



Aged Care
Standards and Accreditation Agency Ltd

Sunnyside Lutheran Retirement Village

RACS ID 3057
6 Trinity Drive
HORSHAM VIC 3400

Approved provider: Lutheran Church of Australia Victorian District

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 2 October 2015.

We made our decision on 20 August 2012.

The audit was conducted on 17 July 2012 to 18 July 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

Standard 4: Physical environment and safe systems**Principle:**

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

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Sunnyside Lutheran Retirement Village 3057

Approved provider: Lutheran Church of Australia Victorian District

Introduction

This is the report of a re-accreditation audit from 17 July 2012 to 18 July 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 17 July 2012 to 18 July 2012.

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

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

Assessment team

Team leader:	Margaret Lett
Team member:	Barbara Evans

Approved provider details

Approved provider:	Lutheran Church of Australia Victorian District
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Details of home

Name of home:	Sunnyside Lutheran Retirement Village
RACS ID:	3057

Total number of allocated places:	75
Number of residents during audit:	72
Number of high care residents during audit:	40
Special needs catered for:	Nil

Street:	6 Trinity Drive	State:	Victoria
City:	Horsham	Postcode:	3400
Phone number:	03 5382 0034	Facsimile:	03 5382 6290
E-mail address:	ceo@slrv.com.au		

Audit trail

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

Interviews

	Number		Number
Chief executive officer	1	Residents	9
Business manager	1	Physiotherapist	1
Manager residential care service	1	Enrolled nurses	4
Registered nurses	3	Lifestyle staff	3
Care staff	2	Laundry staff	1
Maintenance staff	1	Cleaning staff	1
Catering staff	1		

Sampled documents

	Number		Number
Residents' files	20	Medication charts	12
Summary/quick reference care plans	4	Personnel files	10
Residents' administration files	6		

Other documents reviewed

The team also reviewed:

- Activity program documentation
- Audits
- Blood glucose monitoring charts
- Bylaws and constitution
- Cleaning schedules
- Comments and complaints folder
- Continuous improvement record folder
- Cultural care kit
- Education folders
- Essential services documentation
- Food safety audit
- Food safety plan
- Maintenance requests
- Maintenance schedule
- Material safety data sheets
- Meeting minutes

- Police check registers
- Policies and procedures
- Position descriptions
- Quality improvement records
- Register of suspected abuse
- Resident information booklet
- Residents' petty cash records
- Rosters
- Satisfaction surveys
- Staff competency handbook
- Temperature monitoring charts
- Vision, philosophy and values statement
- Waste and chemical suppliers accreditation document
- Wound charts.

Observations

The team observed the following:

- Activities in progress
- Blood spills kit
- Chemical storage
- Equipment and supply storage areas
- Interactions between staff and residents
- Living environment
- Meal service
- Medication trolleys
- Noticeboards
- Outbreak kit
- Oxygen equipment
- Sensory aids
- Storage of medications.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has systems and processes to pursue continuous improvement across all of the Standards. Management identifies improvements through the audit program, incident reports, trend data analysis, comments/complaints, suggestions, meetings and organisational strategies. Staff plan and document improvement activities in the continuous improvement plan, monitor progress and evaluate outcomes on completion. Discussion of audit results, trend data and improvement activities occurs at quality meetings. Staff reported they are involved in the quality improvement process and are kept updated with changes as a result of improvement activities. Management provides feedback to residents and representatives through noticeboards and informal discussions.

Recent improvements in relation to Standard 1 include:

- A quality and education officer has been appointed to plan and coordinate quality systems and education
- Following a review of staff skills, management identified that additional computer training is required as upgrades of computer programs occurs.
- Management has implemented putting all continuous improvement records onto the new electronic system
- Two additional commodes have been purchased to assist with the increasing needs of residents.

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 relevant legislation, regulatory requirements, professional standards and guidelines and to ensure compliance in relation to the Accreditation Standards, particularly Standard One. The Chief executive officer monitors legal updates, professional bodies and peak industry bodies for any relevant changes and consults with relevant bodies on an as needed basis. The manager receives updates by electronic communication and discussion. Management changes policy to reflect legislated change. The business manager and maintenance officer have a system to ensure staff and relevant individuals have a current police check.

