



Aged Care
Standards and Accreditation Agency Ltd

Uniting Aged Care Queenborough Rise

RACS ID 8086

1 Peel Street

SANDY BAY TAS 7005

Approved provider: Uniting Church in Australia Property Trust
(Tasmania)

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 04 February 2017.

We made our decision on 06 December 2013.

The audit was conducted on 13 November 2013 to 14 November 2013. 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 Queenborough Rise 8086

Approved provider: Uniting Church in Australia Property Trust (Tasmania)

Introduction

This is the report of a re-accreditation audit from 13 November 2013 to 14 November 2013 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 13 November 2013 to 14 November 2013.

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:	Cassandra Van Gray
Team members:	Gayle Heckenberg

Approved provider details

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

Name of home:	Uniting Aged Care Queenborough Rise
RACS ID:	8086

Total number of allocated places:	60
Number of residents during audit:	57
Number of high care residents during audit:	54
Special needs catered for:	Special needs unit

Street:	1 Peel Street	State:	Tasmania
City:	Sandy Bay	Postcode:	7005
Phone number:	03 6283 4000	Facsimile:	03 6283 4044
E-mail address:	unitingagedcare@victas.uca.org.au		

Audit trail

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

Interviews

	Number		Number
Management	7	Residents	7
Clinical, care and lifestyle staff	9	Representatives	2
Hospitality and environmental staff	6		

Sampled documents

	Number		Number
Residents' clinical files	6	Improvement registers and plans	3
Residents' leisure and lifestyle files	5	Contractor agreements	4
Medication charts	6	Hazard register and reports	3
Resident and medication incident forms	6	Resident infection reports	3
Staff incident forms	5	Complaints	7
Personnel files	8	Residents' agreements	5

Other documents reviewed

The team also reviewed:

- Activity calendars, participation and evaluation records
- Allied health/specialist referrals, reports/recommendations
- Audits, quality indicators, reports and surveys
- Call bell reports
- Cleaning store room, schedules and equipment
- Compliments
- Diabetic management plans
- Drugs of addiction register
- Emergency procedures and practice reports
- Emotional support brochures
- Essential services register and contractor reports
- Food temperature records
- Handover sheets
- Heat wave plans
- Incident register
- Internal and external complaints brochures and information

- Kitchen and servery
- Laundry
- Maintenance monthly jobs list
- Maintenance request and preventative maintenance programs
- Material safety data sheets
- Menu
- Notifiable infection reporting information
- Occupational health and safety inspections
- Pharmacy reviews and reports
- Police certification register and statutory declarations
- Policies, procedures, practice standards and flow charts
- Reportable incidents documentation
- Resident dietary requirement documentation
- Resident newsletter
- Resident review and evaluation schedule
- Resident, family and team conference forms
- Residents' information package and newsletters
- Roster and staff allocation forms
- Smoking assessments
- Staff and resident influenza vaccination register
- Staff and resident meeting minutes
- Staff and resident handbooks
- Staff training calendars and notices
- Staff training participation and evaluation records
- Test and tag register
- Third party food safe and Council certification.

Observations

The team observed the following:

- Activities in progress
- Archive storage area
- Call bell system
- Charter of Residents' Rights and Responsibilities
- Cleaning in progress
- Clinical equipment, supplies and storage
- Electrical testing and tagging
- Electronic security locking system for building
- Emergency evacuation plans

- Fire and emergency equipment
- Form 13 and 56 building certification
- Infection control stations
- Interactions between staff and residents
- Internal and external living environments
- Refreshment and lunch time meal service
- Maintenance workshop
- Medication round in progress and safe storage of medications
- Suggestion box
- Vision and values.

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's management have support of the parent organisation to actively pursue continuous improvement against the Accreditation Standards. The home monitors their performance through a scheduled audit process using a 'compliance risk score card'. Feedback forms, comments and complaints and internal audit results are analysed. The corporate and site specific continuous improvement plans reflect a wide collection of current, closed and planned initiatives and the feedback register captures milestones and the evaluation of outcomes. A monthly service quality and work health safety committee discusses gathered data and identified trends. Regional, state and national committees also review audit and quality indicator results regularly with final reporting occurring at Board level. Staff demonstrated awareness regarding continuous improvement and stated they received feedback on improvements and suggestions.

