



Aged Care
Standards and Accreditation Agency Ltd

Waranga Aged Care Hostel

RACS ID 3265

14 High Street

RUSHWORTH VIC 3612

Approved provider: Goulburn Valley Health

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 18 October 2015.

We made our decision on 10 September 2012.

The audit was conducted on 31 July 2012 to 1 August 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

Waranga Aged Care Hostel 3265

Approved provider: Goulburn Valley Health

Introduction

This is the report of a re-accreditation audit from 31 July 2012 to 1 August 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 31 July 2012 to 1 August 2012.

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

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

Assessment team

| | |
|---------------|------------------------|
| Team leader: | Sylvia (Lynne) Sellers |
| Team members: | Christine Delany |
| | Donald McMonigle |

Approved provider details

| | |
|--------------------|------------------------|
| Approved provider: | Goulburn Valley Health |
|--------------------|------------------------|

Details of home

| | |
|---------------|--------------------------|
| Name of home: | Waranga Aged Care Hostel |
| RACS ID: | 3265 |

| | |
|---|-----|
| Total number of allocated places: | 32 |
| Number of residents during audit: | 30 |
| Number of high care residents during audit: | 7 |
| Special needs catered for: | Nil |

| | | | |
|-----------------|--------------------------------|------------|--------------|
| Street: | 14 High Street | State: | Victoria |
| City: | Rushworth | Postcode: | 3612 |
| Phone number: | 03 5851 8050 | Facsimile: | 03 5856 1145 |
| E-mail address: | deborah.rogers@gvhealth.org.au | | |

Audit trail

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

Interviews

| | Number | | Number |
|------------------------------------|--------|--|--------|
| Director of nursing | 1 | Residents | 7 |
| Hostel manager | 1 | Corporate occupational health and safety officer | 1 |
| Registered nurse | 1 | Corporate engineering staff | 2 |
| Care staff | 3 | Occupational health and safety representatives | 2 |
| Corporate quality and risk manager | 1 | Maintenance staff | 1 |
| Quality officer | 1 | Administration assistant | 1 |
| Lifestyle staff | 1 | Cleaning/laundry staff | 2 |
| Catering staff | 2 | | |

Sampled documents

| | Number | | Number |
|-----------------------|--------|-------------------|--------|
| Residents' agreements | 4 | Medication charts | 5 |
| Residents' files | 6 | | |

Other documents reviewed

The team also reviewed:

- Annual essential safety measures report
- Audit schedule
- Audits and surveys
- Bushfire preparedness and evacuation plan
- Cleaning records
- Comments and complaints records
- Drug of addiction administration book
- Education and training records
- Evacuation plans
- External contractors' agreements
- Food safety plan and kitchen registration
- Fire and safety equipment inspection records
- Handover sheet
- Human resource documentation
- Improvement forms and register
- Incident data and trend analysis

- Infection control records
- Lifestyle documentation
- Maintenance request records
- Meeting minutes
- Meeting schedule
- Medication fridge temperature checklist
- Medication storage cleaning checklist
- Memoranda
- Menu
- Newsletters
- Nutrition and hydration documents
- Pain charts
- Personnel files
- Plan for continuous improvement
- Policies and procedures
- Preventative and responsive maintenance records
- Quality action plans
- Residents' information package and handbook
- Risk assessments
- Staff handbook
- Staff signage register
- Tagging of electrical equipment records
- Weight records

Observations

The team observed the following:

- Activities in progress
- Archive storage
- Call bell system in operation
- Continence aids supply system
- Electronic keypad security
- Electronic ordering system
- Emergency assembly areas
- Equipment and supply storage areas
- Evacuation plans
- External complaints brochures and posters
- Fire and safety equipment
- Infection control equipment and processes

- Interactions between staff and residents
- Internal and external living environment
- Intranet
- Material safety data sheets
- Meal and refreshment service and assistance to residents
- Medication storage and administration
- Resident evacuation kits
- Sign in/sign out registers
- Storage areas
- Transfer equipment
- Wound care supply system

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 actively pursues continuous improvement and demonstrates recent examples of improvement activities related to Standard one. Quality tools include a quality improvement register, quality improvement forms and plans, audits and annual surveys, monitoring of comments and complaints and incident reporting. Generally, the home systematically evaluates and obtains feedback from stakeholders in relation to the services the home provides. The quality meeting minutes do not always confirm effective implementation of the home's quality systems and monitoring of quality outcomes. Stakeholders stated that they had contributed to the home's pursuit of continuous improvement through completion of improvement forms and were able to cite examples of recent improvements.

