



Aged Care
Standards and Accreditation Agency Ltd

Wisteria Lodge

RACS ID 5337
261 Gilston Road
NERANG QLD 4211

Approved provider: Seventh - Day Adventist Aged Care (South Queensland) Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 9 April 2016.

We made our decision on 25 February 2013.

The audit was conducted on 22 January 2013 to 23 January 2013. The assessment team's report is attached.

The Accreditation Agency decision-maker's findings about the home's performance against expected outcomes 2.13 Behavioural management and 4.4 Living environment differed from the recommendations of the assessment team. After considering the information submitted by the approved provider in response to the assessment information, we find the home does meet these expected outcomes.

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

Wisteria Lodge 5337

**Approved provider: Seventh - Day Adventist Aged Care (South Queensland)
Ltd**

Introduction

This is the report of a re-accreditation audit from 22 January 2013 to 23 January 2013 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 42 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 2.13 Behavioural management
- 4.4 Living environment

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 22 January 2013 to 23 January 2013.

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

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

Assessment team

Team leader:	Andrea Hopkinson
Team member/s:	Elizabeth White

Approved provider details

Approved provider:	Seventh - Day Adventist Aged Care (South Queensland) Ltd
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Details of home

Name of home:	Wisteria Lodge
RACS ID:	5337

Total number of allocated places:	40
Number of residents during audit:	37
Number of high care residents during audit:	24
Special needs catered for:	Dementia Related

Street/PO Box:	261 Gilston Road	State:	QLD
City/Town:	NERANG	Postcode:	4211
Phone number:	07 5557 1777	Facsimile:	07 5557 1700
E-mail address:	caremanager.mp@sdaac.com.au		

Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

Interviews

	Number		Number
Executive Care Manager	1	Residents	10
Care Manager	1	Catering Staff	2
Registered Nurse	1	Cleaning Staff	1
Enrolled Nurses	2	Maintenance Staff	1
Care Staff	4	Activities/Care/Cleaning Staff	1
Physiotherapist	1		

Sampled documents

	Number		Number
Residents' files	6	Medication charts	18
Residential care agreements	2	Personnel files	4

Other documents reviewed

The team also reviewed:

- Action plans
- Agency orientation checklists
- Audit and inspection reports
- Behaviour records-verbal behaviours
- Certificates of training/education
- Clinical incident data
- Clinical resource material
- Comments, complaints and improvements
- Competencies and questionnaires
- Continuous improvement plan
- Controlled drug register
- Dietary profiles
- Dietitian's report
- Duty lists
- Education folder
- Electronic maintenance system
- Electronic policies and procedures
- Emails
- Emergency manual

- Equipment and servicing invoices
- Evacuation maps
- Fire lists
- Fire testing and reports
- Food and fluid records
- Food business licence
- Food safety program and records
- Hazard reporting
- Maintenance records
- Mandatory reporting register
- Medication management competency tool
- Meeting minutes
- Movement menus
- Multipurpose charts
- Occupiers statement
- Organisation's website
- Pain management flow charts
- Performance appraisals
- Police certificates and register
- Preferred suppliers lists and contact details
- Recruitment and selection process
- Registered staff registrations
- Residents' information package and handbook
- Safety data sheets
- Self assessment document
- Service agreements
- Sign in and out register
- Staff communication folder
- Staff orientation book and orientation folder
- Staff signature lists
- Surveys
- Vision, mission and philosophy statement
- Wound charts

Observations

The team observed the following:

- Activities in progress
- Equipment and supply storage areas

- Fire equipment
- Hand washing facilities
- Interactions between staff and residents
- Kitchen and kitchenettes
- Living environment
- Lunch meal service
- Medication administration
- Residents using mobility aids
- Storage of medications

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 has a framework to assist in actively pursuing continuous improvement. Feedback and input into the system occurs through suggestions, compliments and complaints processes, discussions at meetings, hazard and maintenance logs, verbal feedback and observations. Identified opportunities for improvement are captured on the home's continuous improvement plan and these are monitored by the Care Manager to ensure improvements are actioned and evaluated. The home undertakes audits, incident trending and satisfaction surveys to assist in monitoring the performance of their systems. Areas for improvement are captured and tracked using action plans and/or discussions at meetings. Management provided examples of improvements made at the home across all Accreditation Standards and residents and staff are satisfied with being able to provide feedback at the home.

