



Aged Care
Standards and Accreditation Agency Ltd

The Pines Lodge

RACS ID 6094
342 Marion Road
NORTH PLYMPTON SA 5037

Approved provider: Southern Cross Care (SA & NT) Incorporated

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 27 May 2015.

We made our decision on 10 April 2012.

The audit was conducted on 5 March 2012 to 7 March 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

Site Audit Report

The Pines Lodge 6094

Approved provider: Southern Cross Care (SA & NT) Incorporated

Introduction

This is the report of a site audit from 5 March 2012 to 7 March 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 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 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

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 5 March 2012 to 7 March 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:	David Stevens
Team member:	Kerry Rochow

Approved provider details

Approved provider:	Southern Cross Care (SA & NT) Incorporated
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Details of home

Name of home:	The Pines Lodge
RACS ID:	6094

Total number of allocated places:	144
Number of residents during site audit:	143
Number of high care residents during site audit:	87
Special needs catered for:	People with dementia and related disorders
Email address for submission of Site audit assessment information:	andrew.larpent@southernxc.com.au

Street:	342 Marion Road	State:	SA
City:	NORTH PLYMPTON	Postcode:	5037
Phone number:	08 8297 7944	Facsimile:	08 8297 8190
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Corporate management	6	Residents/representatives	17
General manager	1	Volunteer Coordinator	1
Care manager	2	Lifestyle staff	2
Clinical nurses	2	Cleaning staff	4
Registered nurses	1	Maintenance staff	1
Enrolled nurses	3	Quality, OHS&W, Infection Control officer	1
Care staff	7	Admissions officer	1

Sampled documents

	Number		Number
Residents' files	22	Medication charts	7
Summary/quick reference care plans	22	Personnel files	8

Other documents reviewed

The team also reviewed:

- Audits, surveys
- Call bell monitoring data
- Comments and complaints records and feedback flow chart
- Continuous improvement plan and records
- Critical incident contingency plan and folder
- Duty statements
- Emergency procedure manuals
- Handover reports, memorandums, diaries, communication books
- Incident, infection and hazard analysis and trending data
- Lifestyle documentation
- Material safety data sheets
- Newsletters
- Police registration checks
- Policy and procedure manual
- Preventative and reactive maintenance logs
- Recruitment policies and procedures
- Resident and staff handbooks
- Resident's information package
- Service agreements and contracts
- Smoking registers
- Staff rosters, and performance management records
- Staff training and registration records, training plan, education folder and training evaluations
- Various meeting minutes
- Wound management folder

Observations

The team observed the following:

- Activities in progress, activity calendar
- Acts/regulations/guidelines
- Certificate of certification
- Certificate of occupancy and statement of compliance
- Charter of residents' rights and responsibilities
- Comments/suggestion box
- Complaints and advocacy information
- Equipment and supply storage areas
- Evacuation plans
- Fire signage, suppression and surveillance equipment
- First aid boxes
- Infection control brochures
- Infection control supplies and kits
- Interactions between staff and residents
- Internal and external living and working environment
- Key pad security
- Medication rounds in progress
- Resident and staff notice boards
- Residents using mobility aids
- Safe operating procedures
- Storage of medications and licences

Assessment information

This section covers information about 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 Pines Lodge has a systematic and planned approach to continuous improvement. Continuous improvement initiatives are generated at the organisational and site level through analysis of data and information collected from internal audits, resident and staff meetings, incident and hazard data, suggestions and evaluations. The home has a continuous improvement plan and annual schedules for auditing and reviewing compliance with the Accreditation Standards. The plan for continuous improvement is regularly updated and timeframes set for evaluation of the benefits to residents and staff. The progress, inputs and outcomes of continuous improvement activities are monitored at the site and organisational level. Residents and staff are aware of the continuous improvement program and their suggestions are acted upon by the home.