Examples of continuous improvement under Standard one include the following:

- Management identified the comments and complaints form failed to include provision for complainants to respond to any actions taken in response to comments or complaints. Management has edited the form to include a section whereby the complainant can comment on the degree of satisfaction with the action taken in light of the suggestion or complaint. Stakeholders have expressed satisfaction with the amended form and provision for feedback to response to complaints and suggestions.
- Management has reviewed the content of the information package forwarded to prospective residents. The review has led to the development and provision of enquiry packs for prospective residents as well as welcome packs for residents upon entry to the home. The packs include relevant information to assist residents and their representatives in considering entry to the home as well as information to assist in settling into the home after entry. Residents who have recently entered the home and who have received the packs have provided positive feedback in light of the initiative.
- Nursing management identified the need to improve the staff handover procedure to help ensure care staff are better informed of residents' care needs and relevant changes. In consultation with staff, management has reviewed the handover sheet to include provision for recording of recent changes in resident care needs and medical history. Staff have participated in several reviews of the handover sheet. Staff feedback has been positive in view of the final draft of the handover sheet providing improved information for staff regarding resident care needs.
- Management identified that there was a lack of supervision and oversight in the delivery of the activities program. In consultation with the three lifestyle staff members management agreed to develop a three monthly rotating roster whereby each lifestyle staff member would assume the role of coordinator of the program. The improved outcome has led to more sharing of the workload among the three staff members and a more planned a coordinated approach to the management of the activities program.

Meeting minutes of the lifestyle staff and staff satisfaction confirm the new system is effective in ensuring staff fulfil the required responsibilities in managing the program.

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 with the support of corporate structures has a system to identify relevant legislation, regulatory requirements and professional standards and guidelines across all four Accreditation Standards through membership to peak bodies, legislative update services and government communiqués. Policies and procedures are reviewed and amended in response to legislative changes and stakeholders are informed through notification of policy amendments, memoranda, information folders, education sessions’ and meetings. Staff said they are informed about their regulatory compliance responsibilities.

Examples of regulatory compliance related to Standard one include:

- a system to maintain police record checks for staff, volunteers and relevant external contractors
- processes to ensure statutory declarations are maintained for relevant staff, volunteers and contractors who have been citizens or permanent residents of a country other than Australia since turning 16 years of age
- revised information for stakeholders about the Aged Care Complaints Scheme
- monitoring of nursing registrations and the qualifications, registrations and insurances of contracted services
- notification to stakeholders of the reaccreditation audit.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

The organisation has systems and processes in place to ensure management and staff have the ongoing knowledge and skills to perform their roles effectively. The home has an education program which is responsive to requests from staff and the needs of residents. The manager identifies training needs through a variety of sources including performance appraisals, changing resident needs, training needs analyses and staff requests. Management notify staff through an education planner, memorandum and via verbal and written reminders. The home has a mandatory training program in place and staff attendance at all education sessions is recorded and monitored. The home also encourages and supports staff to attend outside training. Staff expressed their satisfaction with the education available to them. Residents and representatives are satisfied staff have appropriate knowledge and skills.

Examples of education and training provided in relation to Standard one include:

- elder abuse

- mandatory 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

Stakeholders have access to internal and external complaints mechanisms and management informs resident/representatives of the home's complaints and improvements procedures upon entry to the home. Information relating to external complaints resolution processes is included in resident handbooks and through the provision of brochures. Stakeholders are encouraged to make suggestions or suggest improvements through meetings or through completion of the home's feedback and improvement forms. Residents and relatives state that they feel comfortable approaching management in relation to issues and concerns. Residents/representatives stated that management responds to complaints in a timely manner.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The corporate body has documented its vision, mission and philosophy statements. This information is displayed within the home and is in the resident information handbook provided to residents upon entry to the home. The vision, mission and philosophy and commitment to continuous improvement are conveyed to staff in meetings and at orientation. A commitment to quality is included in the home's planning and leadership documents, policies and procedures.

