



Aged Care
Standards and Accreditation Agency Ltd

Uniting Aged Care - Trewint

RACS ID 4245
1312 Heatherton Road
NOBLE PARK VIC 3174

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

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 29 September 2015.

We made our decision on 23 July 2012.

The audit was conducted on 19 June 2012 to 20 June 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

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

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

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Uniting Aged Care - Trewint 4245

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

Introduction

This is the report of a re-accreditation audit from 19 June 2012 to 20 June 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 19 June 2012 to 20 June 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:	Angela Scarlett
Team member:	Katherine Hannaker

Approved provider details

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

Name of home:	Uniting Aged Care - Trewint
RACS ID:	4245

Total number of allocated places:	68
Number of residents during audit:	57
Number of high care residents during audit:	34
Special needs catered for:	Dementia specific area

Street:	1312 Heatherton Road	State:	Victoria
City:	Noble Park	Postcode:	3174
Phone number:	03 9554 0700	Facsimile:	03 9554 0704
E-mail address:	robyn.reeder@uacvt.org.au		

Audit trail

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

Interviews

	Number		Number
Management/administration	9	Residents/representatives	11
Registered Nurses	4	Other health personnel	3
Care staff/activities	3	Ancillary services	6
External provider	2		

Sampled documents

	Number		Number
Residents' files	6	Medication charts	9
Resident agreements	5	Personnel files	6

Other documents reviewed

The team also reviewed:

- Agreements and contracts
- Audits and checklists
- Chemical register
- Cleaning documentation
- Continuous quality improvement framework and systems
- Contractor induction systems
- Diabetes management folder
- Document review and regulatory compliance updates
- Education calendar 2012
- Emergency procedures
- Essential services and maintenance schedules and documentation
- Feedback forms
- Handover sheets
- Incidents reports, registers and summaries
- Job descriptions
- Kitchen documentation, food safety plan and external audit report
- Laundry documentation
- Lifestyle documentation and programs
- Mandatory and discretionary reporting registers
- Mandatory training statistics/attendance records
- Material safety data sheets

- Meeting schedule and minutes
- Menu
- Notices, memoranda and newsletters
- Nursing registrations
- Orientation packages for staff, contractors and volunteers
- Oxygen safety signs
- Pest control documentation
- Police check and statutory declaration registers
- Policy and procedure manuals
- Preferred contractor and approved supplier registers
- Quality and clinical indicator reports
- Referrals
- Resident consent form
- Resident handbook, brochures and information package
- Risk assessments
- Self assessment
- Staff duties list
- Staff handbook
- Statutory declarations
- Strategic plan 2009-2012
- Surveys
- Vision, values and guiding principles
- Workplace inspections and reports.

Observations

The team observed the following:

- Accreditation site audit posters
- Activities in progress
- Assistive devices
- Café
- Call bell system
- Ceiling generated lifting equipment
- Chemical storage
- Cleaners trolleys and storerooms
- Electrical test tags
- Equipment and supply storage areas
- Evacuation kit, evacuation maps and resident list

- Fire and emergency response signage and fire fighting equipment
- First aid kits
- Hand hygiene
- Hi low beds
- Information noticeboards
- Interactions between staff and residents
- Internal and external living environment
- Laundry service in operation
- Lunchtime meal service
- Medication round
- Menu and activity planner on display
- Occupational health and safety information
- Oxygen in use
- Pharmacist changing over medications packs
- Resident and staff designated smoking areas
- Resident charter of rights and responsibilities on display
- Resident transfer equipment
- Sharps containers
- Storage of medications in secure area
- Suggestion boxes
- Training resources
- Treatment room
- Visitor and contractor register
- Wanderers' alert and security systems.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home pursues continuous improvement through an organisational structure to formally assess, monitor and evaluate all areas of service and resident satisfaction. Continuous improvement opportunities are identified through feedback forms, quality audits and surveys, indicator results, observations and data analysis. Staff and all stakeholders are encouraged to contribute to the quality system by providing verbal and written feedback and by attending relevant meetings. Continuous improvement and detailed action plans and registers are used to document identified gaps and improvement opportunities and to track the progress of implementation and evaluation. Reports are generated for internal discussion and action at relevant staff and resident meetings, and results are benchmarked within the organisation. Staff and residents are satisfied with the home's system for continuous improvement.

