



Aged Care
Standards and Accreditation Agency Ltd

Willaura Hospital Nursing Home

RACS ID 4387

Delacombe Way

WILLAURA VIC 3379

Approved provider: East Grampians Health Service

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 11 July 2015.

We made our decision on 23 May 2012.

The audit was conducted on 17 April 2012 to 18 April 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

Willaura Hospital Nursing Home 4387

Approved provider: East Grampians Health Service

Introduction

This is the report of a re-accreditation audit from 17 April 2012 to 18 April 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 17 April 2012 to 18 April 2012.

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

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

Assessment team

Team leader:	Nicholas Hill
Team member:	Elaine O'Connor

Approved provider details

Approved provider:	East Grampians Health Service
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Details of home

Name of home:	Willaura Hospital Nursing Home
RACS ID:	4387

Total number of allocated places:	2
Number of residents during audit:	2
Number of high care residents during audit:	2
Special needs catered for:	Nil

Street:	Delacombe Way	State:	Victoria
City:	Willaura	Postcode:	3379
Phone number:	03 5354 1600	Facsimile:	03 5354 1610
E-mail address:	willaura@eghs.net.au		

Audit trail

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

Interviews

	Number		Number
Manager	1	Residents	2
Registered/enrolled nurses	3	Representatives	2
Care staff	3	Aged care manager	1
Administration staff	2	Volunteers	1
Support services management and staff	4	Directors	2
Human resources manager	1	Education manager	1
Lifestyle co-ordinator	1		

Sampled documents

	Number		Number
Residents' files	3	Medication charts	3
Summary/quick reference care plans	3	Blood glucose monitoring charts	1
Clinical Evaluation Forms	3	Weight Charts	3
Personnel files	2		

Other documents reviewed

The team also reviewed:

- Activity calendar and participation records
- Allied health referrals and care plans
- Audits
- Business plan
- Calibration records
- Cleaning schedules
- Cleaning Schedules
- Comments and complaints information
- Communication diaries
- Dangerous drugs register
- Dangerous drugs register
- Dietician's menu statement
- Education and staff development attendances, evaluations and session details
- Education calendar and folder 2011 and 2012
- Essential service monitoring records
- Evacuation lists
- External services agreements
- Food safety plan
- Handover information
- Infection surveillance and specialised nursing needs
- Managers reports
- Material safety data sheets

- Meeting minutes
- Memorandums
- Menus
- Occupational health and safety information
- Pathology reports
- Pest control information
- Plans for continuous improvement
- Police check register and statutory declarations
- Policies, procedures and associated documents: clinical and non-clinical
- Preventative and reactive maintenance information
- Procurement information
- Registered nurse practicing certificates
- Reportable assaults register
- Resident dietary information
- Residents' consent forms
- Rosters
- Staff orientation information
- Staff, resident and volunteer handbooks
- Temperature control records
- Training matrix (electronic)
- Treatment sheets

Observations

The team observed the following:

- Activities in progress
- Charter of Residents' Rights and Responsibilities
- Chemical storage
- Equipment and supply storage areas
- Fire exits and safety equipment
- Interactions between staff and residents
- Internal and external living environment
- Lifestyle program resources
- Meal and refreshment services throughout the two days
- Mobility aids
- Noticeboards
- Storage of medications and medication trolleys
- Wound care products, continence aids and general clinical resources

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home pursues continuous improvement through an organisational structure of auditing, evaluations of systems and a schedule of planned meetings and lines of reporting. Staff and other stakeholders are encouraged to contribute to the quality system by providing verbal and written feedback and by attending meetings. An executive level of management from the organisation supports the home to identify opportunities for improvement and to monitor performance. Plans for continuous improvement include initiatives relative to the home, organisational strategic planning principles and project based outcomes. The team conducted interviews and reviewed documentation to indicate all stakeholders are satisfied with the management of improvement opportunities at the home.

