



Australian Government

Australian Aged Care Quality Agency

Werribee Terrace Aged Care

RACS ID 3644
8 Russell Street
WERRIBEE VIC 3030

Approved provider: Estia Investments Pty Ltd

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 06 April 2017.

We made our decision on 13 February 2014.

The audit was conducted on 14 January 2014 to 15 January 2014. 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	Quality 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	Quality 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	Quality 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	Quality 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



Australian Government

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Audit Report

Werribee Terrace Aged Care 3644

Approved provider: Estia Investments Pty Ltd

Introduction

This is the report of a re-accreditation audit from 14 January 2014 to 15 January 2014 submitted to the Quality 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 Quality 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

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 14 January 2014 to 15 January 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 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:	Jill Packham
Team member:	Deanne Maskiell

Approved provider details

Approved provider:	Estia Investments Pty Ltd
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Details of home

Name of home:	Werribee Terrace Aged Care
RACS ID:	3644

Total number of allocated places:	70
Number of residents during audit:	67
Number of high care residents during audit:	67
Special needs catered for:	n/a

Street:	8 Russell Street
City:	WERRIBEE
State:	VICTORIA
Postcode:	3030
Phone number:	03 9749 8000
Facsimile:	03 9974 0279
E-mail address:	junita@werribeeterrace.com.au

Audit trail

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

Interviews

Category	Number
Group director	1
Group clinical manager	1
Group clinical analysts	2
Director of nursing	1
Nursing staff	4
Care staff	7
Administration staff	1
Residents/representatives	14
Allied health visiting specialists	3
Group and site catering staff	4
Group and site lifestyle staff	2
Laundry staff	1
Cleaning staff	2
Group and site maintenance staff	2

Sampled documents

Category	Number
Residents' files	9
Residents' financial files	7
Medication charts	9
Personnel files	11

Other documents reviewed

The team also reviewed:

- Audits
- Building permit and annual essential safety measures certificate
- Call bell reports
- Cleaning documents

- Clinical care management documents
- Comments and complaints documents
- Communication books
- Continuous improvement documents
- Education records
- External service provider records
- Fire, security and emergency management documents
- Handover sheet
- Incident reports
- Infection control records
- Inventory and equipment management documents
- Kitchen management documents and certifications
- Laundry documents
- Lifestyle program documents
- Mandatory reporting records
- Medical directives
- Medication charts and administration records
- Meeting schedule, terms of reference and minutes
- Memoranda
- Newsletters
- Occupational health and safety documents
- Organisation chart
- Police certification and statutory declaration records
- Policies and procedures
- Position descriptions and duty lists
- Privacy and consent forms
- Professional qualification records
- Reactive and preventative maintenance records

- Residents' information package and handbook
- Specialist and allied health reports
- Staff information package and handbook
- Staff recruitment and orientation records
- Staff roster
- Vision, mission and philosophy statement
- Wound reports

Observations

The team observed the following:

- Activities in progress
- Additional drink stations (heat wave policy implementation)
- Allied health practitioners providing care
- Chemical storage
- Cleaning in progress
- Confidential documents storage and archives
- Equipment and supplies availability and storage areas
- External complaints information
- Fire, security and emergency signage and equipment
- Handover
- Infection control equipment and staff practices
- Interactions between staff , residents and visitors
- Internal and external living environment
- Internal feedback forms and suggestion box
- Laundry in operation
- Meal preparation and service
- Mobility aids and transfer equipment
- Noticeboards and information displays
- Nurses' stations and resources

- Snacks and drinks vending machines
- Staff providing residents with icy poles
- Staff responding to call bells
- Storage and administration of medications
- Waste disposal practices

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 quality systems effectively identify, action and evaluate continuous improvements across the Accreditation Standards. Sourcing of information is through comments, complaints and suggestions from staff, residents and representatives, monthly audits, incident reports, clinical indicators, legislative changes and strategic planning.