Regulatory compliance in relation to Standard 1 is demonstrated by:

- displaying notices in the home regarding the re-accreditation audit
- maintaining a register of police checks and statutory declarations for staff, volunteers and contractors.

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 organisation has systems to demonstrate staff have the knowledge and skills to perform their roles effectively and to meet residents' needs. Training requirements are determined through the staff appraisal and survey processes, quality data, staff feedback, clinical indicators and changes in legislation. The education programme covers all areas of the four accreditation standards. Management conducts annual competency testing and maintains attendance records as well as evaluating programs. All new employees attend a formal orientation program and management holds mandatory training annually. Staff stated they are satisfied with the educational opportunities offered and residents expressed satisfaction with staff skills and knowledge.

Recent education relating to Standard 1 includes:

- protecting older people from abuse
- clinical leadership theory and practice.

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

The home has a comments and complaints system accessible to residents, relatives and visitors. Management provides information about the internal and external system in public areas and in resident agreements and resident handbooks. A locked suggestion box is available to maintain confidentiality. Residents confirmed they know how to make a complaint and feel comfortable in doing so. Staff said they will complete forms for residents and the forms capture issues raised formally and informally. A review of documented complaints demonstrated management take appropriate, timely action in response to issues.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has documentation supporting its vision, mission and philosophy and its commitment to quality. The home demonstrates a commitment to a clearly identified philosophy, vision and mission and communicates this in staff and resident handbooks. Information to stakeholders describing the mission and values of the home is on display throughout the home and management highlights plans and goals at various meetings. Management and staff confirmed their commitment to the identified values and quality objectives of 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

Management demonstrate there are sufficient and skilled staff to ensure delivery of services in accordance with the Accreditation Standards. Staff management is underpinned by policy. Management advertises and then interviews prospective new staff for their positions. Potential candidates provide evidence of their qualifications and ongoing suitability to work in aged care. Position descriptions document the skill requirements of the role. An orientation program ensures new and temporary staff are able to undertake their duties. The home has an appraisal system. Management state they monitor residents' needs and rosters to ensure adequacy of staff numbers. Staff and residents stated there were sufficient staff rostered to meet the needs of residents.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home maintains sufficient stocks of food, dry goods and medical supplies and equipment on site to ensure quality service delivery. Staff receive chemical handling training, stock is rotated and systems ensure further supplies are ordered when needed. Staff trial new equipment on site and are trained in its use prior to the introduction of equipment. Contractors service equipment according to the manufacturers' specifications. A preventative and reactive maintenance program is managed on site and staff are able to describe how the reactive maintenance system operates. Staff verified there are sufficient goods and equipment to meet resident and staff needs. Residents stated the home's equipment meets their needs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Management ensures effective information management systems are adequate to keep all stakeholders informed. Management reviews policy regularly and manuals are available for staff to access and to direct their practice. Information is stored securely and there are mechanisms for version control and to archive, retrieve and destroy documents. Electronic care information has access limited dependent on the role of the staff member. Care plans are reviewed regularly and staff are able to describe how information is shared between different departments. Management collects, analyses and reports key information. Management facilitates communication with staff and residents through meetings, discussions, handover, surveys, comments and complaints, memoranda, notices, noticeboards and email. Staff and residents are satisfied with the communication processes management uses to keep them informed.

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

Management has systems to monitor that externally sourced services meet their needs and quality expectations. Management monitors and evaluates contractors' level of service and ensures the contractors meet all necessary regulatory requirements, including police checks. New service providers or contractors are orientated to the home and provided with a contractor handbook. Management reviews external suppliers if feedback received is negative and conducts an evaluation of services to ensure all contractors deliver the service and standards expected. Residents and staff stated they are satisfied with the quality and services provided by external contractors.

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 system and processes.