The home has implemented the following improvement initiatives relating to management systems, staffing and organisational development in the last 12 months:

- Staff working in the memory support unit requested the home reduce reliance on temporary agency staff in the area to provide more continuity for residents and consistency in staffing. The home established a weekly review meeting to analyse staff feedback, the roster and overall usage of agency staff. Two extra shifts have been introduced and a float shift from 7.00am to 11.00am. The use of temporary agency staff has reduced by 3% which has improved continuity of staffing and consistent staff practice. Staff feedback shows they are satisfied with the ongoing review process and early identification of any issues. Resident and representative feedback shows they are satisfied with the continuity of staffing and less reliance on agency staff in the memory support unit.
- The management team identified the need to provide more concise information to staff in a single format to improve the communication of information and reduce multiple memos. A regular staff newsletter was introduced including information on education, system changes, clinical and quality issues. Feedback from staff indicates they find the newsletter very helpful as a concise source of relevant information to enable them to meet residents’ needs.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The organisation and home has processes for identifying and accessing all relevant legislation, regulations, and professional standards at the site and organisational level. Policies and procedures are reviewed and updated to reflect changes in legislation and standards. The home monitors ongoing compliance through site and organisational information and auditing processes, resident and staff incident data, hazard reports and staff input. Staff are informed about changes in legislation, regulations and professional standards through the home's communication processes. These include recent changes to the Accreditation Grant Principles and the Aged Care Complaints Scheme. Relevant staff are aware of regulatory requirements relating to management systems, staff and organisational development.

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 and home has processes for identifying and planning staff education and development based on training needs analysis, staff appraisals, audits, comments and complaints, feedback and organisational processes. Staff have access to a wide range of training opportunities at the site and organisational level. The training plan is regularly updated in response to changes in residents' needs and staff input. Information on external education and training is provided to staff on topics relevant to their roles. There are processes for recording staff education and tracking staff attendance at mandatory and elective training sessions. There are processes for the regular monitoring of staff practices and competencies. In the last 12 months management and staff have participated in training related to management systems including the computerised care management system and quality accreditation.

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 system for logging, tracking progress and reporting outcomes for all compliments, comments and complaints received. Residents and their representatives are provided with information about internal and external complaints mechanisms on entry to the home and on a regular basis. Organisational and site procedures are followed to action and evaluate concerns raised verbally or in writing. There are processes for maintaining the confidentiality of residents and their representatives throughout the complaints process and for reviewing the effectiveness of the home's complaint mechanisms. Residents and representatives are satisfied with their access to complaints processes and the responsiveness of management and staff to their comments or concerns.

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 organisation and home has documented its mission and principles statement detailing the organisation's commitment to older people to achieve quality outcomes through promoting independence and wellness, dignity of living, optimum feasible quality of life and choice of services. This information is consistently reflected to stakeholders through brochures, handbooks, policies and the organisation's web address.

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 processes for identifying and assessing the required staffing levels and skill mix to meet residents' needs on an ongoing basis. There are processes for recruiting staff with the identified skills and inducting new and temporary staff. Management conduct regular performance appraisals for all staff positions and seek feedback from staff to enable them to meet the requirements of their role. The home has processes for reviewing staffing levels and the skills mix within each area. The staffing roster is adjusted in accordance with changes in resident care requirements. There are site and organisational processes for recognising staff achievements and providing support as required. Staff work together as a team to complete their required tasks. Residents and their representatives are generally satisfied with the responsiveness of staff and the level of care provided to them.

