



Aged Care
Standards and Accreditation Agency Ltd

Sutton Park Assisted Aged Care

Approved provider: McKenzie Aged Care Group Pty
Ltd

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 16 January 2015. We made the decision on 18 November 2011.

The audit was conducted on 25 October 2011 to 26 October 2011. The assessment team's report is attached.

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

Home and approved provider details

Details of the home

Home's name:	Sutton Park Assisted Aged Care				
RACS ID:	3627				
Number of beds:	83	Number of high care residents:	70		
Special needs group catered for:	<ul style="list-style-type: none"> • Secure dementia unit 				
Street:	126-134 Exford Road				
City:	MELTON SOUTH	State:	VIC	Postcode:	3338
Phone:	03 9743 8933		Facsimile:	03 9743 8944	
Email address:	Nil				

Approved provider

Approved provider:	McKenzie Aged Care Group Pty Ltd
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Assessment team

Team leader:	Jill Packham
Team members:	Rhonda Whitehead
	Judi Greaves
Dates of audit:	25 October 2011 to 26 October 2011

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

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

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

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

Site Audit Report

Sutton Park Assisted Aged Care 3627
126-134 Exford Road
MELTON SOUTH VIC

Approved provider: McKenzie Aged Care Group Pty Ltd

Executive summary

This is the report of a site audit of Sutton Park Assisted Aged Care 3627 from 25 October 2011 to 26 October 2011 submitted to the Accreditation Agency.

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

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home's accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency visits the home to conduct a site 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 each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team's reasons for its findings.

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 25 October 2011 to 26 October 2011

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of three 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:	Jill Packham
Team members:	Rhonda Whitehead
	Judi Greaves

Approved provider details

Approved provider:	McKenzie Aged Care Group Pty Ltd
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Details of home

Name of home:	Sutton Park Assisted Aged Care
RACS ID:	3627

Total number of allocated places:	83
Number of residents during site audit:	76
Number of high care residents during site audit:	70
Special needs catered for:	Secure dementia unit

Street:	126-134 Exford Road	State:	Victoria
City:	Melton South	Postcode:	3338
Phone number:	03 9743 8933	Facsimile:	03 9743 8944
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Management / administration	9	Residents and representatives	21
Clinical/care/lifestyle staff	14	Volunteers	1
Allied health professionals	1	Hospitality/environment/safety staff	5

Sampled documents

	Number		Number
Residents clinical files (including assessments, care plans and progress notes)	12	Weight charts	8
Residents' administration files	5	Wound charts	3
Blood glucose monitoring charts	4	Personnel files	6
Medication charts	10		

Other documents reviewed

The team also reviewed:

- activity program documents
- allied health referrals
- audits and results
- catering records
- cleaning schedules and procedures
- clinical data observation/monitoring charts
- clinical diaries
- compulsory reporting register
- continuous improvement plan
- dietician reviews for change of menu
- education and competencies records
- electrical testing and tagging procedure
- electronic data user list
- electronic handover
- food safety program, third party audit and council certification
- hazards register
- infection and incident report data analysis
- internal comments and complaints documents
- maintenance request log
- material safety data sheets
- medication storage records and refrigerator temperature checks
- memoranda
- menus
- minutes of meetings
- newsletters
- palliative care and counselling support referrals
- philosophy and values, mission and vision statement

- police check and statutory declaration records
- policies and procedures
- portfolio holders list
- position descriptions
- preventative maintenance schedule
- professional registration records
- recruitment documentation
- resident consent forms
- resident meal cards
- residents' dietary needs sheets
- residents' guardianship and powers of attorney documentation
- residents' information package and handbook
- residents' petty cash system
- residents' transfer to high care from low care letters
- restraint assessments
- risk assessments
- self administration of medications assessments
- staff and volunteer orientation documents
- staff information pack and handbook
- staff intranet site
- surveys
- work injury register.

