



Aged Care
Standards and Accreditation Agency Ltd

Stroud Community Lodge

RACS ID 0283

51 -53 Cowper Street

STROUD NSW 2425

Approved provider: Stroud Community Lodge Inc

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 2 August 2015.

We made our decision on 20 June 2012.

The audit was conducted on 15 May 2012 to 16 May 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

Stroud Community Lodge 0283

Approved provider: Stroud Community Lodge Inc

Introduction

This is the report of a re-accreditation audit from 15 May 2012 to 16 May 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 15 May 2012 to 16 May 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:	June Connolly
Team member/s:	Stephanie Roberts Crowhurst

Approved provider details

Approved provider:	Stroud Community Lodge Inc
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Details of home

Name of home:	Stroud Community Lodge
RACS ID:	0283

Total number of allocated places:	31
Number of residents during audit:	28
Number of high care residents during audit:	13
Special needs catered for:	Nil

Street/PO Box:	51 -53 Cowper Street	State:	NSW
City/Town:	STROUD	Postcode:	2425
Phone number:	02 4994 5433	Facsimile:	02 4994 5064
E-mail address:	manager@stroudlodge.com.au		

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Residents/representatives	18
Board members	2	Volunteers	2
Registered nurses	1	Administration assistant	1
Care staff – also cleaner/laundry staff	8	Catering staff	2
Medical officers	2	Maintenance staff	1

Sampled documents

	Number		Number
Residents' files	15	Medication charts	15
Summary/quick reference care plans	15	Personnel files	5

Other documents reviewed

The team also reviewed:

- 2012 training folder
- Activities officer's documentation
- Activity program and attendance records
- Annual over 75 health assessment forms
- Audit of falls all residents
- Audit of medication incidents
- Completed residents' assessments/pain, continence, behaviour, sleep, nutrition and hydration, skin integrity
- Continuous improvement program
- Daily communication book
- Drug use evaluation form
- Emergency procedures – including bushfire evacuation plan
- GP management plan
- Handover report sheets
- Job descriptions
- Material safety data sheets
- Medical officers' notes and referrals
- Medication fridge temperature records
- Medication incidents and analysis
- Newsletters

- Organisational chart
- Policy and procedures
- Policy manual
- Recruitment policies and procedures
- Referrals to/from specialists
- Reportable assaults folder
- Resident dietary requirements
- Resident food preference and change of diet forms
- Resident fridge temperature records
- Resident information handbook
- Residents case conference notes
- Residents data base and social profiles
- Residents satisfaction survey for activities
- Residents self assessment for medications management
- Residents sign out/sign in register
- Residents terminal wishes
- Residents' handbook
- Service and supplier agreements/contracts
- Staff handbook
- Staff training folders – A-E and F-Z; competency forms
- Wound management charts

Observations

The team observed the following:

- Activities in progress
- Archive storage area
- Assistive eating utensils
- Charter of residents' rights and responsibilities (displayed)
- Cleaners trolley – with locked cupboard for chemicals
- Daily menu (displayed)
- Dressing trolley
- Electric alternating mattress and bed rail protectors
- Equipment and supply storage areas
- Fire fighting equipment, including sprinkler system, located throughout the home
- Interactions between staff and residents
- Laundry – two large industrial machines and dryers
- Living environment
- Maintenance sheds and basic equipment for service and gardening

- Manual handling equipment
- Medication administration
- Medication trolley
- Notice boards for resident and staff
- Oxygen equipment, storage and signage
- Reference resources
- Sharps containers
- Staff interaction with residents and residents' representatives
- Storage of medications
- Tradespersons – contractors information displayed at entry
- Utility room – includes storage of catheter equipment, continence aids

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 demonstrates there are systems in place to actively pursue continuous improvement. The home has a system for identifying improvements through a number of options reviewed with the Board and their progress, including resident benefits and funding, are discussed. The continuous improvement log and continuous improvement plan were sighted. Input has been sourced from staff on feedback and education requirements with these analysed and added to the continuous improvement plan. The entry table in the foyer includes 'ideas' forms and one of these is also displayed in the dining room to invite residents, representatives and staff to provide ideas which could contribute to the continuous improvement program. Completed ideas forms were sighted and the information included in the improvement log. Examples of improvements include:

- A new stainless steel wound care trolley has been purchased to provide improved wound care facilities for staff and residents
- Equipment such as for continuous oxygen support and more new over bed tables have been provided
- The office space for staff has been revised and renewed which has made improved work, storage and access space

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home belongs to a peak body and receives e-mailed information to ensure information is current. Information is also received from federal and state government bodies.