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

- In response to a review conducted by the Care Manager, new folders for filing hard copies of feedback forms such as logs, compliments and complaints as well as audits were established. These folders contain monthly inserts and separate folders created for filing open and closed items. Feedback from management indicated this initiative has improved the monitoring and follow up of improvement activities.
- Following an identified need and feedback received from an external service provider, the home has installed an enhanced telephone system. Feedback from management identified this has improved the home's information systems as calls are now able to be redirected to the relevant area or staff member.
- Management has expanded the number of organisations to provide student placement at the home. Staff had received many compliments regarding the program and management advised this has assisted in the employment of two new staff.
- In response to an identified need, the Care Manager has implemented a standard agenda for staff meetings. This agenda covers key topics to be discussed and is displayed prior to the meeting being held. Feedback from management indicated this has supported staff to have input and provide feedback at meetings.

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

Monitoring of legislation and regulatory requirements is coordinated centrally and changes are communicated to site management via email notification and alerts. Policies/procedures and resources that include details of relevant legislative and regulatory information are available and accessible to key staff via the organisation's internal website. Processes to ensure staff are informed of legislative, regulatory requirements and guidelines occurs through the meetings, internal notices on updated policies/procedures and via the home's education program. The home monitors compliance with legislation, regulations and other professional standards and guidelines through the completion of audits, questionnaires/competency assessments as well as the use of internal monitoring tools such as registers to track compliance. Particular to this Standard, there are generally processes to ensure all staff have a current police certificate and residents are advised of scheduled re-accreditation audits.

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

Processes are established to support staff and management in having the required knowledge and skills to perform their roles. Prior to appointment, staff skills, qualifications and experience are reviewed by the Care Manager to determine their suitability for the position. New and temporary staff are provided with an orientation and ongoing training opportunities are available for all staff. Training needs are identified in response to incidents, feedback and observations and these are incorporated as part of the home's education program. Staff skills and knowledge are assessed through the completion of competency assessments and questionnaires, audits, monitoring of incident data, resident/representative feedback and observations by management. Staff demonstrated knowledge and skill relevant to their roles.

Education provided relevant to Standard 1 includes, but is not limited to, orientation, discrimination and harassment and use of the home's electronic care planning system.

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

Residents/representatives are informed about internal and external complaints mechanisms including advocacy services via the home's entry processes, information on display and information sessions held at the home. The Care Manager oversees the comments and complaints process and forms are available for residents, representatives or staff should they wish to lodge a compliment or complaint. Written complaints are logged on the home's

continuous improvement plan and monitored to ensure action is completed. Other mechanisms available include meetings, satisfaction surveys and through the Care Manager's 'open door' policy. Residents and staff are satisfied with their access to complaints mechanisms.

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 has a documented vision, mission, philosophy, values and commitment to quality. These are contained within the resident handbook and is on display throughout the home.

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 processes for the recruitment and selection of staff based on the relevant skills, qualifications and experience held. New and contracted staff are orientated into the home and staff are provided with educational opportunities to enhance their current skills. Management monitors and evaluates staff skills and qualifications through competency assessments/questionnaires, annual performance appraisals, feedback mechanisms, incident reporting and observations. Care staff are rostered over a 24 hours period with support from qualified staff including access to an onsite or on-call registered nurse. Replacements are sought to fill shifts through the use of casual or contracted staff. The Care Manager monitors the sufficiency of staff through observations, audits, incidents and feedback from staff and residents. Residents are satisfied staff are appropriately skilled and reported there are generally sufficient staff to meet their needs.

