Aged Care
Standards and Accreditation Agency Ltd

Windsor Park Aged Care
Approved provider: Hamersley Nursing Home (WA) Pty Ltd

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 8 December 2014. We made the decision on 7 November 2011.

The audit was conducted on 12 October 2011 to 14 October 2011. The assessment team's report is attached.

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

Home and approved provider details

Details of the home

Home's name:	Windsor Park Aged Care
RACS ID:	7844

Number of beds:	107	Number of high care residents:	87

Special needs group catered for:	Residents with dementia and other related conditions and residents of Aboriginal descent.

Street:	110 Star Street				
City:	CARLISLE	State:	WA	Postcode:	6101
Phone:	08 9472 9488		Facsimile:	08 9472 9455	
Email address:	alorimer@hallprior.com.au				

Approved provider

Approved provider:	Hamersley Nursing Home (WA) Pty Ltd

Assessment team

Team leader:	Jennifer Bailey
Team member:	Shirley Rowney
Date/s of audit:	12 October 2011 to 14 October 2011

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

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

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

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

Site Audit Report

Windsor Park Aged Care 7844

Approved provider: Hamersley Nursing Home (WA) Pty Ltd

Introduction

This is the report of a site audit from 12 October 2011 to 14 October 2011 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 a site 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:

- 44/44 expected outcomes

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 12 October 2011 to 14 October 2011

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:	Jennifer Bailey
Team member:	Shirley Rowney

Approved provider details

Approved provider:	Hamersley Nursing Home (WA) Pty Ltd

Details of home

Name of home:	Windsor Park Aged Care
RACS ID:	7844

Total number of allocated places:	107
Number of residents during site audit:	88
Number of high care residents during site audit:	87
Special needs catered for:	Residents with dementia and other related conditions, and residents of Aboriginal descent.

Street:	110 Star Street	State:	WA
City:	CARLISLE	Postcode:	6101
Phone number:	08 9472 9488	Facsimile:	08 9472 9455

Audit trail

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

Interviews

	Number		**Number**
Executive manager	1	Residents/representatives	16
Director of quality and compliance	1	Registered nurses	2
Clinical management	3	Care staff	8
General manager	1	Care staff (agency)	2
Director of physical resources	1	Cleaning staff	2
Operations manager	1	Laundry staff	1
Occupational therapist	1	Kitchen staff	2
Physiotherapist	1	Maintenance staff	1
Physiotherapist assistant	3	Administration manager	1
Occupational therapy assistant	3	Administration assistant	**1**
Occupational health and safety representative	1		

Sampled documents

	Number		**Number**
Residents' files	11	Medication charts	10
Care plans	11	Personnel files	7
Resident agreements	3	Dietary preference sheets	11
Restraint authorisations	3		

Other documents reviewed

- Accident/incident records
- Activities objectives file and activity program
- Activity surveys and evaluation file
- Agency staff orientation file
- Archive register
- Asset register
- Audit/survey results, and action plans
- Charter of residents' rights and responsibilities
- Cleaning schedules
- Clinical care resource file
- Clinical indicators
- Clinical schedule file
- Complaints file
- Compliments letters and cards
- Dietician monthly summary report and analysis
- Duty statements and job descriptions
- Electrical tagging file

- External health services file
- External service agreements
- Family conference and annual assessment schedule
- Feedback form and plan for continuous improvement
- Fire inspection, testing, and maintenance records
- Fire procedure notices, and emergency procedures manual
- Food/fridge temperature monitoring records
- Hazard and action reports
- Infection surveillance data
- Information booklet for residents and visitors
- Maintenance request form
- Material safety data sheets
- Meeting minutes
- Memoranda
- Menus
- Missing residents' file
- Newsletter
- Occupational therapy attendance statistics
- Organisational chart
- Percutaneous endoscopic gastrostomy specific care plan
- Physiotherapy attendance statistics
- Poisons permit
- Police certificates and professional registration monitoring system
- Policies and procedures
- Preventative and corrective maintenance records
- Recruitment pack
- Recurrent assessment schedule
- Regulatory compliance file
- Reportable incident register
- Resident accident/incident monthly register
- Resident list
- Resident monthly clinical screen tool
- Resident weight file
- Rosters
- Staff handbook and communication diaries
- Staff performance appraisal and matrix
- Staff training plan, attendance matrix and evaluation records
- Supplement list and fortified drinks list
- Transfer form.