Examples of regulatory compliance include:

- Notices detailing the re-accreditation audit were displayed to advise residents and representatives of the visit
- The home has systems to maintain lists of all staff criminal record checks and the currency period

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

There is a system to ensure management and staff have the appropriate skills and knowledge to effectively perform their roles. The home introduced a needs analysis which was completed by staff and identified their training needs and preferences. A program over two days was held earlier in May 2012, with the home developing the content topics. An external trainer conducted most of the sessions which included risk management, medication management, manual handling, workplace health and safety and fire and safety. The program has also identified topics to be included over the next twelve months. Staff interviewed were confident of their knowledge needed to care for their residents and were looking forward to further training. Residents and representatives interviewed were all happy with the skills of the staff in delivering their care.

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

Interviews with residents and representatives confirmed they were familiar with access to complaints mechanisms. However, no residents and representatives interviewed stated they had any complaints with their home or the care and services provided. Information referring to external complaints support services were sighted in the home and residents were aware of them. There is a system to monitor any complaints and suggestions raised and an open door policy is maintained. Residents interviewed were very satisfied with the staff and care and services provided.

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 statement is displayed in the home. The resident and staff handbooks include this statement and the objectives and philosophy. A display poster personal to the home, sighted at the entry to the home, also includes a statement commencing "We believe every human being deserves to live in peace and dignity...".

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 appropriately skilled and qualified staff sufficient to ensure services delivered meet the needs of the residents of the home. The home has a human resource policy and personnel files containing qualifications of staff members. These staff files are stored securely. Staffing levels are based on resident numbers, acuity and specialised needs and recent increased resident needs have led to a second staff member on duty overnight. Staff employed work permanent or casual shifts and provide coverage of the roster. There are two registered nurses who work during the week and provide on call services at other times if required by care staff. All staff have completed aged care certificate training and receive training to meet any changes in resident care needs. Residents and representatives interviewed confirm staff are knowledgeable of resident's individual care needs and they are satisfied with the expertise of staff at the home.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home was able to demonstrate they have ordering systems and stocks of appropriate goods and equipment for quality service delivery in health and personal care, resident lifestyle, catering, cleaning and laundry. The home has organised deliveries which may be two weekly, with stocks sufficient for this period. Staff are satisfied the supplies provided are those required for resident care and support. There is a routine maintenance system and requests are entered into a book, completed in a timely manner and all equipment is monitored and working effectively. External services required such as for electrical tagging are completed.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has an effective information management system in place. Meetings are held for residents and representatives with minutes displayed. The agenda and information recorded of staff meetings cover topics including workplace health and safety. Documentation for residents includes planned care needs and progress notes and staff can follow and update needs. The home has a system for storage and management of information which includes security and confidentiality. There is a system for archiving and appropriate destruction of documentation. Information for residents, representatives and staff is displayed on noticeboards throughout the home in corridors, dining room and staff room. Duties lists are available for care staff who also complete cleaning and laundry tasks. Residents are able to access information on minutes, activity programs and a newsletter and stated they were satisfied with the availability when interviewed.

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

The home has services agreed with external suppliers and providers, to ensure that the needs and goals of the home are met. There are contracts in place with companies such as for fire service maintenance, pest control and equipment servicing for the kitchen. Contracted suppliers include for food categories, continence aids and cleaning chemicals. Suppliers providing repair services to the home include copies of required documentation. Audits include conditions of services provided. Staff are satisfied all needs of the home are being 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.

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Please refer to 1.1 Continuous improvement, to review the home's systems to demonstrate they are actively pursuing a program of improvements. Improvements relating to Standard two include:

- New assessment tools have been developed and introduced in areas including mobility, nutrition and hydration, wound care and skin care.
- All residents are being reviewed for needs relating to 'when necessary' medications.