Monitoring of actions occurs at a management level with input from relevant departments. Evaluation of closed items occurs to confirm their effectiveness. Identified issues or needs result in reviews of policies and procedures, equipment purchases, additional staff training and/or updates to the audit schedule for ongoing monitoring. Continuous improvement is an agenda item at meetings and relevant information disseminated through memorandums, noticeboard displays and in newsletters. Residents, representatives and staff were aware of the various avenues to make comments, complaints and suggestions and confirmed they were encouraged to be part of continuous improvement at the home.

Examples of recent improvements relating to Standard 1:

- Due to the conversion of casual staff to permanent part-time positions the home identified the need to increase their casual bank. They undertook a successful recruitment drive to increase personal carer numbers and will continue to recruit across all departments. The casual bank is now more flexible and minimises the use of agency staff.
- A representative suggested it would be helpful to know who was in charge when they visited. The home developed a staff photo board that notes staff designations. The board is updated at each shift change. This strategy assists visitors and residents to clearly identify key staff on duty.
- The organisation decided to nominate a preferred supplier for the purchasing and servicing of equipment. They have contracted an external service to manage their assets and servicing requirements. This provides a reliable, consistent and formalised program to ensure the ongoing safety, supply and maintenance of equipment.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home receives regular information and updates on professional guidelines and legislative requirements through the organisation’s subscription to a legal update service, peer group networking, membership to professional organisations and notifications from government departments and the local council. Processes ensure revision of relevant policies and procedures occurs and monitoring of compliance is through internal reviews and the auditing schedule. Dissemination of information to staff regarding changes to regulations and the home’s practices is through meetings, memoranda and education sessions. The home has an effective system to monitor staff, volunteers and external contractors have current police certificates and to ensure annual renewal of professional registrations.

Notification occurs to staff, residents and representatives of accreditation site audits. Confidential documents are stored and destroyed securely and information is available to residents and their representatives on external complaints and advocacy services.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management ensures staff have appropriate skills and knowledge through observations, review of audit information, incident reviews and performance reviews. The home has an education planner to inform staff of upcoming educational opportunities. The home schedules topics in response to staff requests, review of resident needs and management observations. Education attendance records are completed. Management and staff confirm satisfaction with the type, frequency and availability of education provided. Residents and their representatives were satisfied staff have appropriate knowledge and skills.

Examples of recent education and training in relation to Standard 1:

- Call bell response and use
- Documentation requirements
- Funding and documentation.

1.4 Comments and complaints

This expected outcome requires that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's findings

The home meets this expected outcome

The home provides stakeholders with access to internal and external complaints handling mechanisms. Information on the complaints process is in the information pack and handbook given to residents and representatives prior to entry and is also documented in their formal agreements. External complaints and advocacy information is available in various languages. Internal feedback forms and a suggestion box are positioned in the foyer, the home has an open door policy and regular meetings with staff, residents and representatives provides an opportunity to raise issues or concerns. Analysis of complaint data occurs and feeds into the continuous improvement system. Residents, representatives and staff were aware of the process and documentation confirmed matters are actioned appropriately and in a timely manner.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's vision, mission and philosophy statement displayed in the foyer is consistent with versions documented in stakeholder publications. The organisational chart displays management structures and items in their plan for continuous improvement confirm their commitment to providing ongoing quality service reflective of their philosophy.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home reviews staffing levels in response to resident care needs, review of audits and in response to staff and resident/representative feedback. The home has recruitment and selection policies and procedures that guide management in the selection of appropriate staff in relation to the home's needs. On recruitment, staff receive information packages with position descriptions, duty lists and orientation information. The home alters staffing levels and mix to meet residents' changing needs and the needs of the home. Residents and their representatives were complimentary of staff skills and knowledge and were generally satisfied with the availability of staff.