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 ensure there are stocks of appropriate goods and equipment available to provide care and services. Key staff are responsible for the monitoring and ordering of supplies through the use of preferred suppliers. Upon receipt, supplies of goods are checked and stored to prevent damage. Equipment needs are identified and serviced as part of the preventative maintenance program. Any unsafe or broken equipment is reported and actioned through the hazard or maintenance log system. Staff are provided with instructions/information in relation to the correct use of supplies and equipment. Residents and staff are satisfied that equipment is in good working order and stocks of goods are in adequate supply.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has processes to ensure there are effective information management systems. Key resident information is collected on entry and used to guide the assessment and care planning. Documents including policies/procedures are generally updated at a corporate level and communicated to relevant staff via email notification, meetings, small group education sessions and memorandums. The home collects and uses key information in relation to resident infections, incident data, audits and feedback from staff and residents to assist in the improvement of care and services. Information is stored securely to restrict unauthorised access and maintain confidentiality. Methods use to communicate information at the home includes notices, meetings, memoranda and the handover process. Staff and residents are satisfied with the communication within the home.

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

Processes are established to ensure all externally sourced services are provided in a way that meets the service's needs and quality goals. Contracts and preferred suppliers are centrally coordinated with a selection of local service agreements overseen by management at the home. For those service agreements managed by the home, agreements are reviewed and renewed based on performance and provision of relevant registrations and insurances. Performance of external services occurs through feedback mechanisms and monitoring by key personnel. Residents and staff are satisfied with the provision of externally sourced services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

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

- In response to an identified need set handover times were established to support effective communication between staff as well as an opportunity to provide small group education sessions. Feedback received has been positive from staff on this improvement.
- In response to a suggestion, meals are now being made available to staff in the secure unit to enable staff to sit and promote eating and socialisation with residents. Initial feedback from staff reported improved interaction with residents as a result.
- To enhance pain management at the home, a new program was commenced in January 2013. Residents assessed as requiring additional interventions are to receive massage from the physiotherapist four times weekly. The program is yet to be evaluated.
- In response to a staff suggestion, wound dressings for individual residents are now placed in separate labelled clip lock bags and stored on the dressing trolley. Registered staff report this has ensured the correct dressings are available for residents with wounds during the wound dressing rounds, and this improvement has also increase efficiency.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance. The home has processes for the reporting of residents' unexplained absences, medication management and monitoring of registered staff nursing registrations.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education processes. Education provided relevant to Standard 2 includes, but is not limited to, medication, changes to bowel and weight management protocols, thickener products and end of life pathway.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

Processes are established for identification and assessment of resident's physical, emotional, psychosocial and spiritual needs on admission, utilising baseline health assessments. The Care Manager (a registered nurse) and registered staff analyse information gathered during the assessment phase and develop care plans to guide care interventions. Residents/representatives are consulted during assessment processes and care plan development. Evaluation of care interventions occurs regularly in consultation with personal carers, relevant health care specialists and residents/representatives. Continuity of care is maintained through verbal and written handover reports, other staff communication processes and resident progress notes. Residents report satisfaction with the care and services provided.