Observations

The team observed the following:

- activities in progress
- alarm mats
- archive room
- bed rails
- charter of residents' rights on display
- chemical storage, cleaners' rooms and trolleys
- clinical observation equipment
- drinks and snacks vending machines
- electric beds
- equipment and supply storage areas
- evacuation pack and resident list
- external complaints and advocacy brochures
- facility maps showing evacuation points
- fire and safety equipment and signage
- food safety tips notice
- food/fluid consistency posters
- hand washing instructions
- interactions between staff and residents
- internal feedback forms and suggestion boxes
- kitchen
- laundry
- lifting equipment and mobility aids
- linen supplies
- living environment
- maintenance activities
- meals service and assistance
- memorial candle and book
- noticeboards

- nurses stations and document storage
- outbreak kits
- oxygen storage
- resident pigeon holes
- sharps and infectious waste containers
- site evacuation plans and fire orders on display
- skin pressure relieving mattresses
- staff training room and resources
- storage and administration of medications
- waste disposal
- weigh chair
- wound care products.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a quality system in place that captures opportunities for improvement based on audit results, incidents, comments, complaints and suggestions. Issues are logged onto the system, which triggers consideration of actions to be taken, timeframes for completion and strategies for evaluation. The continuous improvement plan is discussed at staff and resident/representative meetings. A monthly quality report summarising collected data and actions taken is produced and circulated throughout the facility. All stakeholders are encouraged to make suggestions using feedback forms. Management responds to all issues raised. Staff and residents indicate they are satisfied with their ability to contribute suggestions.

Examples of recent improvements relating to Standard one:

- The home is part of a larger organisation which has recently introduced an employee assistance program for staff. This is a confidential external counselling service available to staff and their families free of charge. Anecdotal evidence indicates the service is appreciated and helpful.
- The home identified that not many feedback forms were being submitted. As a result the home has installed two additional suggestion boxes and reviewed the form. Submission of feedback forms has increased and management report some innovative suggestions are being made and acted on through this system.
- Management identified that there was no consistent system in place for the receipt and storage of goods delivered after hours. This resulted in stock being stored in the wrong areas and staff not being aware it had arrived. A system has been introduced to store all goods and invoices received after hours in a specific area. Memos were circulated to all staff outlining the new process. No further “loss” of stock has occurred.

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 receives regular information and updates on professional guidelines and legislative requirements through corporate subscription to a legal update service, peer group networking and notifications from government departments and the local council. Processes are in place to ensure that relevant policies and procedures are revised and internal reviews and audits are conducted to monitor compliance. Staff are informed of changes to regulations and the home’s practices through meetings, memorandums and education sessions. The home has an effective system in place to monitor that staff, volunteers and external contractors have current police check clearance and to ensure that professional registrations are renewed annually. Confidential information is stored and destroyed securely and residents are informed of external complaints and advocacy services.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home demonstrates management and staff have the knowledge and skills required for effective performance relating to the Accreditation Standards. An annual calendar schedules mandatory and other relevant topics and is reactive to the current residents' needs and suggestions from staff. Attendance records are monitored, sessions are evaluated for effectiveness, and staff undertake appropriate competencies to ensure their skills are maintained. The home provides suitable training facilities on site and staff are encouraged and supported to attend external courses and conferences to increase their skills and qualifications. Staff state they are satisfied with the education opportunities offered to them at the home.

Education conducted relating to Standard one includes:

- management and leadership
- accreditation
- dealing with difficult people.

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 provides stakeholders with access to internal and external complaints handling mechanisms. Comments and complaints information is discussed with residents and representatives prior to entry and is documented in the residents' handbook and their formal agreement. External complaints and advocacy brochures are available in various languages and posters are displayed throughout the facility. Internal feedback forms and suggestion boxes are positioned in a number of areas, the home has an open door policy and regular meetings with staff, residents and representatives provides an opportunity to raise issues or concerns. Monthly complaints data is collated, reviewed and trended and feeds into the continuous improvement system. Residents, representative and staff are aware of the process and documentation confirms matters are actioned appropriately and in a timely manner.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's philosophy and values, mission and vision statement is displayed in prominent areas of the facility. It is consistently documented in all stakeholder publications and forms part of staff orientation. The organisational chart displays the corporate and site management structures and a corporate strategic plan is in place for future development with relevant items documented in the home's plan for continuous improvement.