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

Please refer to expected outcome 1.2 Regulatory compliance for information regarding the organisations' system to ensure the home complies with legislation and regulations relevant to this Standard. We saw evidence medication storage and delivery to residents is maintained and completed according to requirements and registered nurses maintain professional registration.

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 has a program to ensure staff have skills and knowledge in health and personal care. Please refer to expected outcome 1.3 Education and staff development, for a description of how the home identifies, develops and provides appropriate training. Review of the program include sessions completed on topics such as identifying and assisting with swallowing difficulties, continence issues and wound management. Evidence of competencies completed by staff who give medications were sighted. Further training for staff in the coming months is also identified.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents and their representatives say they are satisfied with the clinical care provided by the home. Residents’ clinical needs are identified on entry to the home and individual care plans are developed from information collected on admission. Care plans are regularly reviewed and evaluated by the registered nurse in consultation with the resident, their medical officer of choice and others involved in their care to ensure individual needs and preferences are met. Staff say they have access to ongoing education, supervision and support from management. The home has appropriate supplies of equipment and resources maintained in good working order to meet residents’ ongoing changing needs. Resident representatives interviewed say they are informed of changes in the resident’s condition and are involved in the care planning processes if they so choose. Residents interviewed told us they are they are “the luckiest people to be in a place like this”.

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

The home has systems to ensure the specialised nursing care needs of residents are identified and met by appropriately qualified staff. A review of documentation and discussions with staff show residents’ specialised nursing care needs are identified on entry to the home and care plans are developed, reviewed regularly and evaluated by the registered nurse. Specialised nursing care provided by the home includes, but is not limited to, diabetic management, complex pain management, wound care, oxygen therapy and nebulisers. Staff have access to the home’s internal and external education program and staff practice is supervised by management. Staff say they can liaise with other specialist nursing services in the area including palliative care, a continence consultant or wound management specialist, to ensure residents’ individual needs and preferences are met. Residents and their representatives interviewed state satisfaction 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 and their representatives say management and staff ensure they have appropriate referral to specialist services. Residents and their representatives interviewed say they are satisfied with the way referrals are made and the way changes to residents’ care is implemented. Transport and escort for specialist appointments are arranged as necessary. A review of documentation, including care plans, shows any changes to care following specialist visits are implemented in a timely manner by staff. Any concerns following a specialist visit are followed up with the medical officer of choice or the specialist as soon as possible.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Residents and their representatives say they are satisfied with the way medications are managed at the home. There are systems to ensure the safe and correct storage and administration of residents’ medications in accordance with the medical officers’ instructions, and safe and correct disposal of medications. Residents who wish to self medicate have a comprehensive assessment completed on their ability to manage their medications which is signed by the resident, registered nurse and their medical officer of choice. Staff interviewed described the home’s system for medication management and say they receive ongoing education, competency assessment and supervision by management. Medication charts are reviewed regularly by the resident’s medical officer and external audits are conducted by an accredited external pharmacist to ensure medication management is safe and correct.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Residents are assessed on entry to the home and on an ongoing basis to ensure they are as free from pain as possible. Residents interviewed say staff respond in a timely manner to their requests for pain control. Staff interviewed say they have are trained in pain management and use verbal and non-verbal pain assessment tools to identify, monitor and evaluate the effectiveness of pain management strategies. A review of documentation shows strategies to manage residents’ pain include attendance to clinical and emotional needs, analgesia and alternative therapies as ordered. Pain relief measures are followed up for effectiveness and referral to the resident’s medical officer and other services organised as needed. Residents’ representatives say they are informed of any changes in pain management and are involved in decisions regarding the resident’s pain management.

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 systems to ensure the comfort and dignity of terminally ill residents and support for their families and those involved in their care. Management say residents’ cultural, spiritual, psychological and emotional needs are considered in care planning and pastoral care is provided as requested. A review of documentation, including end of life wishes, show relatives are informed of the resident’s condition, involved in care planning and are invited to stay with the resident during the dying process. Memorial services are held at the home in honour of the resident’s life. There is an established rose garden at the home and a new rose is planted for every passing resident.