Recent improvements in relation to Standard 2 include:

- A review of wheelchairs has led to the purchase of four new ones with rotating footplates and a bariatric wheelchair for larger residents
- Management initiated a review of cognitive ability of all residents using hot packs to assess their ability to use these properly and to remove risk of burns
- As a result of a staff suggestion, a camera has been purchased to take close up photographs of wounds for assessment and progress purposes
- Increasing acuity of residents has resulted in management purchasing a portable lifting device to enable staff to lift residents who fall in confined spaces more easily.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to identify relevant legislation, regulatory requirements, professional standards and guidelines and to ensure compliance in relation to the Accreditation Standards, particularly Standard 2. For a description of the system see expected outcome 1.2 Regulatory compliance.

Regulatory compliance in relation to Standard 2 is demonstrated by:

- the safe and appropriate storage of schedule 8 medications
- maintaining a register of registered nurses.

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

Management and staff demonstrated they have the appropriate knowledge and skills to perform their roles effectively in the area of health and personal care. For details regarding

the home's systems and processes, refer to Expected outcome 1.3 Education and staff development.

Recent education relating to Standard 2 includes:

- dementia night- time care
- pain management - use of analgesia
- assessing oedema and pressure stockings.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

Staff assess new residents' care needs when they enter the home and develop care plans based on their assessed needs. Registered nurses supervise the assessment and care planning of residents with high care needs. Management undertakes clinical audits on a scheduled basis and care plan reviews occur at six weekly intervals in order to ensure residents continue to receive appropriate care. Care plans, a diary and the handover process ensure care staff are aware of residents' needs. Staff consult general practitioners and residents and their representatives about care needs and preferences. An incident reporting system assists the home to identify any resident at clinical risk. Residents state staff care for them well.

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 registered nurse identifies residents' specialised nursing care needs through an assessment process and documents these in technical care plans. The registered nurse supervises and reviews the care of residents on a regular basis. Staff refer residents to health practitioners when there is an identified need. Specialised nursing care needs reviewed included the management of residents with diabetes, those with catheters and wound management. General practitioners nominate parameters for the monitoring of diabetics and staff undertake the monitoring regimes. Staff maintain records of catheter changes. Residents stated they are well cared for by staff.

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

Staff refer residents to appropriate health specialists in accordance with their needs and preferences. The home has access to a range of allied health services through the local health service. A number of these practitioners, including the podiatrist, visit the home regularly and others, such as the dietician and speech pathologist, visit on an as needed basis. Management has employed a physiotherapist for the home. Staff undertake and

document instructions or prescribed changes to care. Residents expressed satisfaction with the range and quality of health services available to them.

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

Management is able to demonstrate staff manage residents’ medications safely and correctly. Management conducts audits and staff competency testing to monitor the safety of the medication system. An independent pharmacist audits residents’ medication regimes and an advisory committee meets six monthly to review and monitor practice. Staff are aware of appropriate methods of storing medications and usually date opened eye drops. Processes to remove medications no longer required by the home and to dispose of waste are effective. Staff document the administration of ‘as necessary’ medications and allergies are documented appropriately. Staff document medication incidents and management follow up appropriately. Residents stated they are satisfied with the way staff manage their medications.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Staff undertake a pain assessments of new residents when they enter the home and repeat the assessment when there is an escalation in pain and on an annual basis. Staff use tools, including tools suitable for use for cognitively impaired residents, to assess residents for pain. Residents with chronic pain are on regular medication in addition to as needed medications which their general practitioner prescribes. Care plans describe strategies to assist any resident with pain. Staff refer residents with pain to the physiotherapist who manages a pain reduction program using exercise and massage. Other therapies such as heat packs are also available. Staff record resident pain in the progress notes and staff document the outcome of ‘as necessary’ pain relief medications administered to residents. Staff are able to describe the pain relief strategies used by residents and residents state that staff provide pain relief when they need it.

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

Staff document residents’ terminal wishes and any planned funeral arrangements at the time they enter the home. Staff also document their power of attorney and/or trustee information if known. General practitioners discuss the resident’s care needs and wishes with the resident and their representatives and when necessary refer residents to a palliative care service for consultation and care planning. Staff state they develop a palliative care plan when required. Management and staff stated they respect residents’ care needs and provide residents’ families with support.