2.5 Specialised nursing care needs

This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings

The home meets this expected outcome

Residents' specialised nursing needs are identified in consultation with residents and other health professionals. Care plans identify and include the specialised nursing care needs of individual residents and are developed and reassessed by the Care Manager or registered nurse as required. Provision of specialised nursing care is undertaken by registered nurses; care routines aim to ensure specialised care is carried out in accordance with residents' identified needs. A registered nurse is available for consultation and assessment at all times. The home accesses clinical expertise through working relationships with external health services in the area. Residents are satisfied their specialised nursing needs are identified and met by appropriately qualified staff.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has an established system for referral to medical and allied health professionals including physiotherapy, podiatry, dietitian and speech pathology, with assessments undertaken for individual residents as necessary. The outcomes of referrals including instructions for ongoing care are documented appropriately in residents’ clinical records. Staff demonstrate an understanding of the need to report changes in residents’ clinical status to the Care Manager or registered staff, as referral to other health specialists may be required. Residents are informed of referral processes and are satisfied they are informed of outcomes resulting from consultations. Residents indicate they are referred to appropriate health specialists in accordance with their needs and preferences.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Established processes aim to provide a safe and efficient system for ordering, dispensing, storage, administration and documentation of residents’ medication. Appropriately educated and assessed personal care staff assist residents with packaged medications supplied by an external pharmacy. Residents wishing to self medicate are assessed as competent to do so and provided with a secure storage area within their room. Medication prescriptions and administration instructions are documented on residents’ medication charts, the home’s medication policies and procedures guide staff practice. A registered pharmacist is contracted to undertake regular clinical medication reviews. Procedures relating to storage, administration and disposal of medication, including controlled drugs reflect safe medication management and legislative compliance. Effectiveness of medication management processes is monitored through audits, incident recording, investigation and analysis, annual staff competency assessments and discussion at relevant staff meetings. Staff demonstrate understanding of the medication incident reporting/investigation system. Residents expressed satisfaction with management of their medications and with the assistance and support provided.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has processes for the identification, assessment, care planning, review and ongoing management of residents’ pain. Pain management care plans are developed in consultation with the resident’s medical officer and the physiotherapist as required. Residents’ individual pain management programs and care plans are monitored and evaluated to determine the effectiveness of strategies such as massage, position changes, pressure relieving devices, administration of pain relieving medication and use of topical liniments. Physiotherapist hours have recently been increased to enable implementation of a pain management program at the home. Residents stated they are assisted to manage their pain and staff respond in a timely manner when they report 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 are assessed on admission and as their clinical status changes to identify their needs and preferences concerning end of life care. Appropriate interventions are incorporated into care plans as required and regularly reviewed to ensure any required changes are identified and met. Residents are enabled to have their needs met in the home whenever possible, with assistance from the local hospital and community services as required. A range of nursing and supportive equipment is available. Staff, medical officers and pastoral care personnel provide support for the comfort and dignity of dying residents and their family members. Residents are aware of the home’s approach to identifying their palliative care needs.

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’ dietary needs and preferences including special requirements and food allergies are identified on entry to the home; initial information and any dietary changes are recorded in dietary profiles and forwarded to the kitchen. Residents are assessed by a speech pathologist when swallowing difficulties are identified, with texture modified diets introduced according to assessed needs. Residents’ weights are recorded monthly with variations assessed, actioned and monitored. Strategies implemented to manage unplanned weight loss/gain include more frequent weight monitoring for unexplained weight loss, monitoring of food intake, introduction of food supplements and/or special diets and dietitian and/or speech pathologist review. Staff monitor residents’ intake of supplements and encourage residents to take additional fluids to maintain adequate hydration during summer months. Residents are assisted with meals and fluids, with special eating utensils supplied according to assessed need. Residents report satisfaction with staff support to meet their nutrition and hydration needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home’s assessment processes identify residents’ risk levels for compromised skin integrity. Strategies to prevent skin breakdown are developed for individual residents, documented in care plans, implemented and monitored for effectiveness. Strategies include regular position change, pressure relieving devices, use of emollients, limb protectors and training staff in correct manual handling techniques. Wound management processes include actions to monitor skin integrity incidents and to review/evaluate progress of healing. The registered nurse provides initial wound assessments and weekly reviews, enrolled nurses attend to ongoing treatments. Wound charts have recently been reviewed to ensure all registered staff are aware of correct use of the forms. External specialists are accessed to

assist with complex wound management if required. Residents are satisfied they receive care that promotes and assists them to maintain their skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents’ continence status is assessed on admission and monitored regularly for changes that may prompt reassessment. Individualised strategies to promote continence and manage incontinence are developed in consultation with the resident to ensure optimal independence is maintained. Residents’ urinary and bowel patterns are monitored daily by care staff and required interventions initiated by registered nursing staff. Bowel management programs include dietary interventions, encouragement of optimal exercise and administration of prescribed medication as required. Residents are supplied with continence aids or assisted to obtain these according to regulatory requirements; increased aid requirements may prompt continence reassessment. Staff and resident education and advice is available from the external provider of continence aids. Ongoing support assists residents to manage continence issues and maintain their optimal level of independence. Residents are satisfied with management of their 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 does not meet this expected outcome