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 to ensure care and services are delivered in accordance with regulatory requirements, professional guidelines, policies and procedures, the home's philosophy and the current needs of residents. Staff recruitment is based on position descriptions, minimum qualifications, reference checks and police clearance. Successful applicants sign a formal contract and undertake an induction program. Staff appraisals, audits, competencies and management observations ensure staff skills and practices are maintained. Staff are supported to gain additional skills and knowledge through internal and external education opportunities and are required to attend annual mandatory training. Staffing levels are monitored to reflect changes in resident numbers and care needs. Staff confirm they are supported by management and residents are satisfied with the levels of staffing and the care provided 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 can demonstrate an effective system to ensure that appropriate goods and equipment are available for quality service delivery. Key personnel monitor stock levels, an effective re-ordering process is in place and goods are sourced from an approved suppliers list. Effective maintenance and cleaning programs are adhered to and electrical equipment is tested and tagged for safety. Goods are reviewed and updated to reflect any special needs of the current resident population. New equipment is trialed prior to purchase with staff receiving appropriate training. Equipment, supplies and chemicals are securely stored with access restricted to authorised personnel. Residents and staff state that adequate supplies of appropriate goods and equipment are available at all times.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has effective systems in place to enable staff and management to access information. Documentation, including policies and procedures, is maintained in electronic management information systems. Policies and procedures are regularly audited. Electronic data is kept secure and confidential, access levels and backup systems are in place. Hard copy resident files and staff records are appropriately stored. Information is communicated to staff through a variety of media including intranet, email, meeting minutes, memoranda, newsletters and noticeboards. Residents are kept informed through the resident newsletter, resident and relative meetings, face to face contact and information on noticeboards. Staff, residents and their representatives are satisfied they have access to the information they need.

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 systems in place to ensure external services are provided at a standard appropriate to meet the home's requirements. The company provides information of approved providers whose services have been previously trialled and evaluated at one of the company's homes. Supplier contracts contain specifications of services required and any non-compliance is followed up. Processes are in place to ensure current police checks of contractors. Ongoing review and annual evaluations are conducted and include feedback from residents. Staff express satisfaction with external services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home actively pursues continuous improvement in relation to residents' health and personal care. An audit schedule is in place that includes clinical outcomes and monthly incident/infection data is analysed and trended. Identified issues are captured and corrective actions are implemented through the quality system. Staff confirm they are encouraged to make suggestions and residents state they are satisfied with feedback and actions on any health management concerns.

Examples of recent improvements relating to Standard two:

- Management identified that staff were unclear about the management and fitting of residents' hearing aids. Education sessions were arranged with external hearing specialists and troubleshooting sheets were developed to be placed with residents' care plans. Staff report feeling more confident in fitting of residents' hearing aids.
- Management have an interest in infection control measures and actively researches the topic. Reports of the use of probiotic yoghurt to reduce antibiotic resistant infection has resulted in the introduction of a trial for affected residents. Results have been positive and the trial will now be extended.
- Management identified that residents' mobility often deteriorates due to decreased activity in nursing homes. A new group and individual exercise program has been introduced with the physiotherapist reporting positive results regarding improved resident mobility and increased endurance.

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 ensures compliance with regulations and guidelines regarding health and personal care through their policies and procedures, regular auditing, staff education and clinical competencies. Care plans are signed off by a registered nurse, medication management and specialised nursing care are provided by appropriately qualified staff and medication is stored securely. The home has a current policy for absconding residents with appropriate incident reporting and notification processes in place.

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 demonstrates staff have the knowledge and skills to provide health and personal care to residents. Staff selection and recruitment practices ensure appropriately qualified and skilled staff are employed and ongoing education opportunities ensure their skills are maintained and are reflective of the current resident population. Staff say they are satisfied with clinical education offered and confirm they undergo skill competencies.