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

Processes are in place to assess new residents and to record their nutritional and hydration needs in care plans. Registered nurses conduct regular reviews as part of the resident of the day process. Clinical staff inform the kitchen of residents’ dietary needs and this information is available to catering and is displayed on a noticeboard for ease of access. Staff weigh residents regularly and registered nurses review the weights and refer residents with weight loss (or gain) to a dietician. The kitchen provides residents with a morning and an afternoon drink and with snacks and nutritional supplements. We observed staff assisting residents with special needs. Residents stated they are satisfied with the food and fluids provided.

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

Staff assess residents’ skin on entry to the home and care plans are developed according to the residents’ assessed needs. Following referral, the podiatrist also assesses residents’ nails and writes a care plan. Care plans record skin, hair and nail requirements. A registered nurse undertakes and reviews wound care. The residents’ general practitioner prescribes medicated rubs if there is a need. Staff use the incident reporting system to record skin tears, to identify any loss of skin integrity and to monitor residents at risk of skin breakdown. Residents stated staff assist if they need help with their personal care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Staff commence a three day continence assessment when a resident enters the home and develop care plans based on residents’ assessed needs. Staff review care plans as part of the resident of the day system as well as annually. Staff document information in the care plan about the type of continence aid used and whether there is a need to prompt residents. Nominated staff take responsibility to ensure an adequate supply of aids. Staff provide strategies, including offering fluids, to reduce the risk of problems with regularity and continence. Staff collect and analyse urinary tract infection statistics. Residents stated staff assist if they need help with their personal care.

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 assessment of residents with challenging behaviour occurs following their entry to the home. Care plans document the behaviour and describe strategies to manage it. Specialised services and the general practitioner are actively involved in the care of residents with challenging behaviour. Staff report behavioural incidents and have received education in the management of challenging behaviour. Environmental modification and monitoring is undertaken when there is an identified need. We observed care staff communicating with residents in a respectful manner and the home to be calm. The home has a number of large and small areas where residents can sit and relax. Residents stated staff assist them when there is a need.

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

The home assists residents to maintain optimum levels of mobility and dexterity. The assessment of residents’ mobility levels occurs when they enter the home and following any change in their mobility. Staff develop and regularly review care plans. Residents are also assessed on entry, annually and when a need is identified by the physiotherapist who uses specific assessment tools to identify their mobility levels and the presence of any pain. The physiotherapist then suggests exercise programs and other strategies to implement to try to maintain residents’ mobility and reduce the risk of falling. Staff record resident falls in their progress notes and on incident reports, which management review. Regular environmental audits and falls statistics monitor falls risk factors. Residents stated they are satisfied with the way in which the home manages their mobility.

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 assessment of residents’ oral and dental needs occurs when they enter the home and staff document strategies to assist residents’ dental hygiene in their care plans. Staff review these strategies on a regular basis. Specific staff training in oral and dental care has resulted in improved staff knowledge about the importance of dental care and regular provision of dental care products. This ensures the maintenance of residents’ dental health. Residents stated staff assist them in their dental and oral hygiene care and support them to access dental practitioners.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Staff assess residents’ sensory losses and needs when they entered the home and care plans are developed to address these needs. Specific assessment tools include all five senses and staff identify strategies to assist sensory problems and aids used by residents in their care plans. Staff review these plans regularly. Resources used to assist residents include large print books and talking devices. Staff notify residents’ general practitioners of any sensory changes and refer residents to specialist services and practitioners on an as needed basis. Resident care plans include advice provided by these services. Residents stated staff address their sensory needs and assist them when needed.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Staff assess and document in care plans residents’ sleep patterns and preferred sleep routines when they enter the home. Night staff record any sleeplessness in the residents’ progress notes and their sleep care plans are reviewed regularly by staff. Staff employ strategies to assist residents to have natural sleep and some residents also receive assistance to sleep with medication prescribed by their general practitioner. Residents stated they are usually able to sleep and they are not disturbed by others.

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 system and processes.

Recent improvements in relation to Standard 3 include:

- A review of facilities for residents with dementia has resulted in the allocation of funds to establish a more useable outdoor area and a gardening program
- Lifestyle staff have completed a review of quiz and craft groups to ensure they match residents’ needs.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to identify relevant legislation, regulatory requirements, professional standards and guidelines and to ensure compliance in relation to the Accreditation Standards, particularly in relation to Standard 3. For a description of the system see expected outcome 1.2 Regulatory compliance.