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

There are systems to ensure staff are appropriately skilled, qualified and sufficient in numbers to deliver quality care and services. Management employ staff based on their qualifications, work experience, reference checks and police clearance. Position descriptions, duty statements, an orientation program together with a probationary appraisal, support the recruitment process. Management monitor staff practices through the quality system, competencies and observations. Staffing levels are monitored and adjusted based on feedback, current needs of residents and administrative requirements. Rostering is responsive to the changing needs of residents with a casual bank system filling shifts. Residents and representatives indicate staff respond to their needs appropriately and in a timely manner.

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

There are appropriate systems to ensure there are sufficient stocks of quality goods and equipment available for care and service needs. Designated staff ensure health and other supplies are reviewed and re-ordered through the home's new computerised ordering system to ensure timely delivery and appropriate levels of quality stock are maintained across all care and service areas. Management maintains a preferred suppliers' list, stock is rotated as required and expiry dates are checked. New equipment may be trialled and maintenance staff attend to preventative and corrective maintenance while contractors service other equipment as required. Stock and equipment storage areas were observed to be clean and sufficiently stocked. Staff and residents confirmed sufficiency of stock supplies and routine maintenance of 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 has effective information management systems including documented policies and procedures as well as clearly defined roles and responsibilities to assist staff in the delivery of care and in fulfilling their duties. Appropriate documentation and communication systems help identify residents' care needs and delivery of appropriate care. Meetings, care staff handovers, newsletters and various feedback mechanisms, including the approved provider's intranet, ensure effective communication with all stakeholders. Resident and staff handbooks and noticeboards are in use; residents receive a monthly activity program and are regularly reminded about the activities of the day. All meetings include terms of reference, an agenda and typed minutes. The home's computer systems are protected with password and are backed up on a daily basis. Residents and relatives stated management and staff keep them well informed of events and improvements in the home, while staff also expressed satisfaction with communication and management systems in fulfilling their duties.

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 appropriate systems to ensure the quality and suitability of externally sourced services. Corporate management personnel maintain records of preferred suppliers and negotiate tenders and contracts for group suppliers. The organisation holds details of service providers including agreements, insurances and qualifications, which corporate personnel review at the expiry of each contract. Signed contracts set out the scope, services, terms and conditions of the services to be provided and reference the need for police checks or supervision on site. External suppliers complete an induction process prior to commencement of contract and are presented with a contractors' handbook developed by the home. Stakeholders stated satisfaction with the quality of services sourced externally

including allied health providers, food suppliers and maintenance of fire and emergency equipment.

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. In relation to Standard 2 Health and personal care, staff record resident falls, medication incidents, skin tears and behaviours which management collates and analyses at the home's quality forum. Staff, residents and their representatives expressed satisfaction with how the organisation promotes and improves residents' physical well-being.

Examples of continuous improvement under Standard two include the following:

- In consultation with the pharmacist, medical practitioner and staff, management has introduced a new medication chart with clearer and better designed format to assist staff with recording medications. The charts have been in place for twelve months and management has noted a decrease in the number of medication incidents following the implementation of the charts.
- Nursing staff identified the home had a lack of resources to assist in the provision of palliative care. Nursing management developed a resource pack for staff to access when palliating residents to provide appropriate support and care to residents and their representatives. There has been positive feedback from those family members of residents palliated at the home subsequent to the implementation of the resource pack.
- Nursing staff identified staff were not effectively assessing skin integrity of those residents who were independent with regard to managing their own care and personal hygiene. Nursing staff introduced a procedure whereby the resident of the day, irrespective of care needs, receives a full physical skin assessment during the review. Care staff document findings and implement actions where issues are identified. Management state staff have successfully identified potential pressure areas and skin abnormalities resulting in increased referral to the skin clinic and improved preventative measures in monitoring skin integrity.
- In response to a complaint arising from a resident relative in relation to the delivery of palliative care, management provided additional training to staff in palliation, implemented regular palliative meetings with the registered nurse, care manager and hostel supervisor, as well as accessing teleconference facilities with the regional hospice. Management state care staff are more informed about palliative care, referrals for commencement for palliation are now being made in a more timely manner and stakeholder feedback has indicated satisfaction with improved outcomes for residents and their families in relation to the delivery of palliative care.