Education conducted relating to Standard two includes:

- continence management
- catheter management
- falls prevention
- diabetes management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents are clinically assessed on entering the home. Their clinical requirements are used to compile a care plan that is regularly reviewed and evaluated by registered nurses every three months or on an as needed basis. Medical practitioners are consulted as required and allied health personnel assist with care issues and reviews if necessary. Staff are aware of residents’ care preferences and state they attend education regarding clinical issues. Staff competency tests are conducted over a range of clinical areas. Registered and enrolled nurses attend to complex care and personal care staff assist with care. Residents and representatives state that residents receive appropriate clinical care and that they have confidence in staffs’ skills.

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

Care plans are developed on entry to the home, or as the need arise, for specialised nursing care issues. They are monitored by the registered nurses using wound, weight and blood glucose charting, catheter care directives or other observation charts to collect objective data. Registered and enrolled nurses attend to specialised nursing care. Changes to residents’ condition are monitored through regular reviews and evaluations. Allied health and medical staff assist with specialised issues as required. Specialised care at the home includes complex wound management, diabetic management, nutrition, catheter care, pain and medication management. Residents and representatives state they are satisfied with the care provided and information they receive.

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 are assessed for their allied health care requirements on entry to the home or as the need arise. Allied health practitioners share information with staff using specific care plans and progress notes. Allied health services currently visiting the home include physiotherapy, dietetics, speech pathology, podiatry, palliative care, counselling and psycho geriatric services and wound management. Residents are assisted by staff or a representative to meet external appointments as required. Residents and representatives express satisfaction with assistance given to residents to access allied health specialists.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Residents and representatives of the home are satisfied with residents’ medication management. Medications are monitored and administered by registered and enrolled nurses and competency tested personal care staff. Medications are administered in an appropriate and safe manner and schedule eight medications are stored and checked in accordance with legislative requirements. An organisational medication advisory committee reviews incidents, discusses current legislation and other medication related issues. Residents’ medications are audited by a contracted pharmacy and a report is made available to both the general practitioner and the home.

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’ pain issues both current and past are assessed on entry to the home and appropriate treatments recorded. Interventions are regularly monitored, evaluated and reviewed regarding their effectiveness. Residents who are unable to verbally express pain are monitored for non verbal cues indicating pain or discomfort. Medical practitioners and allied health personnel assist with pain management. Residents appear calm and relaxed and residents and representatives state that residents are kept as free of pain as is possible.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has a palliative care process that is managed by registered and enrolled nurses and supported by trained personal care staff. On entry to the home residents are consulted about end of life wishes and these are noted in residents’ files. External palliative care specialists are available to assist with advice and equipment if required. Individual specific palliative care plans are created when necessary to address specific end of life issues and

address residents' spiritual and physical requirements. Relatives and residents state they are well supported on entering the home and during the palliative process.

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' nutrition and hydration needs are assessed on entry to the home and identified preferences and clinical needs are relayed to the kitchen. Patterns of weight loss or gain are monitored and changes referred to the general practitioner, dietician and speech pathologist as required. Food supplements are available for residents at risk of weight loss or general decline in health. Residents contribute regularly to the menu through surveys, comments and complaints and residents' meetings. Residents choose their meals from the menu with the assistance of staff on a weekly basis. Residents and representatives state residents are satisfied with the choice, variety and quality of meals at the home.

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

There are systems in place to assess, monitor and implement appropriate care to optimise residents' skin integrity. Skin care plans are developed from assessment information and referrals are made when appropriate. Specialist equipment is available to prevent skin breakdown and alleviate pressure. Wound management is documented and supervised and evaluated by registered and enrolled nurses and a wound consultant is available if required. A wound portfolio holder in the home monitors interventions, wound care products and trends. Each incident of breakdown through injury or pressure is monitored using the incident reporting process; trends are monitored to isolate causes. Contemporary wound management regimes are in place and appropriate quantities of supplies are available to optimise healing of injuries. Residents and representatives are pleased with the management of skin care and treatments received.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Residents' continence management plans are compiled following a systematic assessment over three to seven days on entry to the home. The collected information forms the basis for an individual toileting program for each resident if an assessed need is identified. Staff confirm that regular staff education is undertaken. Exercise, a balanced diet and adequate or additional fluids to each resident's tolerance further promotes continence. Specialist continence products and bedding are available to provide comfort and dignity for residents. The home has a continence committee to monitor residents' needs, changes in continence care guidelines and product availability. Residents and representatives are pleased with the assistance given to residents to maintain their independence, dignity and maximise existing function.