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 has systems to maintain stocks of appropriate goods and maintain equipment for quality service delivery. Designated staff monitor and order supplies to maintain and monitor optimal levels of stock. Staff are consulted and are able to trial and assess new equipment for safety and quality. A contracted supplier tests and tags electrical equipment as per Australian standards. The home monitors inventory and equipment through a preventative and reactive maintenance system which checks and services equipment on a regular basis. Staff are trained in the use of new equipment and work instructions are available for all equipment. Staff interviewed state that they have sufficient access to goods and equipment to provide care to the residents. Residents are satisfied the home provides goods and equipment necessary to meeting their service delivery 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

The home has effective information systems to manage the care and services provided to residents. Residents and representatives have access to current information through handbooks, calendars, newsletters, noticeboards, flyers and resident meetings. Staff have access to information to fulfil their roles through handbooks, staff meetings, emails, newsletters, handover processes, care plans, progress notes and education sessions. The home has policies and procedures to manage staff practice, electronic data, archive files and record information to meet legislative requirements. Residents' health and personal information is securely stored in nurses' stations, on the computer and in residents' rooms and can only be accessed by appropriate staff. Monitoring processes include comments/complaints processes, meeting minutes, audits and surveys. Staff interviewed are aware of their obligations to maintain confidentiality. Residents and representatives are satisfied with access to information to assist them to make decisions about their care and lifestyle.

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 uses external contract services to assist in meeting the residential care service's needs and service quality goals. The home has individual contracts with each service provider which outlines the service quality expectations. An organisation and site approved preferred suppliers list is used for ad-hoc service requirements. The home monitors external contract services through annual review, observation and spot checks. Results show that performance issues are communicated to contractors and improvements made or contracts are terminated. Contracted staff are given induction and orientation training prior to commencing work on-site. Staff, residents and representatives are satisfied with the quality of externally sourced services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Continuous improvement initiatives related to residents' health and personal care are generated at the organisational and site level through analysis of data and information. This information is collected from internal audits, resident and staff meetings, incident data, suggestions, and care evaluations. Residents and staff are aware of the continuous improvement program and their suggestions are acted upon by the home.

The home has implemented the following improvement initiatives relating to residents' health and personal care in the last 12 months:

- The home identified there had been an increase in falls through analysis of incident data. A falls management committee was set up with representation from clinical care, physiotherapy, lifestyle, housekeeping and quality departments, to generate and implement strategies to prevent falls. A new environmental audit tool was introduced and equipment height indicators used to guide residents and staff. The incident data shows an overall decrease in the frequency of resident falls. Feedback from residents shows they are satisfied with the management of their care and safety.
- The information on residents' care needs for nursing and care staff for each shift was not readily available in one place, particularly for new and temporary staff. The home has developed a care folder for each shift including the duty statement, care lists, call bell procedure and changing needs. Feedback from staff indicates this folder enables them to work efficiently in meeting residents' needs and is easy to access.

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 organisation and home has processes for identifying and accessing all relevant legislation, regulations, and professional standards relating to residents' health and personal care at the site and organisational level. The home has processes for complying with legislation for advanced directives, Guardianship Board orders and the provision of specialised medical care. Relevant staff are aware of regulatory requirements relating to residents' health and personal care. This includes the provision of prescribed care and services, medication administration and storage, the registration of nurses and allied health providers and duty of care requirements.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The organisation and home has processes for identifying and planning staff education and development relating to residents’ health and personal care. Nursing and care staff competencies are tested annually and their practice monitored through regular audits to ensure they have the appropriate level of knowledge and skills to meet residents’ needs. In the last 12 months nursing and care staff have participated in training relating to health and personal care. This includes training on swallowing and dysphasia, oral health care, palliative care and falls management. Nursing and care staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive clinical care that is appropriate to their individual needs and preferences. The home has an initial and ongoing assessment and review system for identifying and managing residents’ health and personal care needs. Processes include individual clinical health and personal care assessments which are used to develop individualised care plans. The home monitors residents’ clinical care outcomes through care plan reviews, internal audits, incident analysis and reporting processes. Results show that residents’ care needs are documented and reviewed and care plans updated to reflect residents’ current care needs. Staff practice is monitored for compliance with the home’s processes and procedures. Residents and representatives are satisfied residents are receiving care appropriate to their individual clinical and personal care needs.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