Examples of recent improvements relating to Standard 1 management systems, staffing and organisational development include:

- The organisation and home's management arranged a grand opening event to celebrate and officially open the new facility. Celebrations involved and engaged residents, staff and the local community. Staff and residents said that they enjoyed the festivities and residents said that it appropriately acknowledged their new home.
- The home's audit results and general observations suggested that there was an opportunity to improve the professional image of staff through a staff uniform review. Sample uniforms were provided to staff with a variety of styles and colours offered for staff selection. Management and staff confirmed that the uniforms are more professional and residents commented that staff are more easily recognised.
- The construction of the new home has enabled a restructuring of administration staff and the appointment of a dedicated roster coordination officer. Improved roster coordination has resulted in reduced use of external agency staff, and increased access and availability of rostered shifts to existing casual bank staff.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulations, standards and guidelines. The home receives regulatory compliance advice from

within the organisation and externally through legislative update services, industry peak bodies and government bulletins. All policies and procedures are developed, reviewed and updated according to legislation, regulations, standards and codes of practice. Regulatory compliance is an agenda item at relevant quality, staff and resident meetings. Regulatory compliance information is distributed through organisational updates, updated policies and procedures, memoranda, newsletters and education. Staff confirmed that they receive information about regulatory compliance issues relevant to their roles.

Examples of responsiveness to regulatory compliance obligations relating to Standard 1 management systems, staffing and organisational development include:

- A system to ensure compliance with police checks requirements.
- Completion of a statutory declaration by all relevant staff in relation to criminal history in countries other than Australia.
- Monitoring professional registrations, licences and insurance of relevant staff and contractors.
- Stakeholder access to information about internal and external mechanisms and advocacy services.
- Accreditation audit notification to stakeholders.

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 supported by the broader corporate network service has systems ensuring management and staff have the appropriate skills and knowledge to perform their roles effectively. Documentation shows planning and implementation of education according to resident and staff needs and regulatory requirements and evaluation of sessions occurs for effectiveness. Staff upon entry to the home, are given both organisational and on site orientation and offered support for professional development and ongoing education. Mandatory training occurs on a regular and scheduled basis. External certificate level training opportunities are offered to staff and staff provided with opportunities to take part in a broad network of in-service training as a part of their ongoing professional development. Staff said management support them in their professional development, and feel confident they have the skills to perform in their roles confidently and effectively. Some recent examples of educational sessions both corporate and site specific relating to Standard one includes complaints management, code of conduct, accreditation, bullying and harassment and change management.

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 ensures that internal and external complaints mechanisms are accessible to all stakeholders. Comments and complaints information is included in orientation processes, provided in key organisational documentation and displayed in public areas throughout the

home. Feedback forms are available at all times for all residents and other interested parties who can either use these forms or provide verbal feedback directly to staff. The resident/family committee meetings provide a forum for discussion of issues, concerns and suggestions. Resident suggestions are registered and reported by management and transferred to the continuous improvement and detailed action plans for further review and action where indicated. The organisation collects key performance measures of complaint acknowledgement and closure, and documentation demonstrates that the home provides timely and appropriate action in response to issues raised. Residents confirm that they know how to make a comment, suggestion or complaint and are comfortable raising issues directly with staff or management.

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

There is a documented strategic plan that incorporates the home's vision, values and guiding principles and a commitment to developing 'innovative and high quality services and programs, responsive to individual and community needs'. The vision, values and guiding principles of the organisation are evident in all key documents, brochures and posters displayed throughout the home. The Charter of Resident Rights and Responsibilities is on display and contained in resident information provided on entry to the home. We observed that management and staff actively demonstrate the home's values in their day to day work.