Regulatory compliance in relation to Standard 3 is demonstrated by:

- the home providing to residents an agreement which explains the home’s obligations related to security of tenure
- policies and procedures regarding the reporting of elder abuse and education provided to ensure staff are aware of their responsibilities
- the home providing information to residents about their rights, including their right to privacy and confidentiality.

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

Management and staff demonstrated they have the appropriate knowledge and skills to perform their roles effectively in the area of resident lifestyle. For details regarding the

home's systems and processes, refer to Expected outcome 1.3 Education and staff development.

Recent education relating to Standard 3 includes:

- dignity in care not an optional extra
- leisure and lifestyle
- dementia care essentials.

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

Residents receive support in adjusting to life in their new environment and on an ongoing basis. Lifestyle and care staff assess the emotional and psycho-social needs and preferences of residents by allowing a twelve day period of observation and consultation when the resident enters the home. During this time staff gather information from both the resident and their representative and by closely monitoring the residents' participation in the life of the home. Pastoral care and volunteers provide further one on one support if required. Staff refer to appropriate specialists if residents require further professional support or counselling. Residents are encouraged to bring in small personal items such as furniture and photos to create a homelike environment. Residents stated they have their emotional needs and preferences met.

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

Staff assist residents to achieve maximum independence and to maintain friendships and participate in the life of the community within and outside the residential care service. Initial and ongoing assessment and care planning processes identify, assess and plan for residents' physical, social, cognitive and emotional needs. Strategies to maximise independence include freedom of movement within the home, access to outside areas and the use of individual mobility aids. The home welcomes visitors and maintains contact with local community groups and schools and supports residents to attend community programs. Residents and representatives confirm they are satisfied residents' independence is supported by the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home recognises and respects each resident's right to privacy, dignity and confidentiality. Privacy and consent statements are witnessed and signed by each resident or their representative in relation to their information, photos and participating in external excursions or activities. The resident agreement contains a statement confirming each resident's right to privacy and confidentiality. Staff knock before entering closed rooms and wait to be invited in. There are private areas available for residents to entertain their family or guests if required. We observed residents were dressed appropriately for the season and treated respectfully by all levels of staff.

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

Management has systems to support resident participation in a wide range of interests and activities occurring seven days a week. Staff assess the residents' leisure interests following entry to the home and these are used to formulate the individual treatment plan. Staff develop a social profile of past interests, social, religious or cultural needs and preferences for social and community involvement. Staff monitor residents' attendance and participation in programs and are planning to evaluate this through the resident of the day care planning process. Community groups and volunteers are actively involved in the home and are encouraged to join in the programs. Residents stated they are satisfied with the activities program.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Management has processes to identify, respect and maintain residents' customs and cultural and spiritual beliefs. Lifestyle staff assess residents' cultural and spiritual needs on entry to the home and care plans are developed. Regular church services are held from a variety of church groups and pastoral care is available if required. Resources are available to communicate with and support residents from culturally diverse backgrounds. Days of significance, theme days and birthdays are celebrated. Residents stated they are satisfied with the home's response to their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents' rights to make decisions and exercise choice and control over their lifestyle are recognised and respected. Assessments record choices and preferences and staff document individual preferences in care plans, dietary lists and activities records. The home has a complaints system with forms displayed and management receive feedback from resident surveys. The home encourages residents' choice regarding their life at the home including about food, leisure and personal care. Residents said they feel supported by the home in helping them make choices and decisions and are encouraged to express their opinions and comments through meetings, care consultations and individual one on one feedback.