Examples of improvement initiatives implemented by the home in relation to Standard 1, Management systems, staffing and organisational development include:

- The parent organisation decided to promote an age well philosophy of care to foster resident independence, self worth, provide a learning environment and offer more choices across care, lifestyle and services. As a result, a name change occurred to 'Uniting AgeWell' with education to stakeholders provided through advertising, meetings and distribution of brochures. Since implementation of the name change in October 2013, feedback from staff includes "there is improved choice and decision making for residents" and "a noted link between the philosophy promoted and the values of the organisation".
- The quality improvement team across the parent organisation identified the feedback form required altering to invite more stakeholder use. After discussion at meetings, a change to the colour of the form took place and alteration to the 'what action would you like to see taken' section, to incorporate more space for recording information. As a result, management stated they have noted an improved use of the form and it has assisted in consolidation of their records. Positive staff feedback received includes comments regarding the colour change of the brochure as "it is easier to pick out and is user friendly".
- To improve efficiencies when recording and reporting quality initiatives, the parent organisation decided to remove the externally sourced electronic program used by the home. After consultation with stakeholders, introduction of an electronic spread sheet to capture all improvements related to the quality system occurred. Management stated since implementation the noted benefits include a less complicated system, consolidated information in one document, improved evaluation and comparison of previous results, and staff receive feedback on site results and on suggestions put forward.

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 subscribes to a peak industry body and accesses information on line, as required. Central office senior management inform relevant staff who make changes to internal processes and procedures, as required. There are systems to ensure all staff and relevant stakeholders have current police certification and statutory declarations. Regulatory compliance is a standing agenda item at all meetings. Notifications of changes occur via staff attendance at meetings, distribution of emails, and notices erected in the staff room. Resident and representative notification of changes occur through meetings, letters and the home's newsletter.

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

Management and staff have the skills and knowledge to perform their roles effectively. The home operates a range of education planners which include topics across all four Accreditation standards. Inputs include compulsory matters as well as feedback from the annual staff training needs analysis, performance appraisals and meetings. Training attendance records and evaluations are completed and reviewed on a routine basis. Staff complete competency assessments and have access to a range of external media education topics and self directed learning packages. Attendance at seminars, conferences and workshops is encouraged and management supports staff to advance their qualifications.

Education conducted relating to Standard 1 includes:

- quality documentation processes and procedures
- leadership and change management
- compulsory reporting.

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 comments and complaints systems, processes and procedures that are accessible to all stakeholders. Stakeholders receive information regarding both internal and external comments and complaints processes through the resident agreement, resident and staff handbooks, and brochures displayed throughout the home. Management respond to originators in a timely manner, and maintain confidentiality of individual complaints. Residents and their representatives stated they are aware of the internal and external complaint processes and are satisfied management addressed complaints appropriately.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has mission and value related information available to all stakeholders. Information is also included in various publications. The home demonstrates a commitment to quality through continuous improvement related systems, policies and procedures and central office and local dedicated quality personnel.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings

The home meets this expected outcome

Management monitor rosters and regularly seek feedback from staff, residents and representatives to ensure the appropriate personnel levels and skills mix is maintained. Provision exists within the roster to reassign staff to manage increased resident acuity. Staff are offered additional hours and shifts in the event of planned and unplanned absences. The home has a casual pool of staff available as required, and uses Agency personnel on a routine basis. Staff confirmed the hours rostered are sufficient to complete their duties and they have appropriate skills and knowledge to support residents. Residents stated the home has sufficient staff to provide appropriate care, lifestyle and service needs and preferences.