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 with the support of central office engages sophisticated human resource procedures ensuring the employment of appropriately qualified staff to provide the necessary resident care and services. Recruitment and retention of appropriately qualified staff is achieved through the development of position descriptions, appointment of staff against selection criteria, staff organisational and on site orientation programs and a comprehensive staff education and training program. Performance appraisals are conducted three months following recruitment and on an annual basis thereafter. Rosters are responsive to changes in residents' care needs. The home maintains records of qualifications, police record checks, and professional registrations. Staff said they have sufficient time to perform their roles and are satisfied with staffing levels. Residents and representatives said they were satisfied with the level and quality of care provided.

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 ensure that there are sufficient stocks of appropriate goods and equipment available for quality service delivery. Organisational processes for identifying preferred equipment and suppliers exist. Responsibility and authority for reviewing and re-ordering clinical and other supplies is delegated to specific staff. Electrical equipment is tested and tagged annually and as necessary; stock and equipment storage areas are clean, sufficiently stocked and secure where required. Trial and evaluation of new equipment occurs as applicable and suppliers provide initial and ongoing training as required. Workplace inspections and audits, cleaning and laundering schedules, essential service, preventative and unscheduled maintenance programs, ensure timely, corrective and ongoing cleaning and maintenance of equipment. Staff and residents confirm sufficient supplies of quality stock and that equipment is in good working order.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are systems to ensure stakeholders have access to current information about the processes and activities at the home. The gathering of resident information takes place through clinical assessment, the care-planning process, and confidential financial and contractual information. The review of resident care information occurs regularly and the home ensures the security and integrity of confidential information. Staff employment details, staff performance appraisals and correspondence are also stored in a safe and confidential way. Electronic information is password protected and backed up regularly by central office. Residents, representatives and staff handbooks provide information regarding privacy and confidentiality. Meetings are held and minuted and policies and procedures are regularly reviewed. Staff, residents and representatives said they receive information and were satisfied with the information received by management.

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 an established list of approved suppliers for the provision of external services to meet resident care needs and service quality goals. External service agreements are established by the organisation and within the home for the supply of goods and services, the provision of specialist resident care, and surveillance and ongoing maintenance of systems. Processes ensure that all contractors have current police checks, relevant registration, certification and insurances as applicable and complete the on-line contractor orientation process. Staff and other stakeholders provide feedback on external services through suggestion forms, during meetings or informal discussions and management contributes feedback on organisationally procured external services. Residents,

representatives and staff are very satisfied with the choice and current selection of services and suppliers at the home.

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 pursues continuous improvement related to health and personal care and the overall system is described in expected outcome 1.1 Continuous improvement. Regular meetings, competency tools, clinical audits, indicators and benchmarking are used to support resident care and to improve results for residents and the home's clinical systems. Residents are satisfied with the care provided and clinical staff confirm they have input and are kept informed on issues relating to their suggestions and other planned improvements and changes in the home.

Examples of recent improvements relating to Standard 2 health and personal care include:

- Clinical documentation audits conducted by the home identified that they did not meet the organisation's policy and procedures for timely completion. A full audit and gap analysis of all resident clinical documentation was conducted, a suite of evidence-based clinical documentation identified and an implementation scheduled developed. As a result, all new residents and high care resident files have assessment and care planning undertaken with the new clinical documentation.
- An evidence based skin tear assessment pathway and new skin integrity assessment tool and support plan have been implemented to increase staff awareness and management of skin tears resulting in a reduction in the number and rate of skin tears reported.
- An evidence based clinical practice standard, assessment and pathway have been introduced to increase staff awareness and management of falls resulting in a reduction in the number and rate of resident falls reported.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has developed systems and processes to ensure compliance with regulatory matters in relation to resident health and personal care. Details on the home's regulatory compliance systems and processes are described in expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance obligations relating to Standard 2 health and personal care include:

- A system to ensure staff have relevant qualifications and current registration.
- Appropriate storage and management of medications.