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

Systems for recording and reporting relevant information and monitoring compliance ensures the home is meeting obligations regarding residents' health and personal care. Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

Regulatory compliance in relation to Standard two is demonstrated by:

- ensuring appropriately skilled and qualified staff and specialists provide specialised care to residents as required and registered nurses oversee the care plans of residents with high level care needs
- secure medication storage and medication administration in accordance with legislative requirements and scope of practice
- education, policies, procedures and a register being maintained 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

The home ensures its systems and process adequately monitor staff knowledge and skills to enable them to perform their roles effectively in relation to residents' health and personal care. Management assists staff with external training and also conducts in-house training to educate staff in clinical topics. Staff state they are pleased with the amount and type of training management provides and the support offered for self development. Refer to expected outcome 1.3 Education and staff development for further details on the home's education system and processes.

Examples of recent education relating to Standard two includes:

- basic life support
- wound management
- medication competencies
- introduction of self-directed learning packages in medication and wound management

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive appropriate clinical care. Two medical practitioners are available in the town for residents by appointment. After hours medical cover is organised by care staff. The registered nurse, enrolled nurses and personal care workers assess residents on entry to the home for their clinical needs and preferences. An individualised care plan is developed on the computerised software program. Daily care needs are included on a handover sheet. The registered nurse and enrolled nurses review care plans monthly or as a resident’s identified clinical care needs change. The registered or enrolled nurse communicates changes in residents’ condition to care staff verbally and through an updated handover sheet. Staff confirmed knowledge of individual care management strategies and interventions. Residents and representatives confirmed they were satisfied with the level of consultation and care that staff at the home provided.

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 organisation has systems to ensure appropriately qualified staff identify and monitor specialised nursing care needs. The registered nurse supervises the development and evaluation of complex care plans and oversees care staff management of residents with special needs. Referrals to appropriate external health specialists and professionals occur as necessary. Education supports the provision of specialised nursing care and staff can access appropriate equipment and supplies. Residents confirmed they were confident staff had the skills to provide appropriate specialised care.

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

In accordance with residents’ needs and preferences care staff refer residents with complex care needs to appropriate specialists for treatment and advice. Residents have access to health specialists including a dietician, podiatrist, speech pathologist, optometrist, continence advisor, physiotherapist and medical services. Care staff assists residents to access external appointments if required or as requested. Residents’ progress notes and care plans confirm appropriate referrals and follow up. Residents and representatives confirmed they received assistance for residents to attend appointments of their choice and access to visiting services.

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 organisation’s medication system manages residents’ medication safely and correctly. The local contracted pharmacist supplies medications via multi-dose dose blister packs. Medication assessments and charts reviewed had current photographs attached and included information relating to allergies and special considerations. An external pharmacist conducts annual medication reviews. All medications and medication charts are stored securely in locked cupboards in the medication room. Care staff administer medications via a medication trolley. Schedule eight medications are stored in the medication room safe and administered as ordered. Medications requiring refrigeration are stored in the medication room refrigerator. Staff complete daily records of refrigerator temperatures. The home conducts annual medication competencies for the registered and enrolled nurses and the medication endorsed personal care workers. Residents confirmed they are satisfied with the medication management.