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 ensures the availability of stocks, appropriate goods and equipment for quality service delivery across all areas. Processes for stock control and replacement occurs through regular inventory review and annual budget allocation. Inspection and checking of goods and equipment takes place on arrival. Trials, evaluations and training for staff on new equipment not already used by the organisation occur. Allocated environments for storage of stock, goods and equipment provide clean, safe and secure areas. Records and reports reflect external contractors and the home's maintenance program sustain the good working order of equipment. Staff stated they have regular access to goods and equipment. Residents stated they are satisfied staff safely use equipment.

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 ensures their systems support all relevant stakeholders with effective information to allow staff to perform their roles, deliver quality care efficiently and provide safe services. Paper based documentation provides information regarding residents' health, care and wellbeing. Stakeholders receive information via meetings and minutes, handover and reports, diaries, newsletters, memoranda and notices. Regular back up for electronic information systems occurs through a central point. Confidential information has secure storage, archiving and appropriate destruction. Staff, residents and representatives stated they are satisfied with information they receive from the home and response timeframes.

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 parent organisation assists the home to identify and source external services that will provide quality service delivery within the expectations of the home. An approved essential services register and written agreements ensure consistent service provision. Verbal communication occurs between the home and service providers regarding any concerns. Systems ensure legislative compliance regarding police certification. Management stated they are satisfied with externally sourced services. Staff and residents stated the approach from visiting contractors is polite and considerate.

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.

The home conducts clinical audits and uses clinical indicators to collect specific resident incident data. Analysis of the data and trend identification takes place, allowing distribution of consolidated information for discussion at staff meetings. Staff stated they are satisfied a proactive approach is taken regarding improving the health and wellbeing of each resident.

Examples of improvement initiatives related to Standard 2, Health and personal care implemented by the home are:

- To improve reporting of clinical indicators the parent organisation decided to remove the externally sourced electronic program used by the home. After consultation, implementation of an electronic spread sheet occurred to capture resident medication incidents and infections. As a result, management stated they can record actions taken and evaluate results effectively; the system provides improved consolidation of information and has raised staff awareness through graphical representation. Staff feedback includes “it is good to see and receive this information”.
- In order to improve communication between clinical and care staff, management decided to align the commencement times of shifts across the day. Consultation with staff occurred regarding the changes. Since implementation, management stated all care staff receive current information regarding resident care and this has improved their knowledge base.
- To assist with the staff handover process, the quality team designed and implemented a large sized handover sheet covering all seven days of the week. The process allows clinical, care and support staff to view prompts regarding resident clinical needs and to document their ongoing observation of resident concerns arising throughout the day and the week. Management stated since commencement of the handover sheet they have noted improved communication across all staff areas, improved morale amongst staff and efficient teamwork.

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

Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

All registered nursing staff have current professional registrations. Registered nursing staff perform clinical care and medication management activities within their scope of practice. The home has systems to record instances of missing residents.

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

Refer to expected outcome 1.3 Education and staff development for information regarding the home’s education and staff development systems and processes.

Management has systems and processes in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to residents’ health and personal care.

Education conducted relating to Standard 2 includes:

- Parkinson’s disease
- aged care funding instrument
- administration of dangerous drugs – legal issues for nurses
- indwelling device.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home ensures residents receive appropriate clinical care. Staff commence a comprehensive scheduled checklist on entry, followed by further assessments as residents settle into the home, to ensure collection of relevant resident information. These records contribute to development of individual support plans outlining clinical strategies of care. Evaluation of clinical care takes place three monthly and updated as required. Staff regularly consults with residents and representatives regarding the clinical care provided by the home. Residents have access to general practitioners, specialists and allied health professionals as required. Monitoring of care occurs through feedback from staff and residents, observations, audits and incident analysis. Residents stated they are satisfied with the clinical care they receive and the choices offered.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home ensures identification of residents’ specialised nursing care through prior history information and assessments. Qualified nursing staff assess the need for clinical interventions specific to complex care and usually develop appropriate support plans.