Examples of recent improvements relating to Standard one includes:

- In an effort to improve staff knowledge, the provided education related to the aged care-funding instrument (ACFI). In addition, the organisation employed an ACFI officer to review the home's systems and to educate staff. Management stated staff are now more aware of the need to maintain current resident assessments and there is greater consistency of staff practices.
- Following an internal review, the home has developed new orientation procedures for nursing staff. The new orientation allows nursing staff to work across all of the organisations' sites. Management stated nursing staff are now more easily able to cover planned and unplanned leave and there is a more consistent approach in providing orientation to new nursing staff.
- Resulting from an internal review, the home introduced a new index to identify the clinical assessments required for new residents. The index records all the clinical assessments that need completing including the document number and footer information for each form. Management stated the index system improves the consistency of clinical information.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems in place to identify and ensure compliance with relevant legislation, regulatory compliance, professional standards and guidelines. The home receives updated regulatory advice from within the organisation and from officials at the state run health service. The home monitors their regulatory obligations through internal and external audits

and updates and evaluations of systems and legislative changes occur. Regulatory compliance is an agenda item at committee and management meetings and staff receive relevant information during the recruitment process related to their roles. Details of relevant legislation, resource manuals and other related information is available at the home through hardcopy folders or electronically on the organisation's intranet. Staff have access to information on amendments to laws and other regulatory matters through regular meetings, the memorandum system, on the intranet and during education sessions.

Examples of responsiveness to regulatory compliance relating to Standard one includes:

- The home has a current staff and volunteer police register, incorporating relevant statutory declarations.
- Policies and procedures are in place related to regulatory compliance and the system for continuous improvement.
- Appropriately licensed external services and other contractors undergo police checks.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home has developed an education and training program to assist staff in performing their roles effectively. The program includes an orientation to the service, support for personal development and ongoing education and training. The home plans education and training topics in conjunction with staff and a calendar of upcoming events is available. Staff have access to a formal education program supported by on the job training and televised digital aged care training programs. In addition, the wider organisation promotes staff development to obtain formal qualifications and pursue further education opportunities. There are systems in place to identify and address any deficits in staff knowledge by providing additional training and education as required. Senior staff are provided with opportunities to attend seminars, external events and management related courses to assist with their learning and development. Staff confirmed during interviews they are supported by the home to develop their knowledge, skills and attributes.

Examples of recent education relating to Standard one includes:

- leadership for nurse unit managers
- preparing for accreditation
- team building day.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home ensures the internal and external complaints mechanisms are accessible to all stakeholders. The home provides information on the comments/complaint system to residents and representatives during entry to the home. There is information on the external complaints system in the front foyer. The home has a schedule in place for resident forums and the home encourages an open disclosure of grievances and stakeholder feedback. If required, residents and representatives have access to senior organisational staff and the

chief executive officer for the management of complaints and other concerns. Residents and representatives are satisfied with how the home responds to comments and complaints.

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 is part of a state health service and operates under its mission, vision, values and goals. The home has a documented mission statement displayed in the foyer area and printed in resident and staff handbooks. The executive management group of the health service provide ongoing direction and support for the home's staff and residents and maintain close links with the community through its strategic planning activities. Staff stated they uphold the vision and values of the organisation.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has appropriately skilled staff to deliver care and other services. Registered and enrolled nurses provide clinical care across all shifts inline with enterprise bargaining arrangements and staffing ratios. Recruitment procedures are in place at an organisational level with vacant positions offered internally and externally as required. Staff are selected according to organisational needs and all roles have a position description in place. New staff attend a formal orientation that includes an overview of the home and the wider organisation. The home has systems in place to account for unplanned leave and uses a pool of their own staff to facilitate this as required. The home has developed a nursing workforce to maintain staff retention and to develop strategies to enhance the work environment and job satisfaction. Performance appraisals are in place to identify skills and professional development needs. Residents spoke favourably of staff at the home and expressed satisfaction with the care and services provided.

1.7 Inventory and equipment

This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".