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 organisation has a process to identify, assess and manage pain to enable the residents to be as free from pain as possible. The registered nurse and care staff conduct regular pain assessments to ensure appropriate and timely management and response to residents’ pain. Care staff utilise massage, heat packs, analgesia and re-positioning to relieve pain. Staff monitor and review the use of irregular pain medication for its effectiveness. Residents and representatives stated they are satisfied with the way care staff manage residents’ pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The organisation supports residents to remain in the home for palliation thereby maintaining their comfort and dignity. Assessments and care plans reflect the end of life care requested by the resident. Care staff access external palliative care and support services as required and the home provides appropriate equipment to ensure the comfort of residents. The registered nurse, the enrolled nurses and the regional palliative care nurse provide information and clinical support in all aspects of palliative care to residents and support to their families.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents receive adequate nourishment and hydration. The registered nurse, enrolled nurses and personal care workers assess residents for their nutrition and hydration needs including food preferences, allergies or swallowing difficulties. The registered nurse and enrolled nurses develop a care plan and refer residents to the dietician or speech pathologist if required. The registered nurse notifies the catering staff of food allergies and specific and relevant dietary information including the use of adaptive cutlery or crockery. Displays of this information are in the home’s kitchen and communicated to all staff who serve the meals. Residents receive their plated main meal of choice delivered by care and kitchen staff. Residents’ are weighed monthly or as required and appropriately followed up if there is any unplanned weight loss or gain. The home provides a range of nutritional supplements and snacks as necessary. Residents confirmed they are satisfied with the quality and variety of meals the home provides.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Residents’ skin integrity is consistent with their general health. The registered and enrolled nurses assess a resident’s past history of skin problems and contributing factors on entering the home and on a regular review process. Assessments and care plans demonstrate strategies to optimise skin integrity. Staff access specialised wound care advice regionally as required. Education in wound care has occurred. Documentation confirmed regular review and reassessment of residents’ skin integrity. Residents confirmed they are satisfied with their skin care management and the level of assistance the staff offer them in maintaining healthy skin.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Management of residents’ continence is effective. Assessments identify residents’ continence needs on entry to the home with ongoing regular reviews. Changes in residents’ health status and continence levels prompt reassessment. Appropriate aids are available to maintain dignity and comfort. Care plans indicate individual toileting and bowel management needs. Staff confirmed availability and knowledge of appropriate aids and equipment. Education in continence management has occurred. Residents confirmed staff met their continence needs effectively and discreetly.

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 organisation effectively meets the needs of residents with challenging behaviours. Identification of residents’ behaviour management needs occurs on entry to the home. The assessment process includes medical and nursing assessment. Referral to a specialist regional psychiatric assessment is also available. Care plans reflect the assessment process and ongoing reviews. Review of residents’ clinical files indicated specific interventions were in place to address challenging behaviours. Staff interviewed spoke of individual strategies used to manage residents with behaviours and stated management provided appropriate support for them. Residents and their representatives stated that they were satisfied with the way staff managed residents with challenging behaviours.

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 all residents achieve optimum levels of mobility and dexterity. A comprehensive consultative process occurs with residents and their representatives in planning activities to maintain mobility and dexterity. The resident’s mobility care plan details the need for lifting machines, mobility aids and hip protectors. The physiotherapist reviews each resident on entry and devises mobility/exercise plans for care staff to implement. Staff confirmed they had adequate supplies of equipment to ensure safe transferring of residents. Residents confirmed staff assisted them in maintaining their mobility.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The organisation assists residents to maintain oral and dental care through assessing their needs on entry to the home and developing a care plan. Staff review residents’ care plans, recording any changes in their care needs and referring residents to appropriate dental health professionals when required. A visiting dental service attends annually by appointment. Products are available for staff to provide oral and dental hygiene for residents who are unwell or require palliative care. Residents and representatives confirmed they were satisfied with the home’s approach to residents’ oral and dental health.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The registered and enrolled nurses undertake relevant sensory assessments of residents during the admission process. Referrals to health professionals or services are organised as appropriate. The level of assistance required to manage residents’ sensory losses and special aids is included in the residents’ care plans. Observation of staff practices and records of staff education in sensory loss confirmed staff was familiar with procedures to assist residents with the management and care of their sensory 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 registered nurse and care staff identify each resident’s sleep and settling patterns through assessment on the resident’s entry to the home. Nursing staff develop care plans accordingly. Care plans detail individual preferences and needs including preferred settling and rising times and required assistance for settling. Staff provide residents with supper and warm drinks during the night if required or requested. Residents confirmed staff supported them in maintaining normal sleep patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes. In relation to Standard 3 Resident lifestyle, resident meetings and annual surveys capture stakeholders’ suggestions and feedback. Staff use lifestyle and care activities as a means for recording and evaluating provision of lifestyle activities. Staff contribute to improvements through annual surveys, training and input at meetings. Residents state the organisation actively promotes and improves provision of lifestyle opportunities.