- Ensuring appropriately qualified staff provide specialised care to residents as required and that registered nurses oversee resident care planning.
- Policies, procedures, reporting and staff education in relation to the unexplained absence of a resident.

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

Clinical staff have ongoing access to educational opportunities to maintain and enhance their clinical skills and knowledge relative to residents’ health care needs. Refer to expected outcome 1.3 Education and staff development for a description of the home’s educational systems. The development of clinical education topics occurs following staff needs analysis surveys and from various sources including performance reviews and quality monitoring data. Recent educational sessions and educational opportunities in relation to health and personal care include falls management, medication management, wound management, dementia specific workshop and care of clients with diabetes.

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 appropriate clinical care. The home has a system that ensures assessments of residents’ clinical care needs and completion of preferences occurs on entry to the home. Development of care plans is from this information, evaluated on a regular basis and updated as required by registered nurses and team leaders. Residents have access to general practitioners and visiting allied health professionals as appropriate. Monitoring of clinical care is through feedback from staff and residents, observations, audits, incident analyses and a formal review process, again overseen by a registered nurse. Residents said consultation regarding all aspects of their clinical care occurs.

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

Qualified staff meets residents’ specialised care needs. An assessment of needs occurs on entry to the home by a registered nurse. Interventions staff use when caring for the resident are identified on the individualised nursing care plan for each resident. Regular monitoring occurs and more formally evaluated as part of an organised schedule for review. The general practitioner assists staff in the identification of specialised care needs and attends to residents as required. We observed monitoring for specialised care by nursing staff during their daily routine and on time. Residents said they were satisfied with the care the residents receive and were confident with staff skills.

2.6 Other health and related services

This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.

Team’s findings

The home meets this expected outcome

Staff refer residents to appropriate health specialists as required to meet residents’ needs and preferences. Staff and the general practitioner regularly arrange referrals and staff make arrangements for the resident to attend external appointments. Staff inform representatives of the referral process and any arrangements that need their input. During documentation review, we saw examples of staff referring residents to external health specialists. Staff said they know how to refer residents with other needs to external parties. Representatives said staff informed them of any health specialist appointments and interventions.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The management of residents’ medication occurs safely and correctly. All staff administering medication complete a competency assessment every twelve months. Medications are stored according to relevant legislation, regulatory requirements and professional standards and guidelines. Auditing of medication management processes occurs routinely and the medication advisory committee meets on a regular basis. All residents assessed for their medication needs on entry to the home have care plans developed in consultation with residents and representatives. Residents said they were satisfied their medication was managed safely and correctly and that staff knew what to do.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Staff at the home are committed to ensuring all residents are as free from pain as possible. Assessments for pain levels occur on entry to the home and as pain presents in the resident. Medication charts indicate whenever necessary medication is given and a reassessment occurs to ensure effectiveness. The use of alternative pain relief measures, such as massage, warm drinks, heat packs and distractions help the resident achieve this relief. The general practitioner is available for consultation regarding the on going pain relief requirements and interventions. We observed residents’ pain needs being attended to by staff. Residents said they were satisfied their pain relief was adequate and staff were helpful in the achievement of such.

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 processes to assess the palliative care needs of residents on entry to the home. Documentation shows residents have advance care directives and medical management plans. These are signed by the residents and/or their representatives, to record their final wishes and palliative care preferences. Management said support is available for staff and families during and post palliative care. Staff said education and support is available to them in caring for the person receiving palliative care. Residents and representatives said staff consult with them about the residents’ care needs and wishes.