Observations

- Activities in progress
- Agency staff orientation
- Chemical storage and cleaning trolley
- Duress alarm and pendant
- Electronic data systems
- Emergency exit signage, tagged/fire equipment and panel
- Equipment and supply storage areas
- External gardens/courtyard
- Hand washing facilities and mounted hand gel
- Interactions between staff and residents
- Internal and external complaints information, and advocacy services leaflets
- Living environment
- Key personal identification board
- Locked suggestion box
- Noticeboards and information posted around the home
- Palliative/outbreak resource box
- Personal protective equipment
- Resident access to call bells, mobility aids, and telephones
- Resident lunch service
- Storage of confidential information
- Storage of medications
- Tested tagged electrical equipment
- Training resources
- Vision, philosophy, mission and values displayed
- Visitor and contractor sign in/out books.

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 has systems and processes are in place to plan, identify, implement, and review continuous improvement activities. Opportunities for improvement are identified via multiple mechanisms, such as suggestions from feedback forms, accident/incident reports, hazards and maintenance reports, audits, surveys, and meetings. Information from these sources are logged and acted upon, and improvements requiring ongoing action are added to the plan for continuous improvement. Information regarding continuous improvement is provided to residents and staff via information handbooks and meetings. Staff, residents and representatives reported they are encouraged to contribute to the home's pursuit of continuous improvement and are satisfied with management's responsiveness to feedback.

Examples of recent or current improvement activities related to Standard 1 are described below.
- Following a staff complaint, it was identified that staff were writing on the roster making it difficult for other staff to read. As a result the roster format has been reviewed and secure cabinets have been purchased to accommodate the current roster. Management demonstrated the new daily allocation forms are wall mounted in both houses. Staff reported that the roster format is easier to read, the cabinets ensures no unauthorised staff have access to the roster, and the allocation form ensures staff are aware of the skill mix at the beginning of all shifts.
- Staff reported that many residents and visitors had difficulty identifying key personnel at the home. As a result a key personnel identification board has been mounted in the foyer showing photographs, names and position titles. Resident and representatives reported that this initiative has improved their confidence when making enquiries directly to key staff.
- The organisation identified the opportunity to improve the monitoring of staff registrations and police certificates. An electronic matrix has been introduced and is monitored by central office, and management access the data reports. Staff reported that they are informed of renewal dates in a timely manner and are provided with relevant documentation. Management reported that the new process ensures all staff working are compliant with legislation.

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

There are processes in place to ensure the organisation complies with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation receives updates on legislative and regulatory changes from various industry groups and policies are updated accordingly. The home's management are notified of any changes, and these are disseminated to staff as required via memoranda, meetings, and training. The organisation has processes for monitoring professional registrations and police certificates for new and existing staff. Residents, representatives and staff have access to information regarding the complaints investigation scheme. Residents and representatives reported that they were informed of the accreditation audit.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home's education program ensures that staff have the knowledge and skills to perform their roles effectively. Management uses feedback and requests from staff and residents, satisfaction surveys, observation of work practice, and accident/ incident reports to identify training needs. Staff have access to mandatory, optional, and competency-based training, and toolbox training sessions are provided by clinical staff. Staff attendance at training sessions is monitored. Residents and representatives reported that staff have adequate skills and knowledge to meet residents' needs.

Examples of education and training related to Standard 1 are listed below.
- Documentation
- Mandatory reporting and elder abuse
- Managing resident absenteeism
- Understanding accreditation.

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

A system is in place to ensure each resident has access to internal and external complaints mechanisms. Feedback forms are available around the home, together with a secure suggestion box to ensure confidentially. Residents and representatives are able to access information about advocacy services, and receive information regarding comments and complaints mechanisms via information handbooks and meetings. Comments and complaints are followed up promptly by management and added to the plan for continuous improvement when appropriate. The effectiveness of the comments and complaints mechanisms is monitored via audits. Staff reported assisting residents to access forms and that management is approachable and responsive to feedback. Residents and

representatives advised that they have access to complaints mechanisms without fear of retribution.

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 organisation's vision, philosophy, mission and values statement, that includes a commitment to quality, is on display in the home. The organisation's vision, philosophy, mission and values are consistently documented in staff and resident information handbooks. Staff receive information on the vision, philosophy, mission and values at corporate orientation, and staff reported that they are aware of the organisation's vision, philosophy, mission and values.