Residents’ individual specialised nursing care needs are identified and met by appropriately qualified nursing staff. The home identifies specialised nursing care needs through an initial and ongoing assessment and review system. Registered nurses are responsible for assessments and reviews. This information is used to formulate the care plan. Both registered and enrolled nurses share the responsibility of providing specialised nursing care. The home monitors delivery of care through care plan review, audits and reporting processes. Results show that residents’ specialised care needs are reviewed and documented and general practitioners and specialists consulted where necessary. Staff participate in relevant training according to residents’ needs. Residents and representatives are satisfied that residents are receiving specialised nursing care appropriate to their individual needs and preferences.

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 referred to appropriate health specialists to meet their individual needs and preferences. The home identifies the requirement for specialist referrals through clinical and personal care assessments, daily observation and resident request. A range of health specialists visit the home on a regular and as needed basis including, podiatry, physiotherapy, speech pathology, occupational therapy, dental, optical and audiology. Residents are referred to external health specialists where necessary. Senior nursing staff check that specialist recommendations and care strategies are updated and reflected in the care plan. Residents and representatives are satisfied with referrals and access to health specialists to meet residents’ individual needs and preferences.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Residents’ medication is managed safely and correctly according to legislative and regulatory requirements and professional guidelines. The home has a system for assessing, monitoring, administering, storing and evaluating residents’ individual medication needs. Residents have individual medication charts with photographic identification and relevant administration information. Medication orders are regularly updated and reviewed by the general practitioner. Residents who self-administer medication are risk assessed and monitored for safe practice. Review processes include incident reporting, internal audits and weekly pharmacist reviews. Identified medication issues are discussed at clinical, quality and Medication Advisory Committee meetings and changes and education implemented as appropriate. Staff practices are monitored for compliance with the home’s processes and procedures. Residents and representatives are satisfied with the level of consultation and management of residents’ 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

Residents’ receive pain management that is appropriate to their individual needs and preferences and are as free as possible from pain. The home has an initial and ongoing assessment and review system for identifying and managing residents’ pain. Processes include each resident having a pain assessment on entry to the home and on a regular basis to maintain care plans. The home uses pain assessment tools for cognitive and non-cognitive residents. The home uses both medication and a range of non-medication interventions to manage residents’ pain in consultation with the residents. The home monitors pain through clinical review, audits and daily observation. Results show residents’ pain issues and interventions are documented and evaluated and changes to the care plan are made as required. Staff have had training in pain management and staff interviewed are able to indicate non-verbal cues for pain. Residents and representatives are satisfied with the home’s management of residents’ pain.

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 provides palliative care to maintain the comfort and dignity of terminally ill residents. The home, in consultation with residents and their representatives, identifies and documents residents’ end-of-life care wishes and preferences. External palliation specialists and the organisation’s hospice service assists in providing individualised care at the terminal phase. An on-site palliative care goods and equipment box assists in the delivery of palliative care. The home monitors practice through clinical review, observation and feedback. Staff have participated in palliative care education provided by external palliative services. The home supports residents and representatives through their pastoral care service. Representatives and residents are satisfied the home maintains the comfort and dignity of terminally ill residents.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents receive adequate nutrition and hydration according to their individual needs and preferences. The home has an ongoing assessment and review process to identify and manage residents’ nutrition and hydration requirements. Processes include each resident having a nutritional status assessment, a food and fluid assessment and a preference list completed. This information is used to develop the care plan and provide the appropriate diet and supplements. Residents assessed as having a swallowing difficulty are referred to the speech pathologist. Catering services are informed about new residents and are updated about any changes to residents’ diet. The home monitors residents’ nutrition and hydration requirements through monthly weighs and reviews. Staff have participated in nutrition education and staff interviewed stated that they use the resident nutrition and hydration requirement list when serving food and drinks. Residents and representatives are satisfied that home provides food and drinks that meet residents’ nutrition and hydration requirements.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Residents are provided with skin care that is consistent with their individual needs and preferences. The home has an ongoing assessment and review process to identify and manage residents’ skin care needs. Each resident has a skin and risk assessment and this information is used to develop the care plan. Specialised equipment is used where necessary. Wounds are assessed and logged into the wound folder and are reviewed weekly by a registered nurse. Complex wounds are attended to by a registered nurse and wound specialists assist in providing wound care to complex wounds where required. The home monitors residents’ skin integrity through clinical review and incident reporting. Results show that skin care is documented, reviewed and changes to care implemented. Staff interviewed