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

The home demonstrates it has systems and processes to meet the needs of residents’ nutrition and hydration requirements. There is a process for regular review of resident’s weight and nutritional status, which staff monitor more frequently as required. A dietitian assesses residents after identification of issues by the registered nurse and general practitioner. A review of resident files indicated care plans were consistent with assessments. We observed staff serving residents meals and fluids at lunchtime and assisting residents with setting up for eating. Residents had a choice of meals and the home displayed the menu daily in the dining rooms. Most residents said they were satisfied with the quality and quantity of the food served 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

After entry to the home, residents undergo a systematic review of their skin integrity. Registered nurses and care staff conduct an assessment to identify risks to skin integrity and the potential for pressure injury. Management of wounds using contemporary dressing protocols occurs. Supervision is by a registered nurse and they are pleased with the healing progression of wounds in the home. Special attention occurs with residents who have disease processes that place their skin at extra risk to breakdown. Monitoring of skin tears occurs through the incident reporting system and staff have access to audit results through staff meetings. Specialised pressure relieving devices such as pressure mattresses and air cushions are utilised to help residents maintain skin integrity. Residents said they were satisfied with the care provided at the home.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure staff effectively manage residents’ continence needs. This includes assessment on entry to the home and if required staff implement continence management programs. Continence care plans assist staff practice in the management of residents with continence needs, including regular toileting times. Review occurs as part of a schedule or if there are changes to the resident’s normal continence needs. Staff said an adequate stock of continence aids is available for use. Residents said they were satisfied staff attended to their continence needs in a timely manner.

2.13 Behavioural management

This expected outcome requires that “the needs of residents with challenging behaviours are managed effectively”.

Team’s findings

The home meets this expected outcome

The identification of residents with challenging behaviours is through an assessment process and the development of care plans is in consultation with the resident and/or their representative. Staff complete behavioural assessments and devise care plans in consultation with other health professionals, including the psycho-geriatrician and medical officer. The home has access to regular visits by these professionals as required. Staff said they have access to training on dementia care with workshops offered at the home. We observed staff managing residents with challenging behaviours in a calm environment. Residents said other residents with challenging behaviours did not disturb them.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home ensures that achievement of all residents’ level of mobility and dexterity occurs. Assessment on entry to the home is by staff and the physiotherapist. Communication regarding any changes to a resident’s condition occurs with staff and the physiotherapist, who will then make recommendations to ensure optimal outcomes for each resident. Optimisation of manual dexterity occurs through exercise activities. Staff said they receive mandatory manual handling education and learn how to maintain residents’ mobility and dexterity status. We observed residents using mobility aids and staff assisting them with mobility. Residents said they were satisfied with how their mobility and dexterity needs were managed at the home.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Maintenance of residents' oral and dental health occurs at the home. Assessment of residents is after entry to the home for their oral and dental care needs. A care plan is developed and documents individual preferences. Oral and dental issues are reported to the medical officer if required and external appointments to dentists are arranged. Registered nurses and team leaders regularly evaluate oral and dental care plans and changes made as required. Staff said they know what each resident's requirements are with their oral hygiene. Resident's said staff encourage them and assist them where required in the maintenance of their oral and dental care needs.

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

Assessment of each of the resident's sensory capacities occurs after entry to the home. This includes vision, hearing, taste, touch, and smell. Consultations with other health professionals such as speech pathologist and optometrist are in response to any identified needs. The resident care plan includes interventions required for each of the identified sensory needs of the resident. Lifestyle activities include sensory stimulation with music a feature of the program. Residents said they were happy with the care given by staff in relation to their 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

Practices at the home assist the residents to achieve quality sleep. Assessments of residents occur on entry to the home to help identify their natural sleep patterns. The registered nurse following the sleep assessment formulates a care plan. We saw in documentation review, staff interventions to assist residents with sleep requirements. Residents said night staff assist them achieve sleep by offering comfort measures or attending to pain requirements as the need arises. Residents said the home's environment at night was quiet and conducive to sleep and other residents did not disturb them.

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 pursues continuous improvement related to residents’ lifestyle and the overall system is described in expected outcome 1.1 Continuous improvement. Resident/family committee meetings provide opportunities for residents and representatives to raise concerns and discuss any issues and the home conducts regular resident and representative surveys to seek feedback and to identify opportunities for improvement. Residents are satisfied that they provide input into the lifestyle and activities program.