Challenging behaviours of all residents are not managed effectively. Behaviours of a resident in the home’s secure unit are impacting on co-residents’ safety and the comfort of their environment. Behavioural triggers for the resident’s aggressive behaviour have not been identified or effectively tested. Behavioural interventions have not been consistently evaluated nor alternative interventions identified. Staffing patterns in the secure unit do not allow effective management of the resident’s repeated challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home has processes for assessing residents in relation to their mobility, dexterity and rehabilitation needs. Residents are encouraged to mobilise independently, with appropriate mobility aids and/or staff assistance as required. A physiotherapist assesses individual residents, including their level of falls risk and develops individualised exercise programs where indicated. Care staff implement passive exercises during daily care routines and encourage/support individual programs, including regular walks, aimed at maintaining resident independence and minimising functional decline. A range of manual handling equipment is provided and staff are trained in its use. Resident falls are monitored, associated data is collated and analysed, with actions taken to reduce incidence of falls.

Residents indicated satisfaction with strategies implemented to maintain or improve their mobility and dexterity.

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’ dental history is assessed on entry to the home, including assessment of residents’ preferences relating to their oral health care. Care plans are developed to guide staff practice, effectiveness of care is reviewed during staff handover and/or as care needs change. Resources such as mouth care products are available to meet residents’ oral hygiene needs, including for those residents at the end of life. Amendments to care are communicated through verbal and written handover processes, progress notes and care plans. Referrals to dental services are facilitated by the home where necessary. Residents report satisfaction with assistance provided in relation to oral and dental health.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Residents’ sensory needs are assessed on entry to the home. Where indicators of impairment are identified, including in hearing, vision, taste and sensation, appropriate care interventions are developed to assist residents in achieving their optimal potential and preferred lifestyle. Hearing and optical services are accessed and/or provided to residents in response to identified needs; sensory activities are provided through the activities program and during daily care routines. Effectiveness of care strategies are reviewed via handover processes or as needs change. Staff assist residents to manage their sensory deficits where needed and to achieve effective management of sensory aids. Residents expressed satisfaction with the support they receive 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 sleep patterns, routines and requirements are assessed and documented on entry to the home. Care plans are developed to reflect the residents’ associated needs and preferences. Staff ensure residents’ pain and comfort needs are addressed and provide warm drinks as required to assist residents to achieve and maintain restful sleep. Prescribed medication is administered if necessary and a quiet environment maintained at night. Staff monitor residents’ sleep and document if/when residents are regularly wakeful. Residents are satisfied with the assistance they receive to have appropriate amounts of sleep.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of recent improvements undertaken by the home in relation to Standard 3 Resident lifestyle include:

- In response to feedback from residents on the provision of activities at the home, an action plan was created and feedback sought on ways to improve the program. As part of the improvement, new activities were implemented and bingo days increased in response to residents’ requests. Feedback from residents indicated satisfaction with the provision of activities at the home.
- A quiet room had been used as a storage space and therefore limiting resident access to privacy areas. This area has now been cleared and is available for resident use again. We observed this area being used by residents and their family members.
- The home has implemented spiritual reflections for residents to supplement Chaplin visits. Management report this has been well attended by residents and feedback from residents indicated satisfaction with the opportunities available to meet their spiritual and cultural needs.
- In response to an identified need, an organ had been relocated from the secure unit to a common area within the home. Management reported this has provided an opportunity for other residents to enjoy the organ and reduced noise levels that may have been increasing agitation in the secure unit.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems to identify and ensure compliance. The home has a process for the reporting of reportable assaults and ensuring privacy is maintained.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education processes. Education provided relevant to Standard 3 includes, but is not limited to, elder abuse/mandatory reporting, introduction to person centre care, applying spiritual principles of care and bereavement.