state they report skin abnormalities to senior nursing staff. Residents and representatives are satisfied that residents receive care which maintains their skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents receive care that manages their continence needs according to their individual needs and preferences. The home has an ongoing assessment and review process to identify and manage residents’ continence needs. Processes include each resident having a continence assessment. This information is used to develop the care plan in consultation with residents/representatives. A continence nurse advisor is consulted for residents with identified continence problems. The home monitors continence management through clinical review, reporting processes and stock inventory. Results show that residents’ continence needs are documented and reviewed and staff interviewed stated they report continence issues to the senior nursing staff. Residents and representatives are satisfied that residents’ continence needs are managed effectively and appropriately.

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 with behaviours of concern are managed according to their individual needs and preferences. The home has an ongoing assessment and review process for identifying and managing residents’ behaviours. Processes include each resident having behaviour, cognitive and emotional assessments. This information is used to develop the care plan. Residents with behaviours of concern are referred to their general practitioner and external mental health services if necessary. The home has a minimal restraint policy and restraint assessments and authorisations are current and regularly reviewed. The home monitors behaviour management through clinical reviews, incident and reporting processes. Results show that residents’ behaviours are documented and reviewed and residents referred to external services where necessary. Staff were observed to be effectively managing residents’ behaviours of concern and staff have participated in behaviour management training. Residents and representatives are satisfied with the home’s approach to managing residents’ behaviours of concern.

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 receive care that demonstrates residents’ levels of mobility and dexterity is optimised. The home has an ongoing assessment and review process for identifying and managing residents’ mobility and dexterity needs. Processes include each resident having assessments by the home’s physiotherapist. This information is used to develop the care plan and exercise programs where applicable. The home supplies equipment to aid in mobility and to assist residents with eating and drinking. The home monitors mobility and

dexterity management through review, incidents, the Falls Management Committee and reporting processes. Results show that mobility and dexterity care is documented, reviewed and identified mobility issues addressed. Staff practice is monitored for compliance with the home's processes and procedures and staff interviewed could identify residents' mobility and dexterity needs. Residents and representatives are satisfied that residents receive care which optimises their mobility and dexterity.

2.15 Oral and dental care

This expected outcome requires that "residents' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

Residents' oral and dental health is maintained according to individual needs and preferences. The home has an ongoing review and assessment process to identify individual oral and dental care needs. Assessment and review information is used to develop the care plan. Residents are supported to access dental services and the home maintains records of dental visits. The home monitors oral care through clinical review and reporting processes. Results show that residents' oral care needs are documented and reviewed and dental specialists' visits are documented. Staff have been trained in oral care. Residents and representatives are satisfied that the care provided by the home maintains residents' oral and dental health.

2.16 Sensory loss

This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

Residents' sensory losses are identified and managed according to individual needs and preferences. The home has ongoing assessment and review processes to identify and manage any loss of the five senses. This information is used to develop individualised care plans. Strategies identified to facilitate sensory perception include large-print and audio books, sensory room and garden and additional spice to food. Residents have access to specialised services including an optometrist and audiologist. The home monitors sensory loss through clinical review and reporting processes. Results show that residents' sensory losses are documented and reviewed. Staff interviewed stated they are aware of strategies to assist residents with sensory loss. Residents and representatives are satisfied with the home's approach to managing residents' sensory losses.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Residents are assisted by the home to achieve natural sleep patterns. The home has ongoing assessment and review processes to identify and manage residents with poor sleep habits. Processes include each resident having a sleep assessment on entry to the home and a care plan developed based on assessment results. The home documents residents' preferred settling and rising times and interventions to assist in the promotion of sleep. Each resident has a single room to facilitate minimal disturbance at night. The home monitors sleep patterns through clinical review and reporting processes. Results show that residents'