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

Team's findings
The home meets this expected outcome

There are systems and processes in place to review staffing levels and skill mix in relation to changes in residents' needs. Staff are employed against set criteria as required for each role, undertake orientation, and are provided with initial supervised shifts to ensure they are competent to perform the required tasks. Mandatory, optional, and competency-based training is provided. Management monitor the ongoing skills and knowledge of staff via observation, and verbal and written feedback. Absenteeism is covered by staff doing extra shifts or by utilising agency staff. Staff reported that they have sufficient time and appropriate skills to carry out their duties effectively. Residents and representatives reported satisfaction with the responsiveness of staff and the adequacy of care.

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 processes to facilitate the purchase, use, storage, maintenance, and management of goods and equipment required for quality service delivery. Corrective and preventative maintenance programs are in place to ensure that all equipment is regularly checked and serviced. Regular audits and environmental inspections are undertaken of goods and equipment to maintain sufficient levels and equipment is correctly maintained, stored, and used safely and effectively. Stock items are rotated and chemicals are stored securely with relevant material safety data sheets. Staff and residents reported satisfaction with the availability, suitability of goods and equipment, and that maintenance issues are dealt with in a timely manner.

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

Organisational systems and processes are in place to guide the effective collection, use, storage, and destruction of information in accordance with regulatory requirements. Staff are provided with information via policies and procedures, care plans, handovers, meetings, memoranda, communication diary, and noticeboards. Staff sign confidentiality agreements, and confidential information is stored securely. Archived information is stored off site and a register is maintained that facilitates ease of retrieval. Electronic information is backed-up daily and is password protected. Residents and representatives are provided with information via resident information handbooks, at meetings, and on noticeboards. Residents and representatives reported they have access to information appropriate to their needs.

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

Systems and processes are in place to ensure all external sourced services are provided in a way to meet the home's needs and quality of service. A list of preferred suppliers and contractors assist in the purchasing of goods and services. Service agreements are established for suppliers and describe the responsibilities of the relevant parties and key performance measures. The quality of services is monitored via various feedback mechanisms, including staff and resident feedback, reports, and internal audits, and information is taken into consideration prior to renewing contracts. Residents and staff reported satisfaction with the quality of service they receive from external service providers.

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

See Continuous improvement in Standard 1 – Management systems, staffing and organisational development for an overview of the home's continuous improvement system.

Examples of recent or current improvement activities related to Standard 2 are described below.

- Management identified the need to provide staff with educational resources. As a result all resource files and information pamphlets have been collected and a centralised reference library has been developed in the staff room. Staff reported that this initiative means they are able to access updated information to enhance their knowledge and skills within their roles.
- Staff identified that due to residents' high acuity and frequent changes in their conditions regular clinical monitoring was required. As a result a monthly clinical screening tool has been introduced, and residents' vital signs including their blood pressure, and urine analysis is checked and documented. Staff reported that this initiative has proved successful in identifying non-symptomatic infections, and implementing early care intervention. This initiative will be evaluated later this year.
- The home identified the need to provide more information when residents are transferred to hospital. As a result a transfer form has been introduced to provide relevant information including the resident's medical diagnosis, and their nursing, mobility and dietary needs. Staff reported that an envelope containing all relevant documentation is stored in the nurses' station and is used when transferring residents in an emergency. Management reported that this initiative has reduced staff time answering resident care enquiries, and positive feedback has been received from local hospitals.

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

Team's findings
The home meets this expected outcome

The home has an overarching system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to all aged care accreditation standards. Medication is stored safely, and is administered by competent staff. Initial and ongoing assessment of high care residents is carried out by registered nurses, and professional registration of nursing staff is monitored.

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

See Education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and training undertaken related to Standard 2 are listed below.
- Continence care
- Dementia and behaviour management
- Oral and dental care
- Palliative care
- Wound care.

2.4 Clinical care

This expected outcome requires that "residents receive appropriate clinical care".

Team's findings

The home meets this expected outcome

Systems and processes are in place to identify and assess the clinical care needs of residents when they move into the home, and annually thereafter. Care plans are developed to guide staff in the provision of residents individual care requirements and are reviewed six-monthly, and as required. Residents are regularly reviewed by their general practitioners and relevant allied health providers. Clinical audits are conducted and analysed to assist in meeting residents' clinical care needs. Staff are encouraged and supported to maintain their clinical skills by attending internal and external education programs. Residents and representatives stated they are consulted about clinical care, and are satisfied with the care residents receive.