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

Emotional needs of residents are assessed on admission to the home with individual residents and their representatives receiving information detailing the home's care processes and services. Residents are welcomed to social events and introduced to individual residents, to assist residents in familiarising themselves with the home and to become acquainted with existing residents. Residents are encouraged to maintain contacts within the external community; management, care staff, residents and family members liaise to identify and address residents' emotional needs and to ensure they are provided with appropriate support if/when critical episodes occur. Individual sessions are implemented for those who prefer not to engage in group contacts/social events. Residents indicated satisfaction with initial and ongoing support provided in adjusting to life in their new environment.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home's system for assessment, planning and delivery of care and services identifies residents' previous interests and lifestyle as well as their current interests and abilities. Residents' self determination is respected and individual care plans maximise residents' opportunities to maintain their personal, legal and civic rights to their optimal capacity. Residents are assisted with those aspects of personal care and other activities they are unable to manage unaided; reassessment and care evaluation processes identify additional interventions needed to support residents' independent lifestyle. Care outcomes are monitored through resident/representative feedback, observation and regular care plan evaluation. Staff assist residents to maintain their rights, be aware of their responsibilities within the home community and to exercise control of their lives to the extent possible. Residents report they are encouraged and supported to be independent.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has established and maintains a supportive environment that protects residents' privacy and dignity. Entry processes provide residents with information about their rights, including their right to privacy; staff are informed of their responsibility to respect residents' privacy and dignity and to maintain confidentiality regarding their knowledge of individual residents. Established administrative processes protect residents' personal information and identify/address breaches of privacy and confidentiality. Staff practices are monitored for compliance with the home's relevant policies and procedures. Staff described how they respect residents' privacy and dignity and individual preferences while providing care and services and this is reflected in their daily practice. Outcomes of care are monitored through resident feedback, audits and observation of staff practice. Residents report staff are courteous and respectful of their privacy and personal preferences.

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

Initial and ongoing assessment processes identify residents' past and current leisure interests. Individual care plans reflecting resident's physical, sensory and cognitive abilities and identified interests are developed and regularly reviewed by the Activity Officer. Ongoing processes for planning, delivering and evaluating individual and group lifestyle programs consider residents' interests and capabilities and choices for group or individual activities. Staff inform residents of activity programs through established communication processes; activities are monitored and evaluated through resident meetings and surveys, individual feedback, comments and complaints and review of participation rates. Residents report they are able to choose from a range of activities, and that staff assist them to be involved in activities of their choice.

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' specific cultural and spiritual needs are identified through initial and ongoing assessment processes. The information is included in care plans that assist staff to foster and value individual resident's beliefs and customs. Care delivery processes include support and guidance provided by religious representatives, management and staff according to residents' preferences. Residents are assisted to attend religious observances if/when required; staff enable residents to express their cultural and spiritual needs if necessary. The home celebrates culturally significant events and is able to provide appropriate catering services on these occasions; specific cultural dietary needs are addressed as required. Outcomes of care are monitored through resident feedback, regular care plan evaluation and complaint investigation processes. Staff receive information to increase their awareness of

specific considerations relating to provision of personal care. Residents report that their cultural and spiritual needs and preferences are respected and supported.

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 are provided with opportunities to participate in decision making through processes relating to care planning and delivery and lifestyle choices. Residents and their representatives are encouraged to be actively involved. Resident's choices are identified through initial and ongoing assessment processes, through resident meetings, surveys, comments and complaints processes and daily communication between staff and residents. Staff respect and accommodate residents' choices, and encourage them to be involved in choice of times for daily hygiene cares and evening retiring times and to participate in resident meetings. Opportunities for residents to exercise their decision making rights are monitored through regular care plan evaluations, resident feedback and surveys. Residents report they are satisfied with choices offered in matters relating to the care and services they receive.