Team's findings

The home meets this expected outcome

The home has stocks of goods and equipment that support quality of care and service delivery. The home sources their inventory needs using an organisational imprest system and a requisition process for other items. There is an assessment of inventories and other equipment for suitability and guidelines for new purchases. The organisation's engineering department is responsible for planned preventative maintenance and staff log requests for repairs manually or by contacting an after hours coordinator. The team conducted interviews and completed a series of observations to indicate that a suitable range of goods and

equipment is in place to meet the needs of residents and service requirements. Residents stated adequate supplies of appropriate inventories 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 can demonstrate that effective information systems are in place. The systems include procedures for the secure storage and maintenance of information, regular reviews of resident care plans, scheduled meetings and an organisational intranet. A variety of software programs are in place to assist the home to manage key information such as incident reporting. The home routinely collects key indicator data to inform the quality system, monitor performance and to meet internal and external reporting requirements. The home provides meetings minutes and uses memorandum, clinical handovers, noticeboards, reports/summaries and scheduled meetings to communicate with all stakeholders. Interviews with residents, their representatives and staff confirm they receive appropriate and relevant information.

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 contracted service arrangements for the provision of external services to meet the organisation's needs. Documented agreements are in place with key externally sourced suppliers and services that include performance reviews as required. There is a requirement for all external services to meet the organisation's set criteria and to report their presence when arriving and leaving the home. Furthermore, guidelines are in place to ensure external service providers have a current police check where necessary and that they are suitably qualified. Staff and residents are satisfied with the current range of external services and suppliers at the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home pursues continuous improvement related to residents' health and personal care with the overall system described in expected outcome 1.1 Continuous improvement. The home performs frequent care plan reviews and gathers information from allied health professionals to improve outcome for residents. The home measures performance through the reporting of key clinical indicators and the monitoring of resident related incidents and other adverse events. The home has access to a wide range of clinical services to assist with care strategies and problem solving. Residents and representatives commented positively on the care and services provided at the home.

Examples of recent improvements relating to Standard two includes:

- In an effort to improve resident accessibility to oral and dental services, the home has engaged a mobile dental clinic to attend the home on a regular basis. Residents now have access to improved dental services without the need of travelling long distances to appointments.
- Following the granting of external funding, five staff attended a comprehensive clinical assessment course. Management stated the staff have provided education to others to improve the overall knowledge of all staff related to the clinical assessment process.
- As a result of staff observations, the home introduced pre-packaged texture modified fluids in a wide range of varieties and flavours. Management stated the pre-packaged fluids improve the consistency of texture-modified beverages for residents.

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 system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards as described in expected outcome 1.2 Regulatory compliance. Interviews with staff and observations indicate they have access to the home's policies and procedures manual and they are aware of their regulatory responsibilities.

Examples of responsiveness to regulatory compliance relating to Standard two includes:

- The home has processes to monitor the current registration of nursing staff.
- Appropriately qualified persons carry out specific care planning activities and care tasks. Progress note review confirms registered nurses review and evaluate care plans according to a schedule.
- The home has arrangements in place for an appropriate response in the event of an unexplained resident absence.

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 system used to ensure management and staff have appropriate knowledge and skills to perform their roles effectively has been described in expected outcome 1.3 Education and staff development. Management state they have ready access to a wide range of professionals within the organisation and staff from the acute hospital to support staff development. Educational resources such as hardcopy books and other materials are available for staff to access.

Examples of recent education relating to Standard two includes:

- wound care
- medication 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

The home assesses residents on entry and their clinical care needs are documented on a care plan with regular reviews and evaluations. Medical practitioner visits weekly. Allied health professionals assist with the resident's care needs. Staff stated they are aware of residents' care needs and they receive education regarding clinical care and other relevant care issues. Staff are competencies tested annually and clinical skills are monitored. Registered and enrolled nurses attend to high care residents' with complex needs. Residents and their representatives state that residents receive appropriate clinical care and have support given to them by the staff to meet their preferences.