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 say they are satisfied with the variety of food and drinks supplied by the home. A review of documentation shows residents’ nutrition and hydration status is assessed on entry to the home and individual needs including sensory loss, special diets, swallowing difficulties and individual preferences are identified and included in care planning. In consultation with the resident and others involved in their care, appropriate referrals are made to the speech therapist or dentist. Staff monitor residents’ weight, food and fluid intake and care plans are regularly reviewed and evaluated by the registered nurse. Nutritional supplements, modified cutlery, equipment and assistance with meals are provided as needed. Residents interviewed say kitchen staff prepare meals for special events including birthdays and we observed mealtimes in the dining room are social occasions and visitors are invited to attend.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Residents and their representatives say staff pay careful attention to their individual needs and preferences for skin care. Care staff monitor residents’ skin care as part of daily care and report any changes in skin integrity to the registered nurse or manager for assessment, review and referral to the medical officer as needed. Care staff have access to sufficient supplies of appropriate equipment and resources to meet residents’ needs. A review of documentation shows care staff receive ongoing training and supervision in skin care. Residents have access to a physiotherapist, podiatrist and hairdresser and said a healthy diet is encouraged to maintain skin care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents’ continence is managed effectively. A review of clinical documentation and discussions with care staff show continence management strategies are developed for each resident and care plans are regularly reviewed and evaluated for effectiveness by the registered nurse. Care staff say they assist residents with their continence program as required and monitor residents’ skin integrity. Care staff are educated in continence management including the use of continence aids and ensure residents have access to regular fluids, appropriate diet and medication as ordered by the medical officer to assist continence. We observed the home has appropriate supplies of continence aids to meet individual needs of residents.

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

A review of documentation including care plans, the results of regular audits of accidents/incidents and discussions with management and care staff show residents with cognitive impairment are assessed on entry to the home and care plans are reviewed regularly. Strategies including one-on-one and group activities are regularly reviewed in consultation with the resident, their representative and other specialist services to ensure care and safety are provided for all residents and staff at the home. A geriatrician and mental health nurse can be consulted for residents with behaviour and dementia care needs. Staff receive education in managing challenging behaviours and work as a team to provide care. We observed staff using a variety of management strategies and resources to effectively manage residents with challenging behaviours ensuring the resident’s dignity and individual needs are respected at all times.

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

A review of documentation and discussion with care staff show all residents are assessed on entry to the home for mobility, dexterity, transfers and falls risk. Individual and group programs are designed to promote optimum levels of mobility and dexterity. Care plans are regularly reviewed and falls incidents, the results of regular audits and risk assessments, are analysed to ensure optimum levels of mobility and dexterity are achieved for residents. Care staff say they are given education in falls prevention, manual handling and the use of specialist equipment. Residents say appropriate referrals to the physiotherapist and podiatry are made in a timely manner. We observed residents assisted by care staff participating in games designed to assist mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents’ oral and dental health is maintained. Oral and dental health is assessed on entry to the home and individual care plans are developed, reviewed regularly and evaluated by the registered nurse in consultation with the resident, their representative and others involved in their care. A review of residents’ documentation shows residents are receiving regular dental assessments and referrals to dental specialists as required. Care staff say they receive education in oral and dental care and assist residents to maintain daily dental and oral health. Care staff report residents’ swallowing difficulties and pain to the registered nurse or manager for assessment and review.

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 and their representatives interviewed say the care staff are supportive of residents with sensory loss and promote independence and choice as part of their daily care. Sensory loss is assessed on entry to the home and care plans are developed, reviewed and evaluated regularly by the registered nurse and appropriate referrals are made to ensure residents’ needs are managed effectively. The activity officer has implemented a variety of programs and resources to assist residents with sensory loss. These programs promote sensory stimulation, interaction with others, independence and creativity. Care staff interviewed say they have education in sensory loss. We observed large print books, audio books and large print bingo cards for residents to use.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Residents’ sleep patterns are assessed on entry to the home including their history of night sedation. Lighting and noise is subdued at night. Residents ongoing sleep patterns are reviewed and sleeping disturbances monitored and appropriate interventions put in place to assist residents to achieve natural sleep. Care staff interviewed say residents who experience sleep disturbances are re-assessed, given emotional support, assisted with toileting, provided with warm drinks and snacks as requested. Residents interviewed told us they are happy with the way the care staff look after them at night.