sleep strategies are documented, reviewed and implemented. Staff interviewed are aware of different strategies to help residents sleep. Residents and representatives are satisfied that the home provides care to promote natural sleep patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Continuous improvement initiatives related to residents’ lifestyle are generated at the organisational and site level through analysis of data and information collected from internal audits, resident and staff meetings, suggestions, and lifestyle evaluations. The plan for continuous improvement is regularly updated and timeframes set for evaluation of the benefits to residents and staff. Residents and staff are aware of the continuous improvement program and their suggestions are acted upon by the home.

The home has implemented the following improvement initiatives relating to residents’ lifestyle in the last 12 months:

- The home identified the need to provide more lifestyle support for residents with visual impairment. The home has purchased a wide variety of large print books and placed them in the library. A verbal crossword activity has been set up. Large computer screens and a key board for visually impaired people have also been installed. An A3 folder has been developed which contains large print versions of resident information. Feedback from residents indicates they find the visual aids help them to participate in activities and keep informed about what is happening in the home.
- A review of the cafe identified areas for improvement based on resident and relative feedback. The cafe now operates seven days a week. The home has put up outdoor umbrellas outside and introduced a wider menu to benefit people on special diets. Feedback from residents indicates the cafe provides a good opportunity to meet with family and friends in a pleasant setting across the whole week.

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 organisation and home has processes for identifying and accessing all relevant legislation, regulations, and professional standards relating to residents’ lifestyle at the site and organisational level. Staff are informed about changes in legislation, regulations and professional standards through the home’s communication processes. Relevant staff are aware of regulatory requirements relating to resident lifestyle, including protecting residents’ privacy, maintaining confidentiality of resident information, and providing resident agreements that assist them to understand their rights and responsibilities.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The organisation and home has processes for identifying and planning staff education and development related to resident lifestyle. Lifestyle and care staff performance is appraised annually and their practice monitored to ensure staff have the appropriate level of knowledge and skills to meet residents' needs. Information on external education and training is provided to staff on topics relevant to their roles. In the last 12 months lifestyle and care staff have participated in training relating to resident lifestyle including person centred care, dementia and education provided through lifestyle network meetings. Lifestyle and care staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