Referrals occur for specialist advice as required with recommendations provided to the general practitioner. Visiting specialist services to the home include a continence nurse, palliative care team and stoma therapist as required. Staff have access to specialised nursing equipment and resources. Residents stated they are satisfied their specialised care is provided in a timely manner and by appropriately qualified staff and specialists.

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

The home ensures health specialists are available to provide additional advice for resident care if required. A range of health professionals such as a podiatrist, mental health physicians and speech pathologist are available to residents. Residents attend appointments within the home or have the support of staff to attend external services. Staff generally document directives from specialist consultants into individual support plans and progress notes. Residents and representatives are satisfied with residents’ access to allied health specialists.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home’s policies and procedures ensure registered and enrolled nurses administer medications according to relevant guidelines and legislative requirements. Monthly audits of medication management assist with the home’s compliance and safety regarding medication administration, storage and ordering procedures. A regular appraisal generally occurs for residents who wish to maintain independence with their medication administration. Annual reviews occur on resident medications from an external pharmacist, with recommendations forwarded to general practitioners. Staff demonstrated safe administration of medications and stated they undertake annual competencies to ensure they maintain current skills and knowledge. Residents stated they receive their medications in a timely manner.

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

The home’s systems ensure all residents are as free as possible from pain. On entry, staff gather information regarding the resident’s past experience and history of pain. Completion of a pain monitoring log and further assessment using verbal and nonverbal tools determines strategies of care documented in the support plan. Monitoring and evaluation of residents’ pain levels occur regularly and staff record outcomes of pain management measures in progress notes. Although medications form part of pain treatment, the home promotes alternatives such as heat packs, massage, exercise and comfort measures to alleviate pain. Staff have access to resources to assist with relieving residents’ pain. Residents stated they receive treatments to manage their pain in a timely manner.

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 assists residents to complete advanced care directives in order to record individual requests that promote the comfort and dignity of each resident. The specific wishes detailed on a palliative support plan, guide staff practices when a resident’s health status declines and as they enter the palliative phase. Staff consult with the general practitioner and access palliative care consultants for advice as required. The home provides accommodation in a quiet room to support representatives wishing to remain on site. Spiritual and culturally appropriate care occurs and a pastoral carer is accessible to residents and representatives. Qualified staff have access to specialised equipment to maximise resident comfort.

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 provides meals and drinks reflecting the specific requirements of each resident to ensure they receive adequate nourishment and hydration. On entry, staff assess residents’ dietary needs and preferences, likes and dislikes and forwards this information to the catering department. Monthly observations monitor residents’ weights with variances analysed using a risk rated assessment tool. Significant loss in weight prompts further frequent monitoring and interventions. Assistive devices promote independence and reflect residents assessed needs. Residents have access to a variety of meals, snacks, drinks and supplements throughout the day. Staff were observed assisting residents during meal services in a supportive manner. Residents stated they are satisfied with the presentation of their meals and they receive a variety of food and drinks.

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

The home uses a risk rated assessment tool to assist with identifying any issues regarding residents’ skin integrity. Support plans detail strategies to minimise skin trauma and breakdown and outline specific treatments. Qualified staff review residents’ skin integrity regularly through observation and care reviews. Staff collect and collates clinical data in relation to skin tears, wounds and infections and report findings monthly. A range of equipment is available to assist in the maintenance of skin integrity including memory foam mattresses and pressure relieving aids. Staff have access to stock in order to address wound and skin care needs. Residents and representatives stated staff provide consistent and appropriate skin care treatments on a routine basis.