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

Please refer to 1.1 Continuous improvement, to review the home’s systems to demonstrate they are actively pursuing a program of improvements. Improvements relating to Standard three include:

- The lifestyle activity officer hours have been extended to every second weekend. Activity programs are now to be provided during Saturday mornings.
- A mobile tea trolley has been provided set up for relatives who are visiting residents in deteriorating condition. It can also be provided for volunteer programs.

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

Please refer to expected outcome 1.2 Regulatory compliance for information regarding the organisations’ system to ensure that the home complies with legislation and regulations relevant to this Standard. Information, documentation sheets and acknowledgement by staff, is in place relating to mandatory reporting requirement if any elder abuse occurs.

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

The home has a program to ensure staff have skills and knowledge in resident lifestyle. Please refer to expected outcome 1.3 Education and staff development, for a description of how the home identifies, develops and provides appropriate training. Staff training documentation relating to elder abuse and mandatory reporting was sighted.

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

A review of documentation and discussions with staff show residents' individual emotional needs and history are assessed on entry to the home. Care plans are developed and reviewed regularly in consultation with the resident, their representatives and others involved in their care. Residents interviewed say they were made to feel welcome when they entered the home and ongoing support by all staff made the transition easier. Staff practice is monitored to ensure emotional support provided to the residents is consistent with the home's philosophy.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents and their representatives interviewed said they are encouraged to maintain their independence, friendships and participate in all aspects of community life within and outside the home. Transport, escort, assistance with phones and mail is arranged as requested; we observed staff encouraging and promoting resident independence. A review of documentation and discussions with management and staff show the organisation is committed to enriching the lives of residents and bringing community, within and outside the home together. Residents' social leave is supported and arranged as requested. Residents said they can go out whenever they like. We observed well maintained equipment designed to assist resident's independence and a variety of individual and group programs designed to promote independence and friendship.

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 interviewed say their right to privacy, dignity and confidentiality is recognised and respected. Residents confirmed staff knock on doors before entering their room and they feel comfortable raising any concerns with management or staff. Staff and volunteers sign confidentiality agreements and receive ongoing education concerning privacy, confidentiality and dignity of residents. Care and service provision is monitored by management. Care staff handovers and confidential resident information is discussed in private and non-current medical and associated records are archived and securely stored. We observed attractive communal areas for residents to spend time alone or with others.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents and their representatives say the activities program is well implemented at the home, they enjoy outings on the home's bus and visits from local groups. Other activities in the program include visits from school children on a regular basis, bingo (with large and medium sized print cards), morning tea, bus outings including lunch and garden tours and concerts, to name a few. One-on-one and group activities are offered Monday to Friday. All activities are designed, implemented and evaluated to ensure they reflect the ongoing and changing interests of residents. All venues are assessed before residents' outings to ensure the amenities are suitable for the residents' needs. Some residents say they prefer not to participate in activities and their right not to participate is respected. Residents and their representatives are encouraged to attend the residents and residents' representatives meetings held every second month. We observed colourful photographic displays of resident outings and activities displayed on walls throughout the home and residents participating in activities

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 has systems to foster the cultural and spiritual needs of residents through ongoing assessment of individual preferences and active promotion of community involvement in life at the home. Residents say they are very happy with the way the home is looking after their interests. The home has developed networks with different religious denominations and regular services are held in the home. Special religious and other significant days are celebrated and residents' preference not to participate is respected. Management say the home has systems to cater for the needs of residents from culturally and linguistically diverse communities.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents and their representatives interviewed say they are provided with up-to-date information, in the appropriate format, to enable them to exercise choice and decision-making without infringing on the rights of others. The Charter of residents' rights and responsibilities is displayed in the home and included in the resident handbook. A review of documentation shows residents' personal needs and preferences are identified, and a social profile is completed on entry to the home. Residents choose their own medical officer; case conferences and referrals are arranged in consultation with the resident and their representatives. Care staff told us the rights of residents to refuse treatment and residents' terminal wishes are documented and respected. Management said information is

provided in a timely manner to enable residents to exercise choice and decision-making concerning care and lifestyle in the home. Residents say they choose whether they wish to participate in activities and other events run in the home.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has systems to ensure residents have secure tenure within the residential care service and understand their rights and responsibilities. A resident agreement is offered to all residents on entry to the home to formalise occupancy arrangements. The agreement includes information for residents about their rights and their responsibilities and their security of tenure. The Charter of residents' rights and responsibilities is displayed throughout the home. Residents and their representatives are aware of residents' rights and responsibilities and feel secure in their 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

Please refer to 1.1 Continuous improvement, to review the home’s systems to demonstrate they are actively pursuing a program of improvements. Improvements relating to Standard four include:

- A new system to automatically dispense detergents to the dishwasher has been installed. This has removed a difficult access for staff and made the system more effective.
- Improved lighting has been installed for the kitchen disposal area.
- Amenities have been installed in the staff room including toilet area and refrigerator.