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

The home has processes for supporting residents to adjust to living in the home and addressing their emotional needs. Residents' emotional support needs are assessed on entry to the home and strategies developed to meet their needs as part of their care and lifestyle plan. There are processes for communicating this information to staff and adjusting care plans to reflect updated strategies and techniques. Professional counselling and health services are used if additional emotional care is needed. The effectiveness of the strategies, including matching with volunteers, reminiscence, enhancing residents' self-esteem and promoting social interaction are regularly reviewed by the home to ensure residents' individual needs are met. Residents and representatives are satisfied with the way the home assists residents to adjust to the home environment and to meet their emotional needs on an ongoing basis.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has processes for identifying barriers to individual resident's independence and implements strategies to maintain independence. These include environmental, lifestyle, care practice and risk assessments focused on optimising residents' capacity. Residents are supported to continue their interests and interact with family and community groups. The home regularly reviews the changing needs of residents, the environment and strategies to assist them to maintain and enhance their independence, participation, and friendships. The home has processes to support residents to rehabilitate and/or maintain their mobility and independence. Staff are aware of residents' needs for independence and encourage them to maintain their independence. Residents and representatives are satisfied with the variety of family and community activities residents participate in and staff support of their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has processes for identifying and implementing strategies to meet residents' individual preferences for privacy and dignity. The staff handbooks, policy and procedure documents and information displayed in the home reflect and demonstrate that residents' right to privacy, dignity and confidentiality is recognised and respected by the management and staff. Staff practices are regularly monitored by the home and reflect recognition and respect for residents' privacy and dignity in providing personal care, participation in lifestyle activities and personal/cultural requirements. The home stores residents' records securely, provides spaces for residents to store personal belongings, and entertain family members and friends in private areas of the home. Residents and representatives are satisfied with the assistance provided by the management and staff to maintain residents' privacy, confidentiality and dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has processes for identifying residents' individual lifestyle needs and preferences, developing plans, and monitoring the effectiveness of strategies to support residents' participation in a range of activities and pastimes of interest to them. Processes for the assessment of residents' lifestyle needs at the time of entry to the home provide information on resident's backgrounds and preferences. This information assists care and lifestyle staff in planning and meeting their lifestyle needs. The organisation has introduced a new lifestyle documentation system which is implemented at the home. Residents' changing needs, levels of acuity and participation are monitored, and adjustments made to individual and group activity programs to meet their ongoing needs and preferences. There are processes for conducting evaluations of individual and group programs. Staff encourage and assist all residents to attend their preferred activities and interests. Resident and representatives are satisfied with the leisure programs and activities residents are engaged in, which are consistent with their individual needs and preferences.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home identifies residents' cultural background, spiritual beliefs, history and values on entry to the home and implements strategies to address their needs on an ongoing basis. Residents are supported to engage in events and activities of spiritual significance to them. This includes recognising residents' individual wishes and supporting them to participate in religious services both within and outside of the home. The home recognises residents' cultural background and promotes participation in cultural activities. There are processes for accessing additional information on cultural needs and resources, and arranging for interpreters. The home has processes for monitoring and evaluating residents' spiritual and

cultural needs. Residents are satisfied with the way staff support their cultural and spiritual needs and expectations.

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 encourages and assists all residents and their representatives to participate in decisions about their care, the services provided to them, and to make choices based on their individual preferences. There are consultative processes for providing information to residents and their representatives about their rights and responsibilities. The home supports and encourages resident input into decisions about the services provided to them in relation to hospitality, health and personal care, the living environment and lifestyle activities. Residents and representatives are satisfied with their level of participation in making decisions and choices about their care needs and other issues that affect their daily life.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has processes to inform residents about their security of tenure and their rights and responsibilities at the time of entry to the home. Residents and representatives are provided with a handbook and information on independent sources of advice. The home informs and consults with residents and representatives about changes in rooms and legislation. Residents and representatives are kept informed about the arrangements for their security of tenure, rights and responsibilities on an ongoing basis. Residents and representatives are satisfied with how the home supports residents' security of tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome.

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

Continuous improvement initiatives related to physical environment and safe systems are generated at the organisational and site level through analysis of data and information collected from internal audits, resident and staff meetings, incident and hazard data, suggestions, and evaluations. The plan for continuous improvement is regularly updated and timeframes set for evaluation of the benefits to residents and staff. Residents and staff are aware of the continuous improvement program and their suggestions are acted upon by the home.

The home has implemented the following improvement initiatives relating to the physical environment and safe systems in the last 12 months:

- The home identified blind spots in the home’s corridors where residents and staff could not easily see who was coming around the corner. The home installed several two way mirrors enabling residents and staff to see who was coming around the corner. Feedback from residents and staff indicates the mirrors help to reduce potential accidents in the corridors and make for a safer environment.
- The home identified the need to provide a discreet way of identifying residents with communicable diseases. A yellow daisy symbol was chosen which is placed on the residents door sign to indicate they have a communicable disease. Staff feedback shows the visual alert daisy symbol provides a discrete way of informing them of the need to take additional precautions in infection control.