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’s systems ensure the management of residents’ continence occurs in an effective manner. Following identification of a resident’s continence management requirements a specific support plan outlines appropriate continence aids and level of assistance required. Monitoring and reviews occur regularly and noted changes prompt reassessment and support plan updates. Bowel management programs promote preventative measures. Reporting monthly occurs in relation to urinary tract infections and consultation takes place with general practitioners regarding treatments. There are adequate supplies of continence aids stored in a secure and clean area. Residents stated they are satisfied staff attend to their continence needs in a dignified 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 home identifies residents’ behaviours of concern through prior history and consultation with representatives and general practitioners. Following a settling in period staff complete a three day behaviour matrix prompting further assessments as required. Screening for cognitive impairment and depression occurs. Support plans include the behaviour identified, the causes and successful strategies to guide staff in their approach to resident care. In general, the home effectively manages the needs of residents with challenging behaviours. Referrals to specialists and dementia advisory services occur with recommendations recorded and actioned. An electronic alert system enables a safe living environment for residents. Staff demonstrated understanding and knowledge regarding strategies of care and incident reporting and residents stated staff assist residents with behaviours in a kind and caring manner.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home assesses residents’ mobility and transfer requirements on entry, and a physiotherapist conducts further detailed assessments including resident dexterity. A support plan has a documented program to maximise and maintain resident mobility and independence including a risk management approach. A variety of walking aids, transfer and lifting equipment is available. Management collects data on falls and near misses monthly with results analysed, trends identified and discussion occurring at staff meetings. Residents stated staff assist and support them with their mobility and dexterity needs regularly.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home completes an assessment on resident’s oral and dental health on entry and as needs alter. This information forms the basis of the support plan and details information on oral hygiene preferences, ability and assistance required in order for each resident to maintain appropriate oral and dental health. The home operates a resident toothbrush replacement program. Staff support residents attending external dental reviews and a local dental mechanic visits the home. Residents stated they are satisfied with the assistance provided by staff when attending to their oral and dental care.

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

The home completes a range of assessments to identify sensory losses. On completion of assessments across all five senses, staff develop support plans reflecting strategies to guide their practices. Details record information regarding communication, physical abilities and the assistance required for a variety of aids. Specialists such as an optometrist and audiologist either service the home or attend to residents through external appointments to monitor and review the management of residents’ sensory needs. The home provides access to large print books, audio books and large television screens. Residents stated they are satisfied with assistance and support provided by staff for the fitting and care of specific aids.

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

The home has strategies to assist residents to achieve natural sleep patterns. An assessment to identify resident sleep patterns assists with forming a specific plan. The support plan details resident needs and reflects a variety of approaches to assist residents achieve sleep, including consideration of environmental factors. Staff provide alternatives other than sedation to facilitate natural sleep, including heat packs, comfort measures, snacks and warm drinks. Residents stated staff respect their personal preferences for rising and retiring and they generally slept well.

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.

The home conducts resident and representative meetings, audits and surveys to assist with gathering information and suggestions. Feedback occurs through notices, meeting attendance or direct communication. Staff attend training to assist with contributing to improvements to residents’ lifestyle and encourage residents to provide feedback and suggestions.

Examples of recent improvements undertaken or in progress in relation to Standard 3, Resident lifestyle include:

- To facilitate the philosophy of AgeWell within the home, management recruited an onsite pastoral carer in order to support residents and representatives. The position commenced June 2013 and provides services three days each week. The pastoral carer since arrival has initiated a volunteer program and has linked in to the handover process to support residents and representatives during times of palliative care. Management stated they have observed support and comfort provided to residents and improved communication to representatives regarding grief and loss.
- Through liaison between the lifestyle coordinator and local university students, the home commenced a ‘human library’ program. Students visit monthly and present their story through traditional dress, music and food. Since implementation, management stated due to diverse cultural and ethnic backgrounds residents receive a learning experience. Feedback from residents includes “we look forward to the visits each month they are enjoyable”.
- The resident artist providing weekly services to the home decided to facilitate a ‘fascinating fashions’ parade. The use of recyclable items including bottle tops, tin cans, and shopping bags were used to make the fashions. A number of residents chose to act as models in the regional event. Resident feedback after the fashion parade included “it was good to feel useful and youthful again”.

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

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Residents and their representatives receive information regarding the privacy of their information and documentation on entry to the home. The resident handbook includes information regarding residents' rights and responsibilities and the Charter is on display, in various positions throughout the home. The home has appropriate licensing for the shared bus.