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

Specialised nursing care needs of residents are planned and implemented under the direction of registered nurses. Specific nursing care plans are developed with input from residents and their representatives, and include information and directives from the general practitioner and allied health professionals. Residents' specialised nursing care needs include continence management, percutaneous endoscopic gastrostomy care, complex wound care, and behaviour management. Registered nursing staff undertake education to enhance their knowledge and skills. Residents and representatives stated residents receive specialised nursing care according to their needs and preferences.

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 are referred to appropriate health specialists in accordance with their needs and preferences. A multi-disciplinary team, with involvement of a general practitioner, contributes to the resident's assessment and identifies the need for input from other health specialists. The home accesses a number of specialist services, including speech pathology, podiatry, dietician, and mental health services. Information and recommendations resulting from specialist reviews is provided to the home, and any adjustments to care or medication is implemented. Residents and representatives reported they are satisfied with the access residents have to health specialist services.

2.7   Medication management
This expected outcome requires that "residents' medication is managed safely and correctly".

Team's findings
The home meets this expected outcome

Systems and processes are in place to ensure that medications are ordered, stored, administered, documented, and disposed of safely and correctly. Registered staff and medication competent care staff administer residents' medications via a pre-packed medication administration system. Residents' individual medication profiles and signing sheets contain photographic identification, and information relevant to the administration of their medication. Management monitor the safety of the home's medication management processes through internal auditing, and medication incidents are recorded and analysed, with follow-up actions undertaken as required. Residents and representatives reported they are satisfied that residents' medications are administered and managed safely and correctly.

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

Processes are in place to ensure all residents are as free as possible from pain. Residents' pain management needs are assessed and evaluated when they move into the home, six monthly, and as required. Assessment tools include identifying non-verbal cues to determine if residents with cognitive or communication deficits are in pain. Strategies that alleviate individual residents' pain is documented in specific pain care plans. In addition to pain relieving medication, alternative methods are used to manage residents' pain including gentle exercise, physiotherapy, massage, and hot packs. Staff assess and review the effectiveness of pain management interventions, including the monitoring of 'as required' medication. Residents and representatives reported that the home's staff manage residents' pain effectively.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The home's approach to palliative care ensures the comfort and dignity of terminally ill residents is maintained in accordance with their needs and preferences. Terminal care wishes and any special end-of-life requests are discussed with the resident and their family when they move into the home, or thereafter as preferred. When necessary, residents palliative care needs are recorded on specific care plans to guide staff practice. Clinical staff monitor the effectiveness of care interventions, including review of pain management and care needs. Staff provide residents and their families with physical and emotional support during the palliative period. Staff reported families have been appreciative of the care and provision of the palliative care services the home provides.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Residents' needs in relation to nutrition and hydration are assessed when they move into the home and are monitored on an ongoing basis. Residents' preferences, special needs, allergies, and cultural requirements are recorded and communicated to relevant staff. Residents are weighed during the initial assessment period, monthly thereafter and as required, and an organisational dietician reviews residents' weights on a monthly basis. If necessary nutritional supplements and fortified dietary products are provided to residents. Residents identified at risk are referred to a speech pathologist and meals and fluids with altered texture and consistency are available, as well as modified cutlery and crockery. Residents and representatives reported they are satisfied with the meals and drinks provided by the home.

2.11 Skin care

This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

Processes in place to ensure that residents' skin integrity and associated health risks are assessed when they move into the home, and care plans are developed that include preventative strategies to maintain residents' skin integrity. Regular reviews are conducted and where a risk of compromised skin integrity is identified treatments and care interventions are implemented. A range of aids to maintain and promote skin integrity are available for use including the provision of pressure-relieving mattresses, limb protectors, and moisturising creams. The podiatrist assesses and reviews residents on a regular basis. Residents' skin integrity incidents, such as skin tears and wounds are reported and analysed, with follow-up actions as appropriate. Staff reported they attend education on residents' skin care, and hand and nail care is part of the personal care routine. Residents and representatives reported they are satisfied with the skin care provided by staff.