Examples of continuous improvement under Standard three include the following:

- Management decided to complement the existing staff training in reporting of elder abuse by inclusion of information in the staff orientation pack. The staff orientation pack now includes a copy of the procedure and a questionnaire relating to reporting of elder abuse to help ensure staff are well informed regarding reporting of elder abuse. Management state newly recruited staff are now familiar with the procedure relating to reporting of elder abuse helping ensure all staff are aware of the mandatory reporting requirements in relation to allegations of elder abuse.
- Visitors reported they were not always able to readily identify residents when attending functions held in the home. Management discussed the finding at a subsequent resident forum where residents agreed to the use of name tags. Lifestyle staff arranged a workshop involving residents in making name tags for each resident. Residents, who choose to do so, now wear name tags at functions. Visitors have commented positively on the provision of name tags at the home’s “happy hour” to assist in appropriately addressing residents and enhancing resident dignity.
- Management identified some male residents had limited opportunities to network among themselves and share in activities responding to their interests. In consultation with residents, lifestyle staff revised the activities program to include activities designed for male residents as well as the establishment of a men’s shed including a workshop. Management has accessed the services of volunteers, contributed to media coverage and sourced equipment and materials for the men’s shed, which has led to a greater range of activities and increased number of male residents accessing the shed for a range of handiwork activities.
- Management identified residents had limited opportunity to provide input into location and activities relating to resident outings. Lifestyle staff discussed the matter with residents at the March 2012 resident forum and sought suggestions from residents and planned future events in consultation with residents. Management has identified an increase in the number of residents participating in resident outings and increased satisfaction by those attending such functions.

3.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The organisation has a system to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident lifestyle, and there are processes to ensure compliance. For a description of the system refer to expected outcome 1.2 Regulatory compliance. Management offer agreements to residents/representatives through the admission process. There is a system for mandatory reporting of elder abuse and mandatory training takes place. Management give residents information to inform them about their right to privacy and confidentiality.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management ensures that its systems and process adequately monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to residents' lifestyles. Staff state they are pleased with the support that is offered for self development. Residents and representatives are satisfied staff have appropriate knowledge and skills. Refer to expected outcome 1.3 Education and staff development for further details on the home's education system and processes.

Examples of education and training provided in relation to Standard three include:

- behaviour management/Sundowners
- Certificate 3 in Lifestyle
- confidentiality, privacy and dignity

3.4 Emotional support

This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".

Team's findings

The home meets this expected outcome

The home has processes to support residents adjust to life at the home and on an ongoing basis. Management provide an information pack to residents/representatives detailing the support mechanisms available to residents both internally and in the wider community. Staff introduce new residents to others in nearby rooms and encouraged them to form new friendships. Strategies are implemented to assist residents including an active and varied lifestyle program. Residents' emotional support needs and preferences are assessed and care plans are developed to meet these needs; these are updated to reflect changing needs or in response to a critical event. Management monitor residents on an ongoing basis for any additional emotional support they may require and this is communicated to the care staff with specialist referrals initiated when indicated. Residents/representatives state they are happy

with the level of emotional support provided. The team observed staff to be supportive and to use a caring approach with residents.

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

A variety of systems are in place to assist residents to maintain their independence. Residents' lifestyle needs and preferences, such as social, cultural and community interests, health and personal care needs, are assessed on entry to the home and reviewed through the 'resident of the day program'. Care files record the level of support and assistance required and identify residents who require an authorised person to act for them. Management provide information outlining the residents' right to take leave and discusses services to support their needs. Physiotherapy and activities programs assist residents to maintain social and physical independence. Representatives, friends, volunteers and community visitors are encouraged to visit and management provides open and flexible visiting. Residents/representatives said they participate in decisions regarding activities of daily living, personal care needs, food preferences and lifestyle program and staff support residents to be as independent as possible.

