



Aged Care
Standards and Accreditation Agency Ltd

Woodville Nursing Home

RACS ID 6838

2 Jelley Street

WOODVILLE SA 5011

Approved provider: Woodville Nursing Home Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for one year until 29 June 2014.

We made our decision on 22 May 2013.

In determining the period of accreditation, we considered the home's recent history and the actions taken by the home to improve care and services to residents.

The period of accreditation will provide the home with an opportunity to consolidate recent improvements, and be fully re-assessed within a 12-month period.

The audit was conducted on 29 April 2013 to 30 April 2013. The assessment team's report is attached.

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

Important information:

This home had sanctions applied by the Department. For information concerning the sanctions [click here \(to go to my aged care website\)](#).

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

Woodville Nursing Home 6838

Approved provider: Woodville Nursing Home Pty Ltd

Introduction

This is the report of a re-accreditation audit from 29 April 2013 to 30 April 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:

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 29 April 2013 to 30 April 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:	Cate Quist
Team member:	Robert Hughes

Approved provider details

Approved provider:	Woodville Nursing Home Pty Ltd
--------------------	--------------------------------

Details of home

Name of home:	Woodville Nursing Home
RACS ID:	6838

Total number of allocated places:	52
Number of residents during audit:	46
Number of high care residents during audit:	46
Special needs catered for:	People with dementia People from culturally and linguistically diverse background

Street:	2 Jelley Street	State:	SA
City:	WOODVILLE	Postcode:	5011
Phone number:	08 8445 2745	Facsimile:	08 8445 2207
E-mail address:	admin@wrac.com.au		

Audit trail

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

Interviews

	Number		Number
Management	3	Residents/representatives	9
Clinical/care/lifestyle staff	9	Hospitality and environmental safety staff	6
Administration assistant	1	Nurse advisor	1

Sampled documents

	Number		Number
Residents' files, care plans and progress notes	8	Medication charts	5
Personnel files	9	Resident agreements	1

Other documents reviewed

The team also reviewed:

- Activities calendars
- Audits and related action plans and outcomes
- Care assessments and review schedules
- Care monitoring records
- Chemical register
- Cleaning schedules
- Clinical competency packages
- Comments and complaints
- Communication systems, memoranda, newsletters, notices
- Continuous improvement log, plan and project information
- Director of nursing daily reports
- Doctors and allied health folders
- Education and training information
- Emergency management information
- Fire safety log books
- Food safety program, external audit and monitoring records
- Handover sheets
- Human resource information including rostering
- Incident, hazard and accident data and analysis
- Lifestyle assessment, review and monitoring information
- Maintenance records/test and tag records/calibration and service records
- Medications which effect taste and smell information booklet
- Meeting minutes/meeting planner/meeting agenda
- Mission, vision and philosophy
- Occupational health and safety information
- Policies and procedures
- Resident and staff surveys
- Resident information handbook
- S4 and S8 drug licence
- Safety data sheets
- Staff information handbook

- Systems for monitoring registrations and police certificates
- Temperature monitoring records
- Triennial fire certificate
- Various medication management information
- Various operational flow charts and checklists
- Volunteer information
- Wound treatment folders

Observations

The team observed the following:

- Activities in progress
- Archiving system
- Chemical storage
- Corridor mirrors
- Equipment and supply storage areas
- Evacuation plans
- Feedback stations
- Fire fighting equipment/fire board/block plans
- First aid kit/spill kit
- Infection yellow label system
- Information brochures relating to complaint mechanisms and advocacy services
- Interactions between staff and residents
- Internal and external living environment
- Meal service
- Medication round
- Memorial table
- Notice board information for residents and staff
- Outbreak kit
- Security and safety measures
- 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 progressed and matured the continuous improvement system introduced in October 2012. Opportunities for improvement are identified through the home's monitoring processes, staff and resident feedback and suggestions. All input from feedback or monitoring processes is logged on the continuous improvement plan and actioned. Items which prompt a continuous improvement project are transferred to a continuous improvement plan which records the issue, actions, responsible person, progress and the evaluation process. The home has introduced two additional feedback stations with information and forms available to encourage staff, residents and representatives to comment. The home has implemented a new incident reporting system which has improved staff recording of incidents, provided additional information and assists in analysis and trending of incidents. Continuous improvement is an agenda item at all meetings and progress with improvement projects is reviewed at the regular quality meetings. Staff interviewed are familiar with the new continuous improvement system and state they are encouraged to make suggestions and participate.

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

- In response to staff requests the home investigated the purchase of a photocopier with additional capabilities. Management surveyed staff for feedback on how the copier impacted on their work routine and a new copier was selected to meet their needs. Management provided education in operating procedures and requested staff feedback on the impact of the new machine. Staff feedback shows the new machine allows easier copying of medication charts and multiple forms and saves time. The new machine allows A3 copying which can be used for larger displays of information for residents and staff.
- The director of nursing developed a meeting agenda folder to capture information raised through monitoring mechanisms, observations of staff practices, daily discussions, review of clinical documentation and daily events. The folder has sections for all meetings with an agenda sheet for each meeting. As issues or items are raised they are added to the agenda. This allows the director of nursing immediate access to any information which has been raised in between meetings and assists in planning the next meeting.

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 systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. The home maintains membership and consultation with peak bodies, legal services, Government publications and relevant external aged care and industrial organisations. Changes to legislation received by the chief executive officer are discussed at senior management and quality meetings and relevant information distributed to staff through the home’s communication mechanisms. Policies and procedures are updated as required. Compliance with legislative requirements is monitored through the audit process and reviewed at senior management meetings. The home advises residents and representatives of accreditation audits. The home has processes to monitor police certificate and registration requirements of relevant individuals, maintain privacy requirements and to manage complaints confidentiality.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. There are recruitment and orientation processes to assist the selection, induction and education of new staff. Senior staff monitor staff skills and training needs through the appraisal system, training needs analysis, staff surveys and review of incident data. In addition, senior clinical staff observe staff practices and review documentation on a daily basis and respond with one-to-one or small group education as required. The home has responded to training needs identified and has prioritised requirements and implemented a training calendar for 2013. Management develop and display a monthly training flyer outlining training requirements and opportunities for the following month. Senior staff monitor completion of mandatory training requirements. Training is provided through external services, internal staff, educational DVD and questionnaires and sessions are evaluated. The home requires staff to sign a training agreement and this assists in identifying needs and encourages staff to take responsibility for their professional development. Staff are satisfied they are provided with sufficient training opportunities to assist them to develop their skills and knowledge.

The home has provided education in relation to Standard 1 Management systems, staffing and organisational development, including the Aged Care Funding Instrument and resident care documentation. The home has provided support and training regarding the new audit and incident management processes. Management have attended information sessions in relation to The Aged Care Workforce Compact and the new aged care reforms.

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 and representatives have access to internal and external complaints mechanisms and are aware of how to use them. The home displays internal and external complaint mechanisms and advocacy information and provides this information in the resident handbook and agreement documentation. Additional feedback stations have been installed to encourage residents and representatives to use the systems provided. Resident and representative meetings are held regularly with additional meetings scheduled in the evening to allow representatives to attend. Staff assist residents by referring complaints to senior staff or assisting residents to complete feedback forms. Verbal and written complaints are logged, actioned and analysed. Complaint data is reported and trended at senior management and quality meetings where outcomes are reviewed and any further action requirements discussed. Residents and representatives are satisfied with the management of complaints.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has documented the home's vision, mission, objectives and philosophy and this information is displayed and included