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

Team's findings
The home meets this expected outcome

Processes are in place to identify, assess, monitor, and evaluate residents' continence care needs when they move into the home, and on an ongoing basis. Routine and specific continence management care plans are developed and reviewed six monthly, or as required. Bowel elimination is monitored and interventions are documented. Residents are assisted to manage their continence through a range of measures, including scheduled toileting and the use of suitable continence aids. Infections are monitored through the infection control surveillance process, and strategies are implemented as necessary. Staff reported they receive training in the correct use of continence aids and have sufficient supplies of aids. Residents and representatives stated that staff are effective in meeting residents' continence needs.

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

Residents' behaviours are assessed when they move into the home, and care plans are developed outlining the triggers and interventions required to minimise and manage challenging behaviours. Referrals to specialist services, including the mental health team, are made in consultation with the general practitioner, and recommended behaviour management strategies are implemented and monitored for effectiveness. There are policies and procedures to minimise and monitor the use of restraint, and appropriate authorisation and review is completed. Staff attend training in dementia and behaviour management, and reported on strategies they use to manage the needs of residents with challenging behaviours. Residents and representatives stated they are not adversely affected by the behaviour of other residents.

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

Processes are in place to support residents to achieve and maintain their optimum levels of mobility and dexterity. On moving into the home, residents are assessed for their mobility, dexterity, and falls risk by a multi-disciplinary team. Care plans are developed that identify the support and assistive equipment residents require, and these are reviewed six-monthly. If necessary, the physiotherapist develops individual exercise programs that are implemented by the physiotherapy assistant. Appropriate seating and other aids are available to assist mobility and maintain residents' independence. An incident reporting system includes analyses of incidents to identify trends, and implementation of strategies to reduce residents' falls. Residents and representatives reported they are satisfied with the way staff encourage and support residents to maintain their mobility.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Residents' oral and dental needs are assessed and evaluated when they move into the home, annually, and as required. Care plans identify the assistance residents require to maintain their oral and dental hygiene these include assisting residents to clean their teeth or dentures. Care plans are reviewed six monthly to assess the effectiveness of the care interventions. An annual dental examination is offered to residents, and follow up treatment is arranged with family consultation. Staff reported that they routinely undertake oral care for residents and ensure they have appropriate oral health equipment and products. Residents and representatives reported they are satisfied with their oral and dental care.

2.16 Sensory loss

This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

Processes are in place to ensure residents' sensory losses are assessed, monitored, and managed effectively when they move into the home, and on an ongoing basis. The occupational therapist assesses each resident in all five senses to identify any sensory loss and specific needs. A care plan is developed that includes any sensory or communication aids required, environmental considerations, and staff approach. Residents have access to allied health professionals, including audiologists and optometrists. The activity program has opportunities for the residents' sensory enrichment, such as cooking, art work, and music therapy. Staff described how they assist residents to manage their sensory devices. Residents and representatives stated they are satisfied with the assistance residents receive from staff to manage their sensory losses.

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

Residents' settling routines, aids used to promote sleep, and their retiring and rising preferences are identified when they move into the home. Sleep assessments are conducted to identify those with sleep disturbances, and care plans are developed. Strategies to promote a natural sleep pattern include staff encouraging residents to be involved in the activity program during the day. Staff reported they assist residents to settle at night by the dimming of lights, a quiet environment, pain management, and the offer of a snack or warm drink. Night sedation medication is administered as prescribed, and is regularly reviewed by residents' general practitioners. Residents and representatives reported that they are satisfied with the way staff help residents to achieve a restful sleep at night.

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

See Continuous improvement in Standard 1 – Management systems, staffing and organisational development for an overview of the home's continuous improvement system.

Examples of recent or current improvement activities related to Standard 3 are described below.

- The home identified the opportunity to provide a therapy room in the Coolabah wing of the home. As a result a room has been identified and refurbished with soft furnishings, furniture, a large television, and therapy resources. The team noted that residents enjoy attending social activities in the room. Staff provided examples of improvements in individual resident behaviours and stated that the room provides an alternative living environment for residents.
- Following an evaluation of a social lunch activity, it was identified that the same few residents attend, and many residents refused to participate. As a result the activity was removed from the program. Following further resident and staff consultation, therapy assistants now assist with residents' meals in the main dining room, and encourage socialisation and discussion. Evaluation of this initiative identified therapy staff are able to engage with a wider group of residents and continue with a social activity after the meal. Representatives reported that this initiative has improved the meal time experience for residents.