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

Refer to expected outcome 1.3 Education and staff development for information regarding the home's education and staff development systems and processes.

Management has systems and processes in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to resident lifestyle.

Education conducted relating to Standard 3 includes:

- Tai Chi muscle strengthening for residents
- Advocacy services
- five ways to wellbeing (Uniting AgeWell program).

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

Staff collect resident emotional need information when residents enter the home. The development of an individual lifestyle support plan occurs in consultation with residents and representatives. Residents' emotional needs are monitored through daily observation. Staff and a pastoral carer support residents in adjusting to living in the new environment and on an ongoing basis. Family members are also encouraged to support their family member. Referrals to mental health services are available if required. Residents stated the home supports their individual needs and preferences in an appropriate and compassionate manner.

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

Management and staff support residents to achieve and maintain their independence. Assessment and care planning processes identify and accommodate the maintenance of resident's individual physical, social, cognitive and emotional independence. Support plans include strategies to maximise resident independence. Staff support residents to maintain

friendships within and outside the home and visitors are encouraged and made welcome. We observed residents using mobility aids and where appropriate, moving independently around the home. Residents stated they are satisfied staff support and respect 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

Management and staff demonstrated a commitment to ensuring residents' right to privacy, confidentiality and dignity. The home gathers consent from residents and their representative prior to sharing their preferred name and the use of photographs in publications. Access to residents' files and other confidential information is restricted. Staff described ways to promote residents' privacy and dignity such as knocking before entering rooms, addressing residents by their preferred names and ensuring privacy when giving personal care. Residents and representatives stated staff are polite and conscious of resident privacy and dignity needs.

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 lifestyle program supports residents to participate in a range of interests according to their choice and includes group, one to one activities and bus outings. Following entry to the home lifestyle staff complete an assessment which includes the residents social and life history, important events and leisure interests. Support plans are generally reviewed on a routine basis in response to residents' changing preferences and needs. The activity programs, which occur primarily Mondays to Fridays are developed and altered according to resident feedback and choice. Staff, volunteers and the home's pastoral carer also provide one to one contact for residents who prefer not to participate in activities. Evaluation of the program occurs through participation and evaluation records, meetings and one to one feedback. Residents stated they are satisfied with the quantity and variety of leisure activities provided by the home.

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

Residents are encouraged and supported to practice and express their spiritual and cultural beliefs and customs. The home accommodates a number of residents from culturally diverse backgrounds. Care and lifestyle assessment processes identify residents' cultural and spiritual backgrounds. The home facilitates residents' preferred spiritual practices and celebrates Australian holidays and days of significance. Staff demonstrated an understanding of residents' cultural and spiritual needs and they provide support as required. The home monitors and evaluates the effectiveness of these processes through feedback

and observation. Residents stated they are satisfied their cultural and spiritual interests, needs and beliefs are valued and well met.

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

Management and staff demonstrated they are committed to recognising and respecting resident choices and decisions. The resident agreement and handbook include information regarding residents' rights and these are explained on entry to the home and reviewed regularly. Residents are able to exercise choice across a range of their care, wellbeing and services including sleep and settling, activities of daily living, food and beverage options and leisure activities. Residents and representatives are encouraged to provide feedback regarding these matters via case conferences and routine meeting opportunities. Residents confirmed they participate in decisions regarding the range of services provided and are able to exercise choice in their daily activities.

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 provides information on security of tenure to residents and representatives during the initial inquiry stage and within the residential service agreement. The resident handbook also includes information on the home's internal security of tenure provisions. Any potential changes affecting resident security of tenure occurs in consultation with the resident and or their representative. Residents confirmed they are aware of their rights and responsibilities within 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

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

The home collects information on staff incidents and hazards. Environmental audits and workplace health and safety representatives contribute towards the home’s continuous improvement plan.