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 demonstrates an effective system to ensure appropriate goods and equipment are available for quality service delivery. Key personnel monitor stock levels and management have an effective re-ordering process using an approved suppliers list. Adherence to maintenance and cleaning programs occurs and electrical equipment is tested and tagged for safety. Reviewing and updating of goods and equipment reflects identified special needs of the current resident population. New equipment is trialled prior to purchase with staff receiving appropriate training. Equipment, supplies and chemicals are securely stored with access restricted to authorised personnel. Residents and staff stated adequate supplies of appropriate goods and equipment are available at all times.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has systems to ensure stakeholders have access to current information about the processes and activities of the home. The home gathers information through the clinical assessment and care planning process, confidential financial and contractual information, staff employment, continuous improvement activities, meetings and organisational correspondence. Resident and personnel files are stored and archived securely and electronic information is password protected. Meetings, memoranda, staff handovers, noticeboards, handbooks and newsletters ensure effective communication with stakeholders. Meetings include terms of reference, an agenda and minutes. Residents and their representatives confirmed knowledge of events and improvements in the home and expressed satisfaction with how and when communication occurs. Staff also expressed satisfaction with the communication systems in the home and stated they are provided with sufficient and relevant information appropriate to their roles.

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 effective processes to ensure the ongoing quality and responsiveness of externally sourced services. The organisation manages formal agreements which contain information on insurance, police certificates, qualifications, confidentiality and expected service levels. Regular reviews monitor compliance. The home provides suppliers with an orientation to the site. Feedback on satisfaction is from staff, residents and representatives through audits, surveys and observations. A list of preferred service providers is available and staff

have access to after hours' emergency numbers. Staff and residents are satisfied with the currently sourced external suppliers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home actively pursues continuous improvement in relation to residents' health and personal care. The audit schedule includes clinical outcomes and monthly incident/infection data is analysed and trended. Identified issues result in corrective actions through the quality system. Refer to expected outcome 1.1 Continuous improvement for more information about the home's systems and processes. Staff confirmed they are encouraged to make suggestions and residents stated they were satisfied with feedback and actions on any health management concerns.

Examples of recent improvements relating to Standard 2:

- To improve the provision of diabetes management the home purchased a specific diabetes trolley. The trolley contains medication, testing equipment and emergency treatment supplies. This provides staff with more effective and efficient treatment access when delivering care to residents with diabetes.
- To streamline staff access to specialised nursing information the home developed a single specialised care folder. This contains a register and all monitoring documentation. This provides staff with centralised access to daily charting records and improves monitoring of resident care by the clinical care co-ordinator.
- The organisation introduced group clinical analysts to monitor resident care across their homes. The clinical analysts regularly visit homes to review individual resident's clinical care, identify any trends, education needs and improvement opportunities. This strategy builds consistent clinical strength across the organisation, ensures best practice to meet the expected outcomes and monitors residents are receiving appropriate 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

The home ensures compliance with regulations and guidelines regarding health and personal care through their policies and procedures, regular auditing, staff education and clinical competencies. Refer to expected outcome 1.2 Regulatory compliance for more information about the home's systems and processes. Registered nurses sign off on care plans,

appropriately qualified staff provides medication management and specialised nursing care. Medication is stored securely. The home has a current policy for absconding residents with appropriate incident reporting and notification processes in place.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

Examples of education and training provided in relation to Standard 2:

- medication management and competencies
- wound care
- catheter management
- diabetes management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Registered nurses, enrolled nurses and care staff complete initial and ongoing assessments according to documented schedules and their scope of practice. Registered nurses review care needs of residents and review care plans appropriately. Nursing staff initiate reassessment of residents in response to changes in their health status and refer residents to general practitioners, specialists and appropriate allied health practitioners as needed.

Nursing staff document care consultations after consulting with individual residents or their representatives. Residents and their representatives stated they are satisfied with the clinical care provided and how staff consult with them about clinical care.

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

Registered nurses and enrolled nurses complete specialised nursing care assessments on residents and provide care according to their knowledge, experience and scope of practice. General practitioners, consultants and specialists review residents with specialised care needs as necessary with recommendations documented on care plans and communicated to appropriate staff. Registered nurses and enrolled nurses confirmed they provide this care to residents as needed. Residents and their representatives stated they are satisfied with provision of specialised nursing care and confirmed staff refer to specialists as needed.