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

Staff are informed of changes relevant to resident lifestyle through training, memoranda, and meetings. The charter of residents' rights and responsibilities is displayed in the home and is included in the resident handbook. Policies and procedures are in place for the compulsory reporting of resident assault and unexplained absence. Residents or representatives are informed via letter if any changes in fees arise. Staff sign confidentiality agreements and were observed to be mindful of residents' privacy and dignity. Residents and representatives reported they are informed of any changes to fees, and that they are aware 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

See Education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and staff development undertaken relevant to Standard 3 are listed below.
- Choice and decision making
- Grief and loss.

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

There are processes in place to ensure that residents receive support in adjusting to life in a new environment. When residents move into the home they are orientated, introduced to other residents, and made to feel welcome by staff. Residents' emotional care needs are identified during the initial assessment period and continue to be monitored as residents adjust to living within the home. In consultation with residents and their family, information regarding backgrounds, interests, and individual requirements are gathered via the resident social history and leisure interest profile. Case conferences with the resident and their family are held six weeks after the resident moves into the home, annually, and as required. Staff reported on the strategies they use to meet the residents' emotional needs. Residents and representatives reported they are satisfied with the emotional support offered by staff.

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

Processes are in place to assist residents to achieve maximum independence and maintain friendships, and participate in the community. Residents' abilities and wishes in relation to independence and lifestyle needs are assessed and recorded when they move into the home, annually, and as required. Care plans are developed to reflect individuality and to ensure residents are enabled to make choices that promote independence. Residents are assisted to achieve independence through social and therapy activities and friendships within the home and community. The physiotherapist and occupational therapist provide specific equipment to maintain residents' independence. Residents and representatives reported that staff provide assistance to maintain residents' 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

Processes are in place to ensure that the dignity and privacy of each resident is respected. Residents' confidential documentation is stored securely and accessed only by authorised personnel. Staff interact with residents in a respectful manner, and use privacy screens when providing care and treatments for residents in shared bedrooms. Residents' cultural sensitivities are taken into account when care planning is undertaken. Staff reported how they maintain residents' privacy and dignity and are aware of confidentiality requirements of residents' information. Residents and representatives stated that staff respect residents' privacy, dignity, and confidentiality.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Processes are in place to ensure that residents are encouraged and supported to maintain their interests and activities. When residents first move into the home they are assessed by the occupational therapist and their identified interests are used to develop individual therapy care plans, and the home's activity plan. The activity program offers a range of internal and external activities, including those suitable for residents with sensory, cognitive and mobility impairment. The activity program planner is displayed throughout the home, and staff monitor resident attendance at the activities, and regularly review the program. Staff described how they support residents to attend social activities. Residents and representatives stated that residents are supported and encouraged to participate in activities.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents' individual interests, customs, beliefs, and cultural and linguistic needs are identified when they move into the home. Culturally specific information and customs that require to be observed are identified and recorded. Events of cultural or spiritual significance are celebrated with community involvement including Australia Day, Easter and Christmas. Religious personnel visit the home and regular religious/spiritual services are held. Residents are supported by staff to attend cultural events and family gatherings of culture significance. Staff reported they use residents' care plans to gain an understanding of the resident in regard to specific cultural and spiritual practices. Residents and representatives reported that staff respect residents customs, beliefs and culture.

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

Residents and representatives are assisted to participate in decision making about care and service delivery through resident and representative meetings, surveys, and the comments and complaints process. Residents' meetings and case conferences provide a forum for residents and representatives to express their views, and provide opportunities to participate in decisions about care and services. External advocacy services, complaint forms, suggestion box, and brochures for accessing the external complaints mechanism are displayed throughout the home. Staff stated that residents' choice not to participate in activities and events is respected. Residents and representatives reported they are satisfied residents have opportunities to make choices and decisions over their lifestyle preferences.

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

Processes are in place to ensure residents have secure tenure within the home, and understand their rights and responsibilities. On moving into the home residents, or their representatives, are offered a resident agreement that outlines security of tenure and the resident handbook contains information on residents' rights and responsibilities. External advocacy and guardianship/administration services are used as required. Consultation is undertaken with residents and representatives prior to room transfers within the home and changes to the provision of services. Staff are provided with education and training regarding residents' rights. Residents and representatives reported they are aware of how to access information, and that residents 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

See Continuous improvement in Standard 1 – Management systems, staffing and organisational development for an overview of the home's continuous improvement system.