Examples of improvement initiatives implemented by the home in relation to Standard 4, Physical environment and safe systems include:

- Management decided to outsource the gardening activities due to an increased workload for maintenance staff. Development of a gardening committee occurred and involved stakeholders from across the home and an on site retirement community to provide suggestions regarding the outdoor environment. Management stated since the gardeners commenced they have observed inviting outdoor areas, accessible raised garden beds, use of areas for exercise to promote independence and games played outside.
- As a result of a resident with diminishing cognition leaving the building through the front door, maintenance staff reviewed and installed a laser beamed alert system. The system links to a bracelet worn by a resident and as they pass the laser beam an alert goes to staff through their communication devices. Management stated they have observed the alarm working and is successful in ensuring they provide a safe environment for all residents.
- As part of the AgeWell philosophy and the wish by management for all residents to have a pleasurable dining experience, support staff attended customer service training. Staff received training on table and meal presentation, service of meals and communication style during meal service. As a result, management introduced staggered meal times for staff and residents to enable improved supervision of meals. Feedback from residents and representatives includes “there is noted improvement to staff attendance at meal times” and “the décor has improved to the dining areas”.

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

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

The home has achieved compliance with the appropriate fire, emergency and building certification. The home has participated in a third party food safety audit. Staff are aware of the processes to follow in the event of a fire and or emergency and an infectious outbreak.

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

Refer to expected outcome 1.3 Education and staff development for information regarding the home's education and staff development systems and processes.

Management has systems and processes in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to the physical environment and safe systems.

Education conducted relating to Standard 4 includes:

- workplace health and safety representative
- working with colleagues and customers
- dealing with difficult people
- 'I'm alert' food safety.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home's management actively work towards providing a safe and comfortable environment. Accommodation consists of single rooms with individual ensuite bathrooms. The home is spacious and clean with comfortable furniture and allows for a variety of well ventilated sitting, dining and lounge areas. Residents' rooms are personalised with items of their choice, with call bells accessible. Systems are available for the identification of reactive and preventative maintenance and for hazard reporting and there are restraint guidelines to guide staff practices. A security coded system, an electronic locking procedure and safety cameras ensure a safe home environment. Residents have access to a range of shaded out door areas and gardens, free of obstacles. Residents stated they are satisfied with their living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

There are systems to support the provision of a safe working environment that meets regulatory requirements. The home has documented policies and procedures and staff are aware of their responsibilities through the orientation process, mandatory education, and meetings. Monitoring processes include safety audits and incident reporting. Health and safety is a standing agenda item at meetings. Regular audits and risk assessments monitor potential hazards. The home has appointed nominated representatives to ensure staff have a point of contact, if needed. We observed current material safety data sheets and safe storage of chemicals. Staff described their role in reporting incidents and minimising occupational risk within the home. Residents stated they feel safe living 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

There are systems to maintain a secure environment to minimise fire, security and other emergency risks. The home is equipped with fire equipment and detection systems. Contracted fire service personnel check and maintain equipment and systems according to a planned schedule. Evacuation maps are located throughout the home and emergency exits and egress routes are free from obstruction. Mandatory fire and emergency training occurs at orientation and on a routine basis. Staff demonstrated a good knowledge of emergency and evacuation procedures and their responsibilities.

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 to identify and manage infection risks and outbreaks. The program includes an infection surveillance program, data collection, review and actioning of identified trends, internal and external audits and competency programs. Procedures for the management of gastroenteritis and influenza are available to all staff. A staff and resident vaccination program is in place. There are supplies of protective clothing and equipment for the disposal of sharps and infectious waste. Food safety, pest control programs and environmental services comply with infection control guidelines. Observation of staff practice confirmed they comply with infection control requirements.

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 operates a four week rotating menu. Menu items are prepared fresh daily on site. Residents have access to snacks and preferred refreshments at all times. Assessment of resident's dietary requirements and preferences occurs on entry to the home and as required. Resident meetings and surveys assist in monitoring resident meal satisfaction. Cleaning staff perform their duties guided by documented checklists and schedules. The home launders resident clothing and linen. Residents expressed a high level of satisfaction with the hospitality services provided by the home.