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

Appropriately qualified staff provide residents' specialised nursing care needs. A specialised care plan guides staff in the delivery of residents' care. Specialised care includes diabetic management, nutrition, weight loss, pain and medication management. Clinical procedures are available on the intranet to provide guidelines for specialist nursing care needs. We observed oxygen therapy and appropriate signage in use. The review of documentation confirms registered staff provides specialised care needs in accordance with instructions from medical and/or allied health professionals. Residents state they are satisfied with the specialised care provided at the home.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents have access to medical specialists and other health professionals according to their needs and preferences. This includes physiotherapy, podiatry, diabetic educators, speech pathology, optometry, continence nurse, social worker, dentist, dietitian and pathology services. Referrals are issued as needs are identified. Allied health professionals document in the residents’ progress notes and provide supporting letters. Residents and representatives interviewed stated that they are satisfied with the availability of Allied Health resources.

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 manage and administer resident medications in accordance with regulatory compliance. The medication management system includes a resident assessment, a medication plan and a medication administration chart. Medication charts include a photograph of each resident and specific administration details. Annual resident medication reviews and the medication advisory committee monitor resident outcomes. Residents state they receive their medications on time.

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

There are systems and processes to ensure residents are as free as possible from pain. Residents’ pain is assessed on entry by monitoring on a pain flow-chart with assessments/ and interventions recorded. The home monitors residents who are unable to express pain verbally to assess pain levels and monitor the effectiveness of interventions. Doctors and health professionals assist with the pain management. Pain management alternatives such as massage, exercise group, physiotherapy plans and repositioning are used. Residents said staff respond appropriately whenever they have 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

Residents and their representatives have residents wishes’ documented on an advanced care directive. We observed staff maintaining the comfort and dignity of terminally ill residents. Registered /enrolled nurses and the district nursing service manage palliative care. There are referrals to appropriate allied health workers as required. Staff receive training in

palliative care as required. Access is available to a regional palliative care unit. The home regularly reviews the care provision during the palliative phase and includes pain relief, nursing care, nutrition, hydration and skin care. Residents' representatives and residents stated they feel well supported when planning for end of life wishes.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

The home assesses residents' nutritional needs on entry and documents their preferences. Weight monitoring is monthly with referrals to dietitians and speech pathologists as required. The home supplies supplements and thickeners to residents as needs identify and specialised diets on a needs basis. The home provides a rotating menu with choices available for the residents. Residents and representatives interviewed stated they were happy with the choices available. We observed specialised meals appropriately presented. Residents and representatives are satisfied with the home's nutrition and hydration program

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

There are systems to promote residents' skin integrity consistent with their overall health. Resident assessments detail their skin integrity, wounds excoriations, and rashes or for any identified medical conditions. Care plans document information from assessments and strategies to promote skin integrity such as regular repositioning, assistive devices and the use of emollient creams. Registered nurses oversee wound management. Relevant quantities of medical supplies are available. Residents confirm they are satisfied with the treatments received. Staff stated they were satisfied with the supplies and training provided in relation to wound management.

2.12 Continence management

This expected outcome requires that "residents' continence is managed effectively".

Team's findings

The home meets this expected outcome

The home assesses residents' continence needs and the information documented on care plan. Where the home identifies an assessed need, the collected information forms an individual toileting program for each resident. The home has systems in place for urinary and bowel management. Specialist continence aids and bedding are available to provide comfort and dignity to the residents. High fibre diets and appropriate medication management are in place to ensure resident health and comfort. Residents and their representatives confirmed they have adequate continence supplies for residents and feel confident with the home's continence management.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has a system in place to manage the needs of a resident with challenging behaviours and that they have access to psycho-geriatrician and mental health care teams. We observed care plans contain individualised interventions and regular reviews are in place. Staff interviewed demonstrated individual knowledge of residents needs and could readily give verbal examples of interventions and management for difficult 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