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

Residents and representatives receive written and verbal information regarding care and service provision prior to entering the home. Documents including an information package, residential care agreement and resident handbook provide information about terms and conditions of their tenure, fees and charges, dispute resolution and residents' rights and responsibilities. Key personnel are available to ensure there is shared understanding of the terms of the agreement. The home's established processes ensure the currency of information communicated to residents about specified care and service obligations, accommodation fees and charges and legislative changes. Residents are aware of their rights and responsibilities and are satisfied that their tenure at the home is secure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of recent improvements undertaken by the home in relation to Standard 4 Physical environment and safe systems include:

- In response to a suggestion by an external service provider, a designated area has been established for doctors and emergency services. We observed this external area to provide easier access to residents for these health professionals.
- In response to specially designed dining room tables not being used effectively, management has relocated these to the secure unit. Feedback from management indicated this has supported residents to be more settled and has made it easier to assist residents with meals.
- In order to promote safety at the home, the Care Manager implemented a safety week at the home that included competitions and activities for staff. Management advised this has increased staff awareness of safety and staff feedback indicated they enjoyed participating in the activities.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems to identify and ensure compliance. The home generally has processes for identifying and ensuring compliance relating to food safety, fire and occupational health and safety.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s education processes. Education provided relevant to Standard 4 includes, but is not limited to, chemical safety, hand washing, food safety, fire and 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 does not meet this expected outcome

Management is not ensuring residents' personal environment in the home's secure unit is safe and comfortable. Residents' responses to a co-resident's episodes of aggressive behaviour demonstrate their comfort and security are not maintained. There is not a system to ensure the environment in the secure unit is consistent with residents' current needs.

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 established a safety system to support the provision of a safe working environment. This includes ongoing contact with corporate personnel for guidance on work health and safety issues and rehabilitation services. Information/updates are provided to site management on changes to policies/requirements. Staff are provided with instruction in relation to safety on commencement and on an ongoing basis through individual contact and via mandatory training. Processes to identify, action and review safety issues are established and include incident and hazard reporting, logging of maintenance requests as well as inspections/audits. Personal protective equipment is available for staff along with relevant chemical safety information. Staff outlined the processes for reporting any safety issues and reported satisfaction with the safety of their work environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has documented policies/procedures for fire and other emergencies. Fire safety equipment and detection systems are installed and regularly serviced. Staff receive instruction on fire and emergency procedures upon commencement, via the annual mandatory training program and information discussed at meetings. Evacuation diagrams are displayed throughout the home and a resident evacuation list is updated and accessible to staff. Security procedures include signing in and out and securing of the building after hours. Security incidents or concerns are reported and practice fire drills are undertaken. Monitoring of fire, security and emergency risks occurs through internal and external inspections/audits, observations and discussion at meetings. Staff demonstrated knowledge of how to respond in the event of a fire or emergency.

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

Established processes ensure infection control policies are in place in clinical, cleaning, catering, and laundry services. Compulsory education addresses key issues such as hand washing, personal hygiene and food safety. An immunisation/vaccination program is available for staff and residents. A number of clinical and environmental audits are used to ensure staff practices are appropriate and clinical and environment infection control practices effective. Infection control data is captured and analysed. Staff are aware of infection control practices and have access to relevant guidelines, policies and procedures. Residents reported satisfaction with the home's approach to infection control.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home has processes to ensure that hospitality services are provided in a way that enhances residents' quality of life and staff working environment. Residents' dietary needs are identified and communicated to relevant staff. An external service provider has been contracted for the provision of meals onsite. A food safety program has been accredited and external audits undertaken to monitor compliance. Residents' personal items are able to be washed onsite in accordance with residents/representatives preferences and all flat linen and towels are outsourced to an external service provider. The home implements a cleaning program that is delivered in a manner to reduce the risk of cross infections. Monitoring of the provision of hospitality services is conducted through satisfaction surveys, comments and complaints, feedback at meetings and audits. Residents are satisfied with the provision and options available relating to hospitality services.