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

Residents are assessed for challenging behaviour care needs at the time of entry to the home. The team was able to observe that staff alleviate residents’ anxiety by maintaining a calm environment respectful of residents’ rights and preferences. Resident care is regularly monitored and reviewed. Residents can be referred to external specialist psycho-geriatric or counselling services if needed. Representatives state and the team observed that staff manage challenging behaviour in an empathetic and calm manner.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Residents are assessed for mobility and dexterity on entry to the home. A physiotherapist assessment is also undertaken that includes mobility deficits, requirements and risks. A range of mobility assistive devices are available to support residents’ safe mobility. Residents have an active or passive exercise program to optimise function. All resident falls are monitored using the incident reporting process, data collected is analysed and trended to further improve outcomes for residents and the home. Residents and their representatives state they are pleased with interventions in place to optimise residents’ mobility and safety.

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 assesses residents for their oral and dental care needs on entering the home. Assessment is conducted in consultation with each resident and their representative. Independence in dental care is encouraged with support or monitoring by staff. Residents have access to external dentists and a dental technician or medical assistance on a needs basis. Staff assist residents to access external dental care if necessary. Residents and representatives state that residents are assisted to maintain oral hygiene.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Residents’ sensory losses in regard to the five senses are generally identified and managed by the home. Assessed needs/deficits are monitored regularly. Residents are referred to and encouraged to visit other health care professionals such as optometrists and audiologists if needed. Care staff are familiar with the residents’ sensory losses, communication needs and care requirements. Strategies to promote communication are included in each resident’s plan of care. Residents and their representatives confirm residents receive assistance to optimise their communication and other sensory needs.

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 of the home are assessed for their sleep patterns and sleeping rituals on entry to the home. Care plans include individual rising and settling times, nightly rituals, pain control and other strategies to maximise comfort and natural sleep. Changes in sleep patterns are noted and acted on. Residents have single or twin rooms providing an environment for natural sleep and rest during the day. Strategies to assist sleep include nutrition and hydration, exercise during the day, temperature, toileting and lighting. Staff are familiar with individual resident’s sleeping habits. Residents state that their beds are comfortable and that they are able to achieve a rested night’s sleep on most occasions.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a system for monitoring and improving outcomes relating to the residents’ lifestyle experiences. Satisfaction and ideas for improvement are sourced from feedback through surveys and meetings and evaluation of activity attendance and participation levels. Residents confirm they are satisfied with their input into the activities program and choices available to them regarding their lifestyle.

Examples of recent improvements relating to Standard three:

- Several quality initiatives in relation to resident lifestyle have arisen from residents’ requests for specific activities. Feedback is sought and evaluated and some activities have been added to the program on an ongoing basis.
 - Residents are enjoying regular sing-a-longs during happy hour.
 - Farm animals have been brought to the home and residents expressed their delight at the experience. Management report that withdrawn residents reacted positively to the experience.
 - A recent rock and roll supper dance was organised as an evening event to allow families visiting in the evening to participate. Staff and residents report their enjoyment of this activity and management commented on the community spirit the event engendered. Further events are being considered.
- Staff identified that some residents spill food on their clothing necessitating several changes of clothing each day. Standard clothing protectors were considered to be inappropriate. A staff member has designed and manufactured custom made clothing protectors which have been introduced with positive results.

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’s policies and procedures, staff education and monitoring systems ensure staff are aware of and comply with relevant regulations relating to residents’ lifestyle. Appropriate documentation is in place for incidents of elder abuse and mandatory reporting. Information for residents on their rights and responsibilities, security of tenure and privacy and consent issues are contained in their handbooks and service agreements. There are displays of relevant brochures and posters throughout the home relating to lifestyle choices and external complaints and advocacy services.