Examples of recent improvements relating to Standard 3 resident lifestyle include:

- Resident survey responses indicated that residents wanted access to more community based outings. Access to the integrated service community bus has facilitated weekly outings for resident shopping and regular sight-seeing and access to community events.
- The building project has allowed construction of a dedicated spiritual space for all faith denominations. Residents said and audit results confirmed that they enjoy and appreciate the new spiritual space and chapel services.
- The building project has allowed construction of a café, located on the ground floor, which is open to residents, staff and visitors. Residents have provided feedback on the menu, stocks and supplies. Audit results confirmed that residents, staff and visitors value the café as a positive addition to the home.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has effective systems to identify and ensure compliance with legislation, regulations and guidelines related to resident lifestyle. Details on the home’s regulatory compliance systems and processes are described in expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance obligations relating to Standard 3 resident lifestyle include:

- Residential agreements specifying responsibilities and security of tenure in line with legislative requirements.
- Displaying the Charter of Resident Rights and Responsibilities in the home.
- Policies, procedures, reporting and staff education in relation to the elder abuse and compulsory reporting.

- Procedures and practices that comply with privacy legislation and ensure confidentiality of resident and staff personal information.

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

Staff have ongoing access to educational opportunities to maintain and enhance their knowledge and understanding of residents' lifestyle needs and preferences. Refer to expected outcome 1.3 Education and staff development for a description of the home's educational systems. Training options include both external and internal educational sessions and accredited certificate level training. Educational sessions and educational opportunities in relation to resident lifestyle include elder abuse and a lifestyle seminar.

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

Each resident receives support in adjusting to life in the new environment and on an ongoing basis. New residents and their families receive an orientation to the home, information regarding the care and services and introductions to staff and other residents. Residents are encouraged to personalise their rooms and staff provide support in accordance with their individual preferences. Ongoing emotional support is provided to residents and their families by staff and the chaplain and pastoral carers/special ministers. Care plans document specific emotional care needs and are reviewed regularly. Residents said staff are supportive, assist residents to adjust to their new environment and provide additional support in times of need.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the home and community. Assessment and care planning processes identify resident preference for social interaction, community participation and involvement in activities. Resident independence is promoted through the use of mobility, sensory and mealtime aids and equipment and the provision of an appropriate living environment. Residents exercise choice in their daily routines, menu selection, clothing and finances and participation in activities. Families and friends are encouraged to take residents on outings and activities staff support and coordinate community outings for individuals and groups. Resident involvement in the activities program and in undertaking activities of daily living is monitored and additional assistance identified as required. Residents confirm that they feel supported by the home in maintaining their independence and that staff generally allow them time to complete tasks in their own time.

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

Each resident's right to privacy, dignity and confidentiality is recognised and respected. The home provides privacy and confidentiality information to residents and staff. Staff were observed knocking on resident doors prior to entering, using the resident's preferred name, liaising with residents in a kind and respectful manner and attending to care needs privately and discreetly. The home has many sitting and lounge areas and a private dining area for residents to meet with their friends and family. Consent is obtained for the use and release of information and photographs, and for outings. Management and storage of resident information is secure and confidential conversations, including handovers are held in private areas. Residents state they feel respected and their privacy and dignity is maintained at all times.

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 encouraged and supported to participate in a range of activities of interest to them. A resident lifestyle profile informs the lifestyle assessment and care plan that considers past and current spiritual, cultural and social preferences. An individual lifestyle program is developed and contains individual and group activities which are reviewed regularly. A monthly activity calendar identifies group activities that include entertainment, physical activities, games and social events and is supplemented by regular entertainment, school community visitors and a library service. Individual resident participation in lifestyle activities is monitored and evaluated and formal evaluation of activities is conducted as they occur. Residents and representatives have input into the program through meetings, surveys and direct feedback. Residents and representatives are satisfied with the leisure activities available and feel that it supports resident needs.