Examples of recent or current improvement activities related to Standard 4 are described below.
- It was identified that there was minimal outdoor areas for recreational activities at the rear of Coolabah wing. Following local government council approval a shade cloth has been installed for additional shade. Structured landscaping, paving and seating have been installed. Residents and representatives reported that this area provides a safe and comfortable environment, which enhances residents' independence and lifestyle.
- Management identified that many residents require guidance in an event of a fire. As a result coloured cards providing clear emergency procedures have been mounted in all resident rooms.
- A falls analysis identified a high number of incidents occurred in Coolabah wing during the late afternoon and evening. In response, a review of the roster was completed which resulted in the recruitment of another registered nurse in Coolabah during this time. Staff reported that the extra clinical support is effective in monitoring residents who are at risk of falling. Management reported that staff received toolbox training on falls prevention, and incidents data will be evaluated.

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

Systems and processes are in place to identify and ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Mandatory fire training is provided for staff, and the home has regular fire safety checks by approved contractors. External contractors are required to sign the visitors' book on arrival and departure from the home. Staff attend training in food safety, and use personal protective equipment appropriately. There are reporting mechanisms for accidents, incidents and hazards. Material safety data sheets are kept where chemicals are stored, and infection control guidelines are available in the event of an infectious outbreak.

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

Team's findings
The home meets this expected outcome

See Education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and staff development undertaken relevant to Standard 4 are listed below.
- Chemical training
- Fall prevention
- Food safety
- Fire and safety and evacuation
- Infection control –hand washing
- Manual handing
- 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 accommodation consists of one, two and four bedded rooms with resident access to centrally located bathrooms and toilets. Call bells are accessible and suitable equipment and adjustable furniture is provided. There are centrally located internal and external communal areas that are used for social and therapy activities a preventive and corrective maintenance program is in place to monitor that fixtures and fittings are safe, and in working order. A comfortable ambient temperature is maintained at the home. Hazard reports and environmental audits monitor the living environment for safety and cleanliness, and any issues identified are actioned. Residents and representatives reported satisfaction with the living environment.

4.5   Occupational health and safety
This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings
The home meets this expected outcome

The home has systems to monitor the safety of the living and working environment and to ensure that regulatory requirements are met. There are two elected occupational health and safety representatives at the home who attend the organisational safety meetings, and conduct workplace inspection audits. There are processes in place to ensure equipment is maintained, and issues identified from monthly workplace inspection audits, accidents/incidents and hazard reports are followed up and actioned in a timely manner. Material safety data sheets are available for chemical goods and occupational health and safety is an annual staff mandatory training session. Staff described safe working practices and are knowledgeable in occupational health and safety issues related to their role.

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

Processes for identifying, managing and minimising fire, safety, and security risks are in place. Fire fighting equipment is routinely inspected and maintained by independent professionals. Fire extinguishers and blankets are identified with signage, and emergency exits are clearly marked, well-lit, and free from obstruction. Evacuation and emergency resources are readily available, and the emergency procedure file is clearly visible. The resident list includes health and transfer requirements, is updated daily, and staff attend emergency training. Night staff have access to a duress alarm, and security checks are conducted by staff and a security company during the night. Residents reported awareness of emergency procedures and actions they are to take in the event of a fire.

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 program in place to effectively identify, contain, and prevent infection. Some of the measures that contribute to the effectiveness of the program include the provision of personal protective equipment, a vaccination program, hand washing facilities, food safety program, waste management, and pest control measures. Staff are provided with infection control information at orientation, and infection control is an annual mandatory training component. Compliance monitoring occurs through environmental audits and analysis of the incidence of infections. Staff demonstrated awareness of infection control procedures. Residents and representatives reported satisfaction with the actions taken by staff to control the risk of cross infection.

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

Policies and procedures are in place to ensure hospitality services are delivered according to residents' needs and preferences. Meals are prepared by the organisation's centralised kitchen and delivered daily. Food and oven temperatures are checked and recorded. A four weekly menu is in place and residents have alternative choices available to them. Processes are in place to ensure residents' individual dietary needs are met on an ongoing basis. All laundry including residents labelled personal items are laundered off site and returned within two days. Cleaning staff use colour-coded equipment and follow documented cleaning schedules. Staff reported that residents provide feedback on all hospitality services at resident meetings or via feedback forms and surveys. Residents and representatives reported they are satisfied with the meals, drinks, cleaning and laundry services provided to residents