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 demonstrates staff have appropriate levels of knowledge and skills relating to resident lifestyle outcomes and that they have access to relevant training opportunities. Attendance records confirm staff attend training on topics relevant to this Standard.

Education conducted relating to Standard three includes:

- elder abuse
- doll therapy
- choice and decision making.

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

Systems are in place to ensure residents and representatives are emotionally supported in adjusting to life at the home and that their needs are regularly reviewed. New residents are provided with an information pack explaining services and levels of care, given a tour of the facility and introduced to other residents and staff. On entry assessments capture past and current social and emotional histories and care plans are developed documenting preferences, triggers and strategies for the residents to enjoy life at the home. Residents are encouraged to personalise their rooms and representatives are invited to join in activities and maintain close contact. The home can access external and corporate professional support services if required, care plans are reviewed regularly to capture change and the activity program schedules individual time with residents. Staff were observed interacting with residents in a caring and friendly manner and residents confirm their emotional needs are being 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

The home demonstrates that residents are supported to achieve optimal independence, maintain friendships, family connections and community links. The home's assessment and care planning process identifies the residents' cognitive, mobility and dexterity levels, any risk taking behaviours and preferences for social interaction. Physiotherapy exercise programs are implemented to maintain mobility and lifestyle programs include sensory stimulation activities and community outings. Residents are assisted to maintain financial independence, vote in elections, attend community groups and to entertain visitors. Equipment and utensils are provided to encourage independence and audits are conducted to ensure the environment is free of hazards. Residents state they feel they are part of the local community and that staff assist them to be independent.

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 respects each resident's right to privacy, dignity and confidentiality. Resident and staff handbooks and contracts document policies on this expected outcome and residents sign consent forms for the release of information and the use of their photographs and names. There are appropriate strategies in place to ensure privacy for residents in shared rooms, numerous internal and external areas are available to meet with visitors, and private functions can be arranged. Files are kept in secure areas, handover occurs discreetly, residents can lock their doors and have access to lockable drawers in their rooms. Staff were observed knocking on doors before entering and addressing residents by their name. Residents confirm that staff treat them with respect and they are satisfied their privacy is maintained.

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 are supported and encouraged to participate in a range of activities and events both in groups and individually. Lifestyle profiles capture past and current interests, preferences for social interaction and community and family links. Care plans document these choices and are regularly reviewed to reflect changes in the individual needs of the resident. Activity evaluations, surveys, feedback from meetings and participation records are used to monitor satisfaction and residents are encouraged to make suggestions for future planning. Community groups and volunteers are welcomed at the home, residents are assisted to go on outings and maintain individual hobbies and friends and family are involved in their life at the home. Residents confirm staff invite them to the daily activities and that they are satisfied with the variety of the lifestyle 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

The home demonstrates it fosters and values residents' cultural and spiritual lives. Initial assessments and care plans document preferences including celebratory days, beliefs, religious choices, cultural preferences and palliative care wishes. Staff have access to cultural care kits and interpreters are available if needed. Various denominations hold group and individual religious services, cultural groups and volunteers are welcomed and residents are assisted to attend community clubs and events. Special events are acknowledged, significant days are celebrated and residents' cultural dietary preferences can be accommodated. Residents state satisfaction with the support provided to meet 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

The home is committed to promoting the residents' right to participate in choices and decisions regarding their clinical care and lifestyle preferences. Authorised powers of attorney are documented where assessed cognitive levels indicate and regular risk assessments and care plan reviews capture change. The resident handbook contains information on residents' rights and responsibilities, the complaints process, external advocacy services and policies relating to clinical care and lifestyle choices. Audits, surveys and feedback from meetings monitor satisfaction and staff attend ongoing education on this expected outcome. Residents state satisfaction with their ability to make independent choices and decisions.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

On entry to the home residents are provided with a range of information relating to security of tenure, financial information and rights and responsibilities in resident contracts, information booklets and brochures. Resident agreements are offered and are in place, a range of independent advice and advocacy information is available and resident rights and responsibilities posters are on display. Residents and representatives are advised of the services provided by the home if a resident changes from low care to high care. Guardianship and power of attorney information is in place as needed. Residents are kept informed through resident meetings and the home's newsletter. Residents say they feel secure in the home and are aware of 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

The home actively pursues continuous improvement to ensure residents live in a safe and comfortable environment. Feedback from residents, representatives and staff, maintenance requests, environmental audits and incident and infection data analysis is used to identify areas for improvement. Issues are addressed immediately where possible or added to the quality improvement register for further investigation and actioning. Residents confirm suggestions can be raised at meetings or directly to staff and state they are satisfied with the living environment and feel safe.