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

Nursing staff and residents’ general practitioners refer residents to allied health and other health professionals based on the resident’s individual needs and preferences. Staff complete care plans that include recommendations from visiting professionals and allied health staff. Nursing staff complete regular care reviews and ensure reassessment of residents by specialists occur as necessary. Staff stated they receive information and recommendations from specialists. Residents and their representatives stated staff assist residents to access health specialists who visit the home or in the local area, based on the resident’s individual preferences.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Registered nurses, enrolled nurses and personal care staff administer medications to residents according to their scope of practice, legislation, regulations and documented procedures. Registered nurses, general practitioners and pharmacists regularly review residents’ use of medications including the use of analgesics and sedation type medicines. Each resident has an individual care plan describing their needs and preferences relating to medication management. Management of the home monitor the administration and storage of medications through audits and the home’s incident reporting system. Residents and their representatives stated they are satisfied with how staff manage residents’ medications.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Registered nurses and residents’ own general practitioners monitor and review residents on an ongoing basis to ensure appropriate management of resident discomfort and pain. Staff stated they provide pain relief interventions to residents based on individual resident assessments and recommendations, which include analgesics, physiotherapy, gentle exercises and heat therapy. Residents and their representatives stated staff respond promptly to any incident of resident discomfort and provide interventions as needed.

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

Residents are encouraged to discuss their individual preferences regarding end of life on entry to the home and are assisted to complete end of life directives. Registered nurses and general practitioners document these preferences to ensure that relevant staff are informed of the needs and wishes of each resident. Clinical staff monitor resident health needs during palliation to ensure residents are comfortable and interventions are provided with dignity. The home is able to access specialist palliative services when needed and appropriate equipment is used. Document review confirmed resident choices and preferences in regard to end of life care are available and that palliative care specialists are involved in providing care and support to residents during this phase of illness.

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

Staff assess each resident for their needs and preferences regarding meals and drinks including likes/dislikes, cultural needs and allergies relating to food and fluids. Staff provide texture modified meals and drinks as needed and refer residents who require modified diets or supplements for assessment by visiting general practitioners and appropriate specialists. Nursing staff monitor residents for weight loss or gain and where appropriate provide dietary supplements and initiate referrals. Catering staff and staff who assist with meals are provided with appropriate information to ensure resident preferences are respected and appropriate food and fluids given. Residents and their representatives stated staff are aware of resident preferences and offer snacks and drinks throughout the day.

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

Nursing staff assess residents for risks relating to skin integrity and care plans are available to staff to guide them in providing care. Management of the home ensures staff are able to access appropriate pressure relief equipment, protective garments, wound products and diet supplements based on residents’ assessed needs. Dietitians, podiatrists and wound consultants review residents as needed. Staff confirmed access to pressure relief equipment and wound products. Registered nurses and enrolled nurses attend to and document wound care. Residents and their representatives stated they are satisfied with wound and skin care management at the home.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Staff assess each resident for their continence needs and preferences on entry to the home and on a regular basis. The home provides residents with appropriate continence aids based on the resident's individual needs. The home provides equipment including raised toilet chairs and handrails to assist residents in maintaining their independence where possible.

Staff confirmed they have access to equipment and knowledge of each resident’s individual needs relating to continence management and assist residents to maintain their dignity.

Residents and their representatives stated they are satisfied with how staff manage and assist residents with continence care.

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

Each resident undergoes behaviour assessments for any individual behaviour of concern. Nursing staff write care plans that include recommendations from general practitioners, mental health specialists and allied health practitioners where applicable. Staff monitor residents for ongoing and new behaviours and communicate effective interventions to members of the care team. Staff attend education sessions to assist them in providing appropriate interventions for residents demonstrating challenging behaviours. Residents and their representatives stated staff respond promptly if residents demonstrate 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

Nursing staff and visiting physiotherapy staff assess residents for their individual needs and risks relating to mobility, dexterity and rehabilitation. Staff offer group and individual exercise programs to each resident based on their needs, abilities and preferences. The home’s physiotherapist assesses each resident for their individual needs relating to level of assistance and for use of assistive devices such as comfort chairs, wheel chairs and walking aids. Staff refer residents to the physiotherapist when residents’ health status alters. Care plans reflect individual interventions, type of aids and level of assistance each resident may require. Residents and their representatives stated they are satisfied with physiotherapy services provided at the home and assistance provided to residents.