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 organisation and home has processes for identifying and accessing all relevant legislation, regulations, and professional standards relating to the physical environment and safe systems at the site and organisational level. The home monitors ongoing compliance through site and organisational auditing processes, resident and staff incident data, hazard reports and staff input. Staff are informed about changes in legislation, regulations and professional standards through the home’s communication processes. Relevant staff are aware of regulatory requirements relating to the physical environment and safe systems, including implementing occupational health and safety regulations, monitoring and maintaining fire safety systems and maintaining appropriate storage and identification of chemicals used in the home.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The organisation and home has processes for identifying and planning staff education and development related to the physical environment and services. Staff participate in focus groups and meetings for sharing ideas, information and best practice for addressing resident needs. Information on external education and training is provided to staff on topics relevant to their roles. The home has processes for recording staff education and tracking staff attendance at general and mandatory training sessions including manual handling, fire and emergency procedures, food safety and infection control. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management provides a safe and comfortable environment which is consistent with residents' care needs. The home uses a preventative and reactive maintenance program to maintain and service equipment. The living environment is monitored through audits, inspections, incident/hazard reporting, resident and staff feedback. Results show that identified issues are managed and preventative interventions commenced. Staff are aware of their obligations in helping to maintain a safe and comfortable environment. Residents and representatives are satisfied with how the home manages and maintains the safety and comfort of 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 has systems to provide a safe working environment that meets regulatory requirements. Staff are guided in their work through occupational, health, safety and welfare (OHS&W) policies and procedures. Incident, accidents and hazards are reported, logged and investigative measures are taken. The home monitors OHS&W compliance through incident analysis, committee meetings, workplace inspections and observation of staff practice. Representative staff members are on the organisation's OHS&W committee and staff participate in OHS&W training. Any OHS&W issues are discussed at all staff meetings and staff interviewed state they feel safe working in the home.

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 has implemented systems to provide a safe environment through minimisation of fire, safety and security risks. External fire services regularly monitor and maintain fire systems and equipment. Emergency procedure manuals are accessible by staff and the home maintains a contingency plan. The home has been issued a Certificate of Compliance from the Fire Department. The home has video cameras at all entrances to home to assist in after hour's security and the memory loss unit can only be accessed via electronic pin code. The home monitors fire, security and emergency management through incident analysis, inspections, drills, audits and stakeholder feedback. Staff participate in annual fire and emergency training. Staff interviewed stated they are aware of the home's fire and emergency procedures.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home maintains an infection control program through site and organisation policies and procedures that meets Australian government infection control guidelines. The home uses a clinical surveillance program to collect and analyse infection data. Resident infections are identified by the clinical team and relevant staff discreetly informed. Residents are provided with individual slings and shower chairs and the organisation aims to provide each resident with individual pieces of equipment. The home has a food safety audit program and has an infection contingency plan to manage outbreaks. The home monitors infection control through the clinical surveillance program, audits, incidents and workplace inspections. Results show that infections are documented and analysed at a site and organisational level and education provided around infection data results. Staff participate in annual infection control training and their knowledge and practice is monitored.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home provides catering, cleaning and laundry services in a manner that enhances residents' quality of life and staff working environment. An organisation menu is reviewed bi-annually by a dietitian to meet residents' dietary needs and preferences. Main meals are prepared and cooked off-site at one of the organisation's homes. The home monitors the temperature of all food and drinks to check they meet the required standard before serving. Cleaning is provided through a scheduled routine and on a needs basis. Laundry services are provided off-site by the home's staff at another of the organisation's home and linen is outsourced to an external service provider. Residents have access to labelling for their clothing. The home monitors hospitality services through audits, surveys, resident meetings, comment/complaints, the Resident Food Committee and observation. Staff are guided in their work by work schedules and the home's policies and procedures. Staff interviewed are

aware of their work duties and are satisfied with the working environment. Residents and representatives are satisfied with the catering, cleaning and laundry services.