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

An assessment is made of each resident's cultural and spiritual needs on entry to the home. Special events of cultural and spiritual significance are identified, celebrated and respected and include St Patrick's Day, ANZAC Day, Mother's Day, Grand Final Day and significant religious celebrations. Food services work closely with activities staff to mark special occasions, cultural events and practices. The chaplain and pastoral carers/special ministers provide regular ecumenical and communion services and spiritual support to residents as needed. Activities staff continue to develop links with community and religious groups. Cultural resources, language cue card resources, literary aids and devices and staff and family from culturally and linguistically diverse backgrounds, promote communication with

residents. Where necessary an interpreter service is used. Residents are generally satisfied with the support provided to maintain their cultural and spiritual beliefs and customs.

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 has systems and processes to support residents making informed choices and decisions about services they receive and their lifestyle choices. Documentation confirms that individual choices and decisions about their care and lifestyle preferences, rising and retiring and food choices are incorporated into care and lifestyle plans. Resident/family committee meetings, individual consultations, care plan reviews, surveys, feedback forms and informal verbal feedback provide opportunities for residents to express their wishes and exercise choice and control. Management have an open door policy to ensure they are easily accessible. Staff said residents are able to have choice in the home and residents confirmed that they are consulted, have opportunity to make decisions and that their choices are respected.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents have security of tenure and residents and representatives understand residents' rights and responsibilities. Each resident receives a resident handbook, which includes organisational information such as the internal and external complaints mechanisms, the charter of residents' rights and responsibilities and day-to-day information. All residents have a signed occupancy agreement, which includes information regarding specialised care and services, resident rights and responsibilities, complaints mechanisms and communication processes. There is a process to advise the resident and/or their representative in the event of a formal reclassification in care status. Residents and representatives said they have secure tenure at the home.

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 pursues continuous improvement related to the physical environment and safe systems and the overall system is described in expected outcome 1.1 Continuous improvement. There are systems for regular workplace inspections and reporting of incidents, infections and maintenance issues to support and maintain a safe and comfortable environment. Information from incident reports is used to identify opportunities to improve the living environment, resident safety and staff practices. Staff and residents state the home promotes a safe and comfortable living environment.

Examples of recent improvements relating to Standard 4 physical environment and safe systems:

- The construction of the integrated residential and community service building was completed in September 2011 and has resulted in a purpose-built home comprising 68 residential beds in four suites over two levels. The home is set among landscaped gardens with courtyards and balconies, and resident rooms enjoy sun-filled aspects and views of parklands and garden areas. The home has multiple lounge areas and private spaces for the enjoyment of residents and their visitors.
- An online organisational maintenance system, available for all staff to access and log a request, was introduced to improve the coordination and efficiency of maintenance and repairs. Processes are more streamlined and provide tracking and trending of maintenance throughout the home.
- OH&S auditing processes were implemented to manage the safe transition to the new building for all stakeholders. The system includes a register of issues identified and contains a photograph, risk assessment and rating, and an action plan. There were no incidents or injuries to staff or residents recorded during the building and relocation process.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to maintain regulatory and legislative requirements related to the physical environment and safe systems. Details on the home’s regulatory compliance systems and processes are described in expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance obligations relating to Standard 4 physical environment and safe systems include:

- Secure storage of dangerous good such as chemicals, oxygen and hazardous items.

- Access to material safety data sheets in all relevant work areas.
- Appropriate recording and reporting of infectious illnesses.
- Independent auditing of compliance with food safety regulations.
- Inspections and testing to ensure compliance with fire safety regulations.
- Security systems to reduce the risk of unwelcome intruders and residents absconding.
- Mandatory education in fire and safety, infection control/outbreak management, chemical and manual handling, workplace bullying, prevention and management, and food safety as relevant.