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

Management ensures new residents understand their security of tenure, rights and responsibilities, financial obligations and services offered. An information handbook and formal agreement cover policies on termination of occupancy and strategies, complaint processes and privacy. Consultation occurs if a room change or move to a more appropriate facility is required due to an identified clinical need. Residents and representatives are encouraged to seek external legal and financial advice, power of attorney information is on file and staff receive ongoing education on elder abuse and mandatory reporting. Management has an open door policy to discuss any concerns and aims to communicate relevant changes to service, future plans for improvement and events. Residents stated they feel secure in their tenancy and understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Recent improvements in relation to Standard 4 include:

- Following a suggestion from staff management have purchased new table placemats to improve infection control
- Following review of staff practices management has replaced hand dryers with paper towel dispensers to comply with competency standards for hand washing
- Following a recent power outage management has developed a procedure to ensure that all appropriate actions are taken within reasonable time frames
- Following feedback from residents about the temperature of meals management has trialled a heated trolley and funds have been allocated to purchase one.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to identify relevant legislation, regulatory requirements, professional standards and guidelines and to ensure compliance in relation to the Accreditation Standards, particularly in relation to Standard 4. For a description of the system see expected outcome 1.2 Regulatory compliance.

Regulatory compliance in relation to Standard 4 is demonstrated by:

- a food safety program and compliance auditing by an external body
- provision of staff access to material safety data sheets in relevant work areas
- mandatory education in infection control, manual handling and food safety handling for all relevant staff.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff demonstrated they have the appropriate knowledge and skills to perform their roles effectively in the area of physical environment and safe systems. For details regarding the home's systems and processes, refer to Expected outcome 1.3 Education and staff development.

Recent education relating to Standard 4 includes:

- food safety and food handling
- occupational health and safety training
- chemical training for the new dispensing system.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home has systems to provide residents with a safe and comfortable environment consistent with their care needs. Residents have single rooms with ensuite bathrooms and say staff keep the rooms well maintained, cleaned regularly and kept at a comfortable temperature. Comfortable and secure internal and external areas are available for the use of residents and their visitors. Residents are encouraged to personalise their rooms with their belongings. Management maintains the building, grounds and equipment through regular servicing and maintenance programs by maintenance staff and external contractors. Staff are educated in and employ appropriate practices to ensure residents' safety and comfort. Regular audits monitor the home's compliance in providing a safe and comfortable living environment. Residents stated they are satisfied with the living environment provided by the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home actively supports safe practices and provides a safe working environment meeting regulatory requirements. Management demonstrated policies and procedures, staff education, and incident reports supporting a safe workplace. Management's program, including hazard identification, incident analysis, workplace audits and maintenance schedules, ensures the environment/equipment is safe. The home has safe chemical storage, appropriate safety signs and personal protective equipment in use. Documentation confirmed management discusses safety at all meetings and takes actions through the improvement system to correct hazards. Staff confirmed they can approach management with any issue relating to occupational health and safety and they follow up through the committee process.

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 has systems to manage fire, security and emergencies and fire equipment and floor plans are located throughout the home. Management maintains evacuation plans and procedures in all areas of the home and an evacuation pack contains a current resident list and equipment and is centrally located. Emergency exits are clearly marked and provide clear access and egress. Essential services contractors regularly test and maintain fire detection and fire fighting equipment and management has a process for the tagging and testing of electrical appliances. The home provides fire and emergency training as part of orientation education for new staff and mandatory fire and emergency training occurs annually. Staff lock the home in the evening and complete a security check. Chemicals are stored according to safe storage guidelines with appropriate material safety data sheets. Staff said they know what to do in the case of fire or 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

Management demonstrates it has an effective infection control program. Policy, education and a food safety program guide staff practices. A designated staff member is responsible for the program. Management provides adequate resources, including an outbreak kit, blood spills kit and hand washing facilities, to assist staff in maintaining safe practices. Monitoring practices, including environmental and hand-washing audits, also occur on a regular basis within the home. The infection control practitioner collates infection statistics and provides a comprehensive six monthly report to management. Infection waste bins are available and pest control takes place within the home. Staff stated they are encouraged to have immunisations and management monitor their practices.

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

Catering staff have relevant resident information identifying specific nutrition and hydration requirements, food allergies, food preferences and choices. There is a registered food safety plan and a rotating menu offering variety and choice to residents. Staff update changes in dietary requirements as they occur. There are cleaning schedules meeting individual resident and service needs and the laundry aims at same day turn around for residents' clothing. Cleaning and laundry staff demonstrated an understanding of cleaning standards and infection control principles. The home monitors its hospitality systems to identify and correct deficits in services. Residents confirmed their satisfaction with the catering, cleaning and laundry services provided by the home.