Examples of recent improvement relating to Standard four:

- The organisation has introduced consistent colour coded laundry bags across the organisation to ensure safe linen sorting systems and improve infection control outcomes for care and laundry staff.
- The home has identified that hand rails have been causing skin tears to the backs of residents’ hands. Yellow tape has now been applied to the hand rails to differentiate them from the walls. This intervention has been successful and is to be used in future building programs.

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 a system in place to identify and ensure compliance with relevant regulations to ensure residents live in a safe and comfortable environment. Staff receive ongoing education on fire and emergency procedures, safe food handling, infection control and manual handling. Chemicals are stored appropriately with accompanying material safety data sheets, the kitchen has a current food safety program and certification by external authorities and fire and safety regulations are monitored and maintained by an external service provider.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management has processes in place to monitor and enhance the skills and knowledge of staff to ensure they perform their roles effectively in relation to the physical environment and safe systems. Staff confirm they attend annual mandatory training and say they are confident of their skills in the event of an environmental emergency or infectious outbreak.

Education conducted relevant to Standard four includes:

- incident management
- chemical handling
- occupational health and safety
- food safety.

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

Systems are in place for the identification of hazards, responsive maintenance is timely and preventative maintenance and cleaning schedules are in place. The home is spacious and clean. Sitting rooms are comfortably furnished and include tea and coffee making facilities. Residents' rooms are personalised, bathrooms are appropriately fitted and call bells are placed within reach. Residents can access secure and well maintained gardens and well lit wide passageways facilitate ease of mobility. Residents and representatives confirm their satisfaction 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 in place to ensure occupational health and safety responsibilities are met. Staff receive appropriate training upon commencement and at least annually thereafter. Systems are in place for reporting hazards, staff injuries, near misses, incidents and accidents. Safety inspections of residents' rooms occur on a rotating basis. The occupational health and safety committee meets monthly and membership includes staff from all areas of the home. Meeting minutes are displayed on noticeboards and occupational health and safety is a standing agenda item at other staff and resident meetings. Staff report they are aware of safety in the workplace and know how to report hazards and lodge maintenance requests.

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 is able to demonstrate effective processes to ensure security and emergency response to threats. Emergency equipment is inspected and maintained according to schedule by external professionals. Staff receive training in fire and emergency procedures on a regular basis and are well informed of the process. Resident lists are available and indicate mobility requirements in case of evacuation. External doors are secured and automatically release in an emergency. Residents indicate they feel safe in the home and would rely on staff to assist them in an emergency.

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

Infection control systems are in place to identify, monitor and manage infections. Staff are educated in infection control measures and requirements when orientated to the home and on an ongoing basis. Immunisation against influenza for residents and staff is encouraged. Hand washing sites are well stocked with appropriate equipment and protective clothing is available. Disposal of contaminated waste and sharps is regularly undertaken. Information in the form of policies and procedures is available in the event of an infectious outbreak. Surveillance records are maintained monthly and contribute to monitoring systems identifying issues for each resident, the home and the organisation. Residents and their representatives are pleased with the clinical care residents receive.

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, laundry and cleaning services are provided in-house. Policies and procedures ('How to guides') and material safety data sheets are available at point of use. Meals are prepared on site and staff ensure that individual resident's needs and preferences are met. There are systems in place to record dietician assessments and accompanying changes to diets. Cleaning schedules are in place for daily cleaning and the detailed servicing of residents' rooms on a rotating basis. The laundry is well equipped with designated dirty/clean areas providing effective infection control. Residents are satisfied with catering, laundry and cleaning services.