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

Staff provide oral and dental care to residents based on individually assessed needs and preferences. Staff are able to refer residents to general practitioners and providers of dental services as necessary. Staff provide residents with oral care products, equipment and assistance based on their needs and preferences. Residents and their representatives stated staff assist residents with oral hygiene 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

Staff assess each resident for sensory loss associated with vision, hearing, touch, taste and smell. The home has well lit corridors that are fitted with handrails to assist residents to mobilise safely. Interventions required to minimise risk of injuries associated with sensory loss are included in care plans. Residents and their representatives stated staff assist residents with the fitting, cleaning and maintenance of sensory aids and refer residents to specialists as needed.

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

Staff assess residents for their individual needs and preferences relating to rest and sleep to assist residents to maintain or achieve natural sleep patterns. Residents receive supper and hot drinks throughout the evening according to their wishes. Residents’ individual preferences for settling routines including their choice of clothing and rising and settling times are included in residents' care plans. Staff stated they provide refreshments to residents according to resident preferences and needs. Residents stated they are not disturbed unnecessarily overnight and that staff provide assistance as needed.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a system for monitoring and improving outcomes relating to the residents’ lifestyle experiences. Feedback on the effectiveness of the program and ideas for improvement are from resident surveys, meetings and evaluation of activity participation levels. Refer to expected outcome 1.1 Continuous improvement for more information about the home’s systems and processes. Residents confirmed they are satisfied with their input into the activities program and choices available to them regarding their lifestyle.

Examples of recent improvements relating to Standard 3:

- To provide staff with a better understanding of residents’ leisure preferences the handover sheet now documents residents’ lifestyle interests. This assists care staff at weekends to provide appropriate activities and insight into suitable topics of conversation and reminiscence. Staff stated this strategy has increase rapport with the residents and their representatives.
- Feedback from the resident/representative forum led to a review of communication systems. The home introduced a folder in the foyer containing information on meetings, activities, special events, the newsletter and other general items of interest. Residents and visitors can now go to a central site to access all relevant information. Verbal feedback to the new folder is positive.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home’s policies and procedures, staff education and monitoring systems ensure staff are aware of and comply with relevant regulations relating to residents’ lifestyle. Refer to expected outcome 1.2 Regulatory compliance for more information about the home’s systems and processes. The home has appropriate documentation to record incidents of elder abuse and keeps registers on mandatory reporting matters. Information for residents on their rights and responsibilities, security of tenure and privacy and consent issues are contained in their handbooks and service agreements. The home displays posters of the Charter of Residents’ Rights and Responsibilities.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

Examples of education and training provided in relation to Standard 3:

- elder abuse and compulsory reporting
- customer service
- certificate IV in leisure and lifestyle.

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 provides appropriate emotional support to residents and their representatives while adjusting to life at the home and regular ongoing monitoring occurs. New residents and representatives have an appointment with management and receive an information pack and handbook explaining services and levels of care. They go on a tour of the facility and meet other residents and staff. After a settling-in period assessments capture past and current social and emotional histories and care plans developed documenting preferences, triggers and strategies for the residents to enjoy life at the home. Residents are encouraged to personalise their rooms and representatives are invited to join in activities and maintain close contact. The home has access to psycho-geriatric specialists and counselling services if required. Regularly reviewed care plans capture change and the activity program schedules individual time with residents. We observed staff interacting with residents in a caring and friendly manner and residents confirmed the home meets their emotional needs.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home demonstrates support to residents to achieve optimal independence, maintain friendships, family connections and community links. The home's assessment and care