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 recognise and respect residents' privacy, dignity and confidentiality through documented systems, processes and education. Residents and representatives are made aware of the home's commitment to privacy, confidentiality and dignity during the entry process and through the residents' agreement and handbook, which includes information about the home's privacy policy. Staff monitor the security and integrity of resident files and care plans maintained in secure locations. Management said they promote and observe staff practices regarding privacy and dignity for residents. Staff interviewed said and observations confirmed residents, dignity, and privacy were respected. Residents and representatives said they were very satisfied staff and management respect residents' privacy, dignity and confidentiality.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Management has systems and processes to encourage and support residents to participate in a range of activities of interest to them. Lifestyle staff complete a lifestyle assessment for all new residents. Staff develop a resident profile and activity plan from the information gained through this process in consultation with residents/representatives. Attendance at the

program is monitored and regularly reviewed. An activities calendar featuring the regular program and special events is posted in the main lounge room. The program is flexible to meet the residents' changing needs and interests and includes group and individual activities. Evaluation and review of individual activities and the program occurs through observation, participation records, resident feedback and regular meetings. Residents/representatives said residents are encouraged to participate and are happy with the support provided to them.

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

There are processes to ensure residents' cultural, spiritual beliefs and customs are identified, respected and fostered. Lifestyle staff assess residents' cultural and spiritual needs on entry to the home and develop individualised care plans. Scheduled religious services are conducted. Residents' cultural needs are met through the celebration of events, days of significance and practices of importance to residents as a group and individually. Staff are responsive to individual cultural dietary requirements. Residents reported they are satisfied with the home's response to their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Management and staff promote and support residents to exercise choice and decision making regarding clinical, lifestyle and social issues. Residents and or their representatives have input into the care and services they receive, including rising and retiring times, food choices, dining preferences, choice of doctor and/or allied health services and their level of participation in activities. Residents and representatives are encouraged to provide feedback about the care provided through meetings, surveys and care plan consultations. Audits, surveys and feedback from meetings monitor residents' satisfaction with choice and decision making. Staff encourage residents to make choices and assist where possible to achieve them. Residents state they are satisfied with the opportunities to exercise choice and control over their individual lifestyle within the home and staff respect their decisions. Residents and representatives confirm staff regularly consult them about all aspects of care and service.

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 organisation has a system to ensure residents and/or their representatives understand residents' rights and responsibilities and have access to information defining security of tenure at the home. Information about security of tenure, residents' rights and

responsibilities, specified care and services outlined in the *Aged Care Act 1997* and complaint mechanisms is provided during the entry process. The information is also contained in the resident handbook and/or agreement. Management offer an agreement on entry to the home to all resident/representatives. The Charter of residents' rights and responsibilities and information regarding independent complaint services and advocacy groups are on display within the home. Staff are informed about residents' rights and responsibilities, specified care and services and elder abuse through policy, handbooks and/or education. Residents and representatives said they are satisfied with residents' security of tenure and confirm they feel comfortable to approach management with any queries they may have.

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. In relation to Standard 4 Physical environment and safe systems, management records and monitors findings from environmental audits and records of staff injuries. Resident feedback with regard to satisfaction with the living environment and delivery of hospitality services is sought through surveys and resident meetings. Staff and residents are satisfied the organisation actively promotes and improves the safety and comfort of the residents’ living environment and staff workplace.

Examples of continuous improvement under Standard four include the following:

- Management identified the need to purchase an additional linen trolley to assist with management of linen. Management forwarded a questionnaire to relevant staff to obtain evaluation of the proposed trolley. Staff feedback has identified the new trolley has led to improved manual handling and time saving.
- Management introduced a sign in/sign out book as well as visitor name tags to improve security as well as record names of visitors on site in the event of an emergency. Management state visitors observe the new procedure, recording their names in the register and wearing name tags when on site thereby assisting management and staff in identifying those visitors on site at any time. Management state the initiative provides them with appropriate information regarding those on site in the event of a security issue or emergency.
- In response to an issue identified by staff regarding unawareness of the names of staff on site in the event of an emergency, management installed a white board recording the names of staff currently on site. The board is located near the fire panel and staff state the new provision provides the fire warden with ready access to names of staff on site at any time.
- Management replaced existing curtains in the lounge and dining room with vertical blinds in order to provide privacy as well as improved lighting. Residents have commented on the improved lighting in the common rooms and staff have noted an increase in the number of residents with vision impairment accessing the lounge room for recreation and social interaction with other residents.