Staff provide care that promotes residents’ mobility and dexterity. Staff assess residents mobility capacity in consultation with a physiotherapist and individual exercises are devised to promote optimum mobility and dexterity. Care plans document residents’ mobility needs. Exercise groups are included in the leisure and lifestyle calendar and on an individual as needs basis. A range of mobility devices is available and there is a ‘no lift’ policy in the home. There are regular reviews of residents’ mobility and dexterity needs. The home logs residents’ incidents such as fall into an electronic software program and collects data collected to reduce or prevent further incidents. We observed staff assisting residents with maintaining independence safely and with use of mobility aids during the site audit.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home assesses residents for their oral and dental care needs. Residents are encouraged to maintain their independence in oral and dental care, support is given and ongoing monitoring occurs. The home provides assistance with oral and denture care. Residents have access to a dentist of their choice. Staff confirmed they attended oral and dental training. Residents stated the home assists them to maintain oral and dental hygiene and staff provide assistance to access internal and external dental services.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home identifies resident sensory losses for hearing, vision, and communication and then documents a care plan. Residents attend a regional mobile eye clinic in the home or they attend private optometry appointments externally with the home providing support to attend

external appointments. Staff ensure that hearing and sight deficits are identified and managed effectively. Residents and representatives interviewed stated they receive assistance to optimise residents' communication needs.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

The home assesses residents for their sleeping patterns on entry Care plans are then developed and individual rising and settling times charted. Documented pain control and nursing interventions promote a restful, calm environment. Residents have single rooms. Staff are familiar with the residents individual sleeping habits and needs. The home uses strategies such as heat packs, pain management and warm drinks to promote comfortable sleep. Residents stated they are able to achieve a good night's sleep and that staff provide snacks and reassurance if they are unable to settle.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home pursues continuous improvement related to residents’ health and personal care with the overall system described in expected outcome 1.1 Continuous improvement. Regular resident meetings provide opportunities for residents and representatives to provide feedback and discuss any issues related to residents’ lifestyle and other matters. The home conducts a satisfaction survey with residents and representatives to gain an insight to their thoughts and to identify opportunities to improve resident outcomes. Residents and representatives said they are satisfied with the leisure and lifestyle program on offer at the home.

Examples of recent improvements relating to Standard three includes:

- In an effort to improve residents accessing digital television broadcasts, the home purchased new television sets for all residents. Residents now have their own flat screen television sets capable of receiving a wider range of digital programs.
- As a follow on to a resident activity, the home created a ‘gallery wall’ where residents display their art works. The art display has a rural prospective and the project included a collaboration between residents, staff and auxiliary and community members. Management stated the project strengthens community links and resident wellbeing.
- In an effort to maintain residents’ cognitive ability, the home introduced a range of games into the leisure program. Residents now have access to games and activities to reinforce their cognitive and concentration skills.

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 system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards as described in expected outcome 1.2 Regulatory compliance. Residents and representatives stated they receive initial and ongoing information related to resident’s rights and responsibilities, agreements and privacy information.

Examples of responsiveness to regulatory compliance relating to Standard three includes:

- The home has systems to demonstrate compliance related to residential agreements.
- Policies and procedures to maintain private resident information are in place and followed.
- The home has policies and procedures for appropriately managing reportable incidents such as episodes of elder abuse.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The system used to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively has been described in expected outcome 1.3 Education and staff development. The home manages staff knowledge in relation to residents' lifestyle through the recruitment process and observations of work practices and resident feedback. Leisure and lifestyle staff have access to industry information and liaise with other professionals to further their skills and development. Staff said that they are satisfied with the education and training opportunities provided.