planning process identifies the residents' cognitive, mobility and dexterity levels, any risk taking behaviours and preferences for social interaction. Physiotherapy exercise programs assist to maintain mobility and strength and lifestyle programs include sensory stimulation activities and community outings. The home assists residents to vote in elections, to attend community events and to entertain visitors. Supplied equipment aids and utensils encourage independence and audits ensure the environment is free of hazards. Residents confirmed that staff assist and encourage them to be independent.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home respects each resident's right to privacy, dignity and confidentiality. Resident and staff handbooks and contracts document policies on this expected outcome. Residents sign consent forms for the release of information and the use of their photographs. Residents live predominantly in single rooms with en suite bathrooms. A double room is available for couples. Care plans document any specific privacy and dignity preferences. There are numerous internal and external areas to meet with visitors and private functions are possible. Files are kept in secure areas, handover occurs discreetly and residents have access to lockable drawers and keys to their room doors. Staff knocked on doors before entering and addressed residents by their preferred name. Residents confirmed that staff treat them with respect and maintain their privacy.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home supports and encourages residents to participate in a range of activities and events both in groups and individually. Lifestyle profiles capture past and current interests, preferences for social interaction and community and family links. Care plans document these choices and regular reviews reflect changes in the individual needs of the resident. Activity evaluations, surveys, feedback from meetings and participation records monitor satisfaction. Residents are given the opportunity to make suggestions for future planning. Community groups and volunteers are welcomed at the home and residents receive assistance to go on outings and to maintain individual hobbies. Friends and family are encouraged to be involved in their life at the home and to join in activities. Residents confirmed staff assist them to attend the daily activities and they are satisfied with their activity choices.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home demonstrates it fosters and values residents' cultural and spiritual lives. Initial assessments and care plans document preferences including celebratory days, beliefs, religious choices, cultural preferences and palliative care wishes. Staff access cultural care kits, language cue cards and interpreters if needed. Various denominations hold group and individual religious services, cultural groups and volunteers are welcome and staff assist residents to attend community events. Special events and significant days are celebrated and residents' cultural dietary preferences accommodated. Residents and their representatives stated satisfaction with the support provided to residents to meet their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home is committed to promoting the residents' right to participate in choices and decisions regarding their clinical care and lifestyle preferences. Authorised powers of attorney are documented where required and regular risk assessments and care plan reviews capture change. Handbooks and agreements contain information on residents' rights and responsibilities, the complaints process, external advocacy services and policies relating to clinical care and lifestyle choices. Audits, surveys and feedback from meetings monitor satisfaction and staff have access to education and policies on this outcome. Residents stated satisfaction with their ability to make independent choices and decisions.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home ensures new residents understand their security of tenure, rights and responsibilities, financial obligations and services offered. An information handbook and formal agreement covers policies on termination of occupancy and strategies in place to deal with harassment and victimisation. Extensive consultation occurs in the event of the need to move a resident to another room or to a more appropriate facility. Residents and representatives are encouraged to seek external legal and financial advice and power of attorney information is documented. Staff receive education on elder abuse and mandatory reporting. The home promotes an open door policy to discuss any concerns and has effective strategies to inform

of any relevant changes. Residents and their representatives stated they felt secure in the residents' tenancy and understood their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home actively pursues continuous improvement to ensure residents live in a safe and comfortable environment. Confirmation of effective strategies and ideas for improvements are through feedback from residents, representatives and staff, maintenance requests, environmental audits and incident and infection data analysis. Refer to expected outcome 1.1 Continuous improvement for more information about the home’s systems and processes. Residents and their representatives confirmed they can raise suggestions at meetings or directly to staff and stated they were satisfied with the safety and comfort of the living environment.

