in choosing the group activity programs. The activities are flexible and involve the local families (where able) and the community as well as frequent bus outings to places of interest. Staff support residents to attend leisure activities and their choices and residents wishes to attend or not, are respected. Resident satisfaction with activities is monitored and discussed with residents, programs are adjusted in accordance with feedback provided. Residents are satisfied with the variety of activities offered and with the support provided by staff.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents' cultural and spiritual needs and preferences are identified and information is communicated to staff to ensure that these preferences are reflected in the delivery of care, leisure interests and other services (for example, meals, spiritual reflections, church services and celebrations). The home recognises and celebrates a variety of traditional cultural and religious events throughout the year in keeping with the residents' preferences. Residents who follow an alternate religion are assisted to attend services in the community. Residents advised staff are sensitive to their needs and assist them to maintain their choices and traditions in accordance with their needs and preferences.

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' preferences for care and leisure activities are identified and documented on entry to the home and reviewed on an ongoing basis. Residents' enduring power of attorney or information about alternative decision-makers is documented in resident records and information is available to staff. Residents have opportunity to express their preferences through regular one on one meetings with management and at residents' meetings with management and staff, during day-to-day interactions with staff and the home's compliments and complaints process. Residents are aware of their rights and responsibilities, have access to information about internal and external complaints processes, and are satisfied with their ability to make decisions.

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 have security of tenure and understand their rights and responsibilities. Written and verbal information regarding service provision is supplied to residents/representatives prior to, and on entry to the home. The Service Manager is available to discuss any concerns with residents and/or families. Entry and contractual documents contain information about security of tenure, internal and external complaint mechanisms, as well as each resident's rights and corresponding responsibilities. The home networks with aged care industry groups to assist them to provide current information about specified care and service obligations and accommodation fees and charges. Residents/representatives are aware of residents' rights and responsibilities and are satisfied that resident's tenure at the home is secure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of improvements related to Standard 4 include:

- The home, in conjunction with the physiotherapist, have implemented a revised training program for the orientation of staff in manual handling. Staff now complete an online theory training module as well as the practical demonstration of the equipment. The Service Manager informed us that the increase in theory has enhanced the staff understanding of safe manual handling practices. Staff confirmed they had completed the online training.
- The organisation has reviewed the process for informing the home of industrial updates or policy changes. Now when the home is notified of a change, a toolbox training session is sent to the Service Manager, the toolbox training provides the Service Manager with the information to use to inform staff, including a questionnaire to be completed by staff post toolbox training.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system and processes.

In relation to Standard 4 Physical environment and safe systems, there is a system in place to ensure staff attendance at annual mandatory fire safety training.

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 system and processes.

Staff have the opportunity to undertake a variety of training programs relating to Standard 4 the Physical environment and safe systems. For example;

- Fire safety
- Food safety
- Infection control

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Residents are satisfied with the comfort of the environment and the mechanisms in place to ensure their safety. Residents have access to internal and external communal areas which are equipped with appropriate furniture. Residents are accommodated in single and multi-bed rooms with shared bathrooms and are encouraged and supported to outfit their rooms with their own furnishings and personal items. Preventative maintenance and cleaning schedules generally maintain a safe and clean environment. Monitoring of the living environment is conducted through the reporting and actioning of maintenance requests, visual observation, risk assessments, audits and resident feedback.

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 are actively working to provide a safe working environment that meets regulatory requirements. There are processes to assess the workplace through observation, audits of the environment, hazard/risk management processes, incident reporting, and staff education. All staff are provided with information about workplace health and safety during their orientation and at ongoing training sessions. Safety data sheets are available in relevant areas and chemicals are stored securely. Spills kits are available and accessible for staff. The cluster workplace health and safety officer is monitoring the processes. Staff are aware of how to report accidents, incidents, and hazards and perform their roles in a safe manner.

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 minimise fire, security and emergency risks. Firefighting equipment is readily available and identified with signage. A program of scheduled maintenance of all fire and emergency equipment is established and up to date. Mandatory fire and emergency training is provided to all staff and attendance at these sessions is monitored. A local emergency plan is maintained; a resident evacuation list is current and located inside the fire panel. Staff are aware of emergency procedures and their individual roles and responsibilities in the event of a fire, security and other emergencies.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has processes to minimise the risks associated with the transmission of infection and to promote effective infection control. Staff are provided with education regarding infection control and information and procedures are available to guide staff practices. Staff demonstrated knowledge of infection control principles in line with their roles and responsibilities, including the application of additional precautions for residents when needed. Sufficient stock and equipment is available to enable staff to effectively implement infection control procedures. Staff practices are monitored as part of the audit program. Records are kept of the number and type of resident infections, and data is analysed to enable additional control measures to be implemented if indicated. Residents/representatives report they are satisfied with staff hygiene practices and with the cleanliness of 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

Residents are satisfied with the catering, cleaning and laundry services at the home. A four weekly rotating menu is provided in consultation with the dietician and resident feedback. All meals are cooked/prepared on site. Food is served in accordance with resident's preferences and dietary requirements such as residents' supplements and texture modified food requirements. Culturally appropriate meals are provided to residents. Cleaning staff use schedules to ensure residents' rooms; communal areas and external areas of the home are cleaned systematically. Laundry services are completed on site. Residents provide feedback about hospitality services through one to one discussion with staff.