Examples of recent education relating to Standard three includes:

- easy moves for active ageing
- elder abuse
- 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

Residents receive support in adjusting to a rural and aged care environment. The home assesses residents' emotional needs when entering their new environment and ongoing monitoring and reviews take place. Lifestyle staff and personal care workers assist residents during the settling in period and encourage them to develop and maintain new friendships. Staff display a high level of awareness of residents needs. The lifestyle coordinator completes documentation and develops a profile of the residents' life story. Documentation and interviews confirm that emotional support is provided by the staff through one to one chats. Residents and representatives interviewed confirmed that they felt supported and welcomed on entry.

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

Systems are in place for residents to achieve maximum independence. We observed equipment is in good working order and implemented leisure program. The home's assessment and care planning systems identify cognitive, mobility and dexterity deficits. There are implemented physiotherapy programs including sensory stimulation activities and community group involvement. Residents are encouraged to maintain financial independence, participate in government ballots and entertain family and visitors. Resident and representatives interviewed state residents are encouraged to maintain independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home demonstrates respect for residents' privacy, dignity and confidentiality by calling them by preferred names and by keeping doors closed while performing nursing care duties. The home uses privacy and consults with residents and representatives regarding choices of daily living. Information is also in the residents' handbooks and agreements regarding the home's privacy policy. Residents are in single rooms with a dining and lounge communal area. Residents and representatives stated all members of staff treat them with respect.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents have a range of lifestyle activities at the home. The home develops a monthly activities calendar in consultation with the residents and representatives. The home monitors residents' participation and satisfaction each month through the monthly activity chart that acts as an assessment and evaluation. The home displays a lifestyle calendar throughout the facility and residents confirmed they are satisfied with the variety of the leisure program.

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 has systems in place that support individual interests, customs, beliefs and cultural backgrounds. Residents are assessed on admission for individual customs, beliefs, and any cultural needs identified are documented. The home caters for all spiritual and dietary requirements on a needs basis. Staff have access to cultural information, aids and resources as required both locally and regionally. The home provides regular religious services for residents who choose to participate and attend. Residents confirmed the home meets their spiritual needs and preferences.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home encourages residents' and their representatives to make decisions and voice their opinion about the home and residents' lifestyle. Interviews, documentation and observations confirm residents receive assistance to make legal, financial and care choices. The home

facilitates choice and decision making through comments/complaints processes and ongoing satisfaction monitoring. Residents confirmed the home acknowledges their input and they feel comfortable to make decisions or offer opinions. Residents state they are encouraged to personalise their rooms and to have input into their choice of settling times, meal selection, medical treatments and end of life wishes.

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

Management demonstrates residents have security of tenure while at the home. Processes include interviews with residents or representatives prior to residents entering the home. There is information in the resident handbook and agreement to assist residents and their representatives to understand security of tenure in the home and residents rights and responsibilities. All residents have a current residential care agreement in place. The rights and responsibilities of residents are displayed in the home and staff receive related education. Residents report they understand their rights and responsibilities and feel secure in their tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home pursues continuous improvement related to residents’ health and personal care with the overall system described in expected outcome 1.1 Continuous improvement. The home has a risk management approach to the provision of a safe living environment and clinical care services to residents. Systems are in place for staff to regularly perform environmental inspections and to report hazards and maintenance issues. There are processes for planning continuous improvement, setting timeframes, tracking progress and generally evaluating outcomes. Mandatory training and observations of staff practices serve to support the quality system in providing a suitable environment and safe systems. Staff demonstrates knowledge of reporting incidents/hazards and said the home is responsive when issues are identified.

Examples of recent improvements relating to Standard four includes:

- In an effort to improve the home’s ability when responding to emergencies, a new set of bushfire and heatwave response plans are now in place. In addition, each resident has a personal evacuation bag containing belongings should the need to evacuate arise. Management stated the new emergency response plans have improved staff awareness and preparedness.
- The result of a project with the home’s auxiliary has produced a new covered outdoor area for residents. The outdoor area is protected from the elements and includes new furniture and a barbeque for activities and other events. Residents are satisfied with the new outdoor area.
- Resulting from staff feedback, the home installed a new split system air conditioning system in the kitchen. Staff stated the air conditioning system improves the safety and comfort of the working environment.