Examples of recent improvements relating to Standard 4:

- Feedback and observations identified the outdoor areas would benefit from an upgrade. The home purchased new outdoor furniture, shade sails, a barbeque, a pergola and planted flowers and shrubs. This provides a more comfortable and attractive area for residents and visitors to meet and encourages outdoor activities. Residents and representatives stated the environment is greatly improved.
- To assure best practice emergency management the home contracted an external specialist service to review their procedures, signage and equipment. The service audited the fire and emergency policies and procedures, updated the evacuation kits and provided new fire orders and evacuation maps. This ensures effective processes and equipment in the event of an emergency.
- A review of space in the home resulted in the re-design of a number of areas. Two new dining rooms now provide extra choices for residents to have their meals. The home purchased new illuminated menu boards and tablecloths. Staff report residents are more relaxed and calm over the meal times with the improved ambience. Residents stated they also liked the colourful flowers on the tables.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a system to identify and ensure compliance with relevant regulations to enable residents to live in a safe and comfortable environment. Refer to expected outcome 1.2

Regulatory compliance for more information about the home's systems and processes Staff receive ongoing education on fire and emergency procedures, safe food handling, infection control and manual handling. Chemicals are stored appropriately with accompanying material safety data sheets. The kitchen has a current food safety program and certification by external authorities and effective monitoring and maintenance of fire and safety regulations occurs. The home provides staff with information on the Work Fair Principles and adheres to appropriate occupational health and safety policies.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management has systems and processes in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

Examples of education and training provided in relation to Standard 4:

- fire and emergency management and response
- infection control and documentation
- food safety
- occupational health and 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 has systems to demonstrate they are actively working to provide a safe and comfortable environment. Residents predominantly live in single rooms and they are encouraged to bring small items to personalise them. The home provides well maintained pathways and courtyard areas, appropriate signage and security features are evident and furnishings and equipment are consistent with residents' care and safety needs. Private functions can be organised and residents and visitors have access to kitchenettes for refreshments. Monitoring of safety and satisfaction with the environment is through surveys, audits and a preventative and corrective maintenance program. Appropriate policies and procedures guide staff practices and meet regulatory requirements. Residents and their representatives were complimentary of the recent improvements to the internal and external living environments.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has an occupational health and safety program that provides a safe working environment for staff that meets regulatory requirements. On-site representatives have completed the relevant five-day training course. Monthly meetings provide a forum to review safety related issues and suggestions. The home, with support from the organisation, conducts environment and equipment audits, risk assessments and new equipment testing. Staff receive appropriate training for manual handling, fire and emergency, safe chemical management and infection control. Manuals and policies guide their work practices. Incidents and infections data is analysed, hazards and maintenance requests dealt with in a timely manner and identified opportunities for improvement added to the continuous improvement plan. Staff stated they have access to appropriate equipment and aids to reduce the risk of injury and the team observed chemicals are stored securely with accompanying material safety data sheets.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has effective systems for the detection, prevention and management of fire, security and emergencies. They have appropriately installed fire detection and alarm systems and service records confirmed external contractors undertake regular inspections and maintain equipment. Evacuation kits are available with a current list of residents and their mobility needs, evacuation maps are on display, exits are clearly signed and free of obstruction and external assembly areas are marked. The facility has keypad security and appropriate after hours emergency measures. Visitors are required to sign a register on entry and exit. Education records confirmed staff attend mandatory fire and emergency training at orientation and annually thereafter. Residents receive relevant information in their handbooks and in fire order notices displayed in their rooms. Staff were able to detail their actions in the event of an emergency evacuation and residents and their representatives were satisfied with fire and security measures at 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

The home has infection control policies and procedures to minimise risk of infections and to manage/prevent outbreaks. Registered nurses review infection data and in consultation with the home's management identifies trends. Actions are recommended and implemented in

response to analysis of infection data and include provision of additional education, equipment and review of individual residents to ensure appropriate interventions occur.

There is adequate stock of personal protective equipment available and staff are able to explain the actions to take in the event of a suspected outbreak. Pest control services visit regularly and general/hazardous waste is disposed of appropriately. Residents and their representatives stated they are satisfied with how staff monitor and manage infections.

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

Fresh food is prepared daily onsite in line with the home's food safety program, menu rotation and residents' needs. Residents have access to snacks and preferred refreshments at all times. Cleaning staff perform their duties guided by documented checklists and schedules. Internal maintenance and external providers regularly maintain cleaning and laundry equipment. Laundry services are provided on site according to the home's policies, procedures and resident wishes. Residents and their representatives expressed satisfaction in relation to hospitality services provided at the home