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

Staff are educated and informed about appropriate practices relating to the physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for a description of the home's educational systems. Educational topics arise from resident and staff needs, incidents, audits and other feedback processes. Some recent educational sessions and educational opportunities in relation to the physical environment and safe systems includes food safety, infection control and hand hygiene, lifting machine training and fire safety and drill evacuation training.

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 and staff actively work to provide a safe, comfortable and well maintained home for residents. The recently completed, purpose-built residential and integrated community service building provides two levels of residential accommodation and enables residents, staff and visitors to enjoy a tastefully decorated living environment appropriate to changing resident care needs. There are a number of internal and external living areas for resident use and residents are encouraged to personalise their bedrooms. Effective essential, preventative and reactive maintenance programs and cleaning schedules ensure buildings, grounds, fittings and furnishings and equipment are clean, safe and well maintained. Workplace inspections, incident reports and risk assessments lead to actions and improvements which are monitored through the quality system by management and maintenance staff. Keypad and swipe key security, closed circuit television and a wanderer's alert system contribute to maintaining a secure environment. Residents reported and we observed the home to be clean, comfortable and well maintained.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Risk management procedures, including incident reporting and workplace inspections, surveys and audits identify and minimise the impact of workplace hazards. The occupational health and safety committee meets monthly and is supported by organisational health and safety representatives. The committee monitor incidents, inspections and audit results and review indicator data and trends. Staff are made aware of their health and safety responsibilities through documented procedures, information and the orientation process. Mandatory training modules are provided to all staff at an offsite training facility and attendance is monitored. Locally, staff receive training on manual handling, fire and emergency, infection control, chemical and food safety as relevant to their roles. Staff are provided with equipment and supplies to employ safe work practices and said they are consulted about equipment purchases. Essential, routine and preventative maintenance processes ensure equipment safety. Staff said they provide feedback about workplace health and safety issues and are satisfied that management actively promotes a safe work environment.

4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide a safe environment and maintenance of systems that minimise fire, security and emergency risks. Fire and emergency procedure information and evacuation plans are located at key points throughout the home and a current resident list is located at the fire panel and updated whenever changes occur. Annual fire and emergency and evacuation training is compulsory for all staff and the home has recently conducted a mock evacuation exercise involving staff and residents. An accredited external contractor monitors and maintains the safety and function of the fire and safety suppression and emergency equipment at prescribed intervals. Tagging of electrical equipment is completed annually and as required. There are measures in place to maintain secure access to the home and to prevent unauthorised absences. Residents state they feel safe at the home and are confident in the ability of staff to respond to 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

There is an effective infection control program at the home for the identification, treatment and containment of infections. Staff conduct infection control audits and analysis of results and identification of trends are reported back to staff via meetings. There are processes in place in the event of an infectious outbreak and gastroenteritis outbreak kits are available for use. Effective infection prevention strategies, including anti-bacterial hand washing facilities, availability of personal protective equipment and appropriate cleaning processes are

available. There is a pest control program, vaccinations programs for residents and staff and a food safety program in the home to minimise the risk of infection. Infection control including hand washing is part of the staff mandatory training program. We observed staff using hand hygiene principles when undertaking resident care. Residents and representatives said they were satisfied with the hygiene practices at the home.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment. Catering staff have access to resident dietary information including specific dietary requirements and food preferences. A dietitian approves the rotating seasonal menu and alternative meal choices and snacks are available. All meals are prepared fresh on site and are plated and delivered to resident rooms or dining areas using specialised meal delivery system equipment. Processes are in place to maintain food hygiene, ensure safe work practices, compliance with food handling and storage requirements and are confirmed by third party auditing. Cleaning schedules are used to ensure resident rooms and communal areas are cleaned regularly. Onsite laundry systems ensure appropriate laundering of resident clothes and a labelling system minimises lost articles. Staff confirm they receive training in relevant areas including food hygiene, infection control and chemical and manual handling. Residents, representatives and staff are generally satisfied with the home's catering, cleaning and laundry services.