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 system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards as described in expected outcome 1.2 Regulatory Compliance. Staff state they receive initial and ongoing education about regulatory requirements related to emergency procedures and occupational safety practices at the home.

Examples of responsiveness to regulatory compliance relating to Standard four include:

- Having an audited food safety plan and appropriate auditing of kitchen systems
- The suitable storage of chemicals including a register of dangerous goods
- Monitoring the safety of essential fire safety systems
- Appropriate outbreak policies, response and reporting procedures.

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 system used to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively has been described in expected outcome 1.3 Education and staff development. Staff receive education in relation to the physical environment and safe systems including mandatory education for all staff. All personnel are required to complete compulsory training relating to manual handling and fire and emergency education. There is further education provided for care staff relating to basic life support and aggression management. The home monitors staff attendance at training and staff confirmed management reminds them of their responsibilities to attend ongoing education.

Examples of recent education relating to Standard four includes:

- emergency procedures
- infection control
- no lift/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

Systems and processes are in place to provide a living environment that is safe, comfortable and consistent with resident needs. Residents are accommodated in single bedrooms with adjoining ensuites. The internal environment is well ventilated with adequate utility and storage areas. Residents' environmental and safety needs are assessed and assistive mobility aids and appropriate furniture provided. The home carries out routine inspections of the internal and external living environments and there is a set of cleaning and preventative maintenance schedules for staff to follow. Residents are satisfied with the comfort and security of the living environment including their rooms and communal and outdoor areas.

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 promotes staff involvement in occupational health and safety initiatives to ensure a safe working environment. The home has a trained occupational health and safety officer who provides ongoing occupational health and safety information to staff on a regular basis. Occupational health and safety information is readily available to staff and regular meetings are conducted to monitor environmental safety. We observed staff using alert signage and personal protection equipment while performing their duties. The home has contracted arrangements with a third party to facilitate a return to work program and to support injured workers. Staff demonstrated an understanding of occupational health and safety responsibilities and the home's incident and hazard reporting mechanisms. Staff

stated the home provides appropriate occupational health and safety information, training and support.

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 documented emergency procedure manuals and security risk management principles to guide staff in the event of a fire and other emergencies. Fire safety systems are in place and all equipment including the fire panel tested and maintained by an external contractor. Fire prevention measures in place include education, essential services inspections and a program of electrical equipment checking and tagging. Electronic coded key pads are in place on all egress points and all staff, contractors and visitors use identification badges. Visitors and contractors are required to register when arriving and leaving the home to monitor their attendance. Staff have attended scheduled mandatory fire safety education and were able to explain their responsibilities in the event of a fire and other emergencies.

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 an infection-control liaison coordinator available for advice regionally. Policy and procedures are in place for staff on the intranet. Staff confirmed that they regularly attend infection control education. Staff complete annual infection control competencies. Appropriate vaccinations are available free of charge to staff and residents. The home has a food safety plan in place. The home has a system in place to prevent and/or control outbreaks. Supplies of personal protective clothing and equipment are adequate and methods employed to dispose of infectious waste are satisfactory. Waste bins and sharps containers are provided. An external provider attends to regular monthly pest control. Staff interviewed demonstrated awareness and knowledge of infection control policies and practices. Anti-bacterial hand wash and lotion is readily available for staff. Residents and representatives interviewed state that they were satisfied with the cleaning standards of the Home.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home regularly assesses residents' needs and preferences to ensure hospitality services enhance residents' quality of life. The home provides a seasonal rotating menu with multiple alternatives to cater for individual preferences and dietary requirements. The home incorporates feedback from resident and representative surveys and meetings into the planning and management of hospitality services. Cleaning staff perform their duties guided by documented checklists and schedules for maintaining all areas of the home. The home

provides laundry services for personal clothing and an external provider services all other items. Residents and representatives are satisfied home's catering, cleaning and laundry services.