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

Please refer to expected outcome 1.2 Regulatory compliance for information regarding the organisations’ system to ensure that the home complies with legislation and regulations relevant to this standard. We sighted current certification in fire and food safety displayed in the home.

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

The home has a program to ensure staff have skills and knowledge in physical environment and safe systems. Please refer to expected outcome 1.3 Education and staff development, for a description of how the home identifies, develops and provides appropriate training. Completion of evidence in staff training in fire and safety, manual handling and workplace health and safety was sighted and included attendance records.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management is ensuring the home is actively working to provide a safe and comfortable environment that meets the residents care and lifestyle needs. All residents have single rooms, all on one level, with en suite bathrooms across the extended site; as well as call bell outlets in their rooms, residents carry individual call pendants. Residents confirmed they are able to bring in small items of furniture and mementoes to personalise their rooms. The dining room is centrally located and lounge areas, including a solarium, are in various parts of the home. An activity room is at one end of the home and accommodates entertainers. Internal and external audits are conducted to monitor any of the home's needs and/or maintenance. Maintenance requests are completed in a timely manner and trades persons are used if required such as for tagging of electrical equipment. We observed the home's environment to be clean, odour free and well maintained. Residents and representatives interviewed were all satisfied with the 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

The home has systems to provide a safe working environment consistent with the policy of the home and regulatory requirements. There is a system to review resident and staff accidents and incidents. The facility manager was able to describe management of staff requiring follow up of any work acquired injury and return to work programs. Staff have been provided with information and training in the new workplace health and safety program. Interviews and review of documentation demonstrated the home monitors the safety of the environment and takes corrective action if deficiencies are identified. Manual handling training is provided for staff and staff confirmed that they are provided with sufficient and appropriate equipment and resources to maintain safe work practices. Staff also confirmed management is supportive in providing 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

The home's policies and systems to ensure the minimisation of fire, security and emergency risks were reviewed. Management and staff have added information to the emergency response plans to include evacuation points if required. Fire fighting equipment of sprinklers, smoke detectors, extinguishers and fire blankets are installed across the home and these have been regularly checked and maintained; this documentation was sighted. Fire training has been provided recently to staff and signed attendance sheets were sighted. There is a lock up procedure which is completed at dusk with all external doors secured by staff including checking residents' external doors. There are external cameras installed around the

home with these images monitored in the nurses' area. Interviews with residents confirmed they feel safe in the home.

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 an effective infection control program. We were advised no outbreaks have been experienced by the home, but there are stores of infectious management equipment as an outbreak kit maintained by the home and these were sighted. Residents are offered *fluvax* vaccinations and most residents have received them this year with a small number to be followed up. Staff may have this vaccination too as they wish. If residents are identified as having symptoms of an infection, they are observed, monitored and, if necessary, isolated from other residents until medical assessment occurs. All resident infections requiring treatment are monitored with antibiotic treatment noted. The home has hand wash lotions located near the entry for visitors and on wall fittings around the home, in addition to hand basins with instruction charts on effective hand washing displayed alongside.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home's hospitality services are well received by residents who stated at interview that they are satisfied with the catering, cleaning and laundry services provided by staff. Review of the services showed that staff are well knowledgeable of their duties. Catering services have been assessed and licenced by the NSW Food Authority. Information displayed relating to residents needs include food dislikes and individual dietary needs. Any change required to resident diet is notified by the registered nurse. Food stores include dietary supplements and texture requirements are provided as noted by speech pathology assessment. Cleaning and laundry services are provided by care staff. Interviews with staff and observation of equipment confirmed duties lists identify when resident rooms are cleaned and also other areas of the home. Residents' laundry is done on the same day their rooms are cleaned.