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

Essential services inspections and testing, internal and external audit reports, observations, feedback forms and maintenance processes ensure the home meets and monitors regulatory

compliance in relation to Standard four Physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

Regulatory compliance in relation to Standard four is demonstrated by:

- security systems that reduce the risk of unwelcome intruders and residents' absconding
- inspections and testing to ensure compliance with fire safety regulations
- mandatory annual fire and emergency management training for all staff
- mandatory education in infection control practice, chemical handling and food safety as relevant
- secure storage of hazardous items
- access to material safety data sheets in relevant work areas
- appropriate recording and reporting of infectious illnesses
- independent auditing of compliance with food safety regulations.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The education program is responsive to staff needs to ensure they have appropriate knowledge and skills to perform their roles effectively in relation to the physical environment and safety systems. For a description of the system refer to expected outcome 1.3 Education and staff development. The results of hazard reports, incidents and risk assessments inform management of areas where future education and training is required. Staff are satisfied with the educational opportunities available and demonstrate an understanding of workplace safety. Residents and representatives are confident in staff knowledge regarding the physical environment

Examples of recent education relating to Standard four includes:

- chemical handling.
- emergency preparedness
- food safety
- infection control
- manual handling.

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 is actively working to provide a safe and comfortable environment consistent with residents' care needs. The home consists of three accommodation wings with a central dining/living area with additional smaller sitting areas available for private and social interaction and an activities room, as well as well maintained outdoor courtyards. Buildings, grounds and garden areas are well maintained. Preventative maintenance schedules and documentation show equipment is regularly maintained and responsive maintenance is completed in a timely manner. Resident rooms are generous and personalised, with communal areas observed to be uncluttered. Staff stated there are sufficient equipment and storage areas available and maintenance requests are actioned promptly. Residents and staff confirmed the home maintains a safe and comfortable 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

Management is actively working to provide a safe working environment that meets regulatory requirements. An occupational health and safety working group which includes trained occupational health and safety representatives, oversees the monitoring of incidents, hazards and relevant data as well as outcomes of relevant audits. In addition, an occupational health and safety committee meets at the corporate level under the oversight of the organisation's corporate health and safety officer to assist the home in meeting its regulatory requirements. Education and training records confirm staff attend annual training in manual handling as per the home's mandatory training requirements for all staff. Staff stated management is proactive in providing equipment and resources as well as monitoring the workplace in order to maintain a safe working environment. Records confirmed staff and managers conduct environmental audits to assist in ensuring a safe workplace and living 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

Procedures provide for a safe environment and the maintenance of systems which minimise fire, security and emergency risks. Fire and emergency training is compulsory for all staff upon orientation and on an annual basis. Evacuation plans and procedure charts are located throughout the facility. An accredited external contractor monitors and maintains the safety and functioning of the fire and emergency equipment. Staff expressed satisfaction with the training provided in fire and emergency procedures and were able to state the required response to fire and emergency as per the home's procedures. Management has developed a bushfire/evacuation plan in consultation with other organisations in the wider community, in

the event of the need for evacuation. The home has electronic keypad security at external doors and staff work areas. Residents stated they feel safe and secure in the home.

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 governed by policies, procedures and resource information. Management collate and analyse infection control data for trends and results are agenda items at relevant meetings. Appropriate disposal containers for infectious waste and sharps are available and personal protective equipment is readily accessible to all staff. The home has gastroenteritis outbreak guidelines and a checklist to guide staff. Staff and resident vaccinations are encouraged. Catering services comply with food safety guidelines during the serving of meals and temperature control records are maintained. Management and staff undertake infection control training and are aware of contemporary infection control principles. Generally auditing processes, observation and legislative requirements assist with the monitoring of the infection control program. Residents, representatives' and staff said they are satisfied with the home's approach to infection control.

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 enhance residents' quality of life and the staff's working environment. Meals are prepared on site and the catering team follow an approved food safety plan and has current external certification. Processes are in place for updating and communicating changes to residents' dietary needs and preferences. Staff offer alternative meals, snacks and drinks throughout the day and a dietician has reviewed the menu. Cleaning staff follow schedules to ensure regular cleaning of residents' rooms and common areas. The laundry collection and distribution processes ensure prompt return of linen and clothing. Staff receive chemical and infection control training and regular audits of hospitality services monitor the home's performance. Residents and representatives confirm they are very satisfied with the quality of hospitality services provided at the home. Residents are complimentary of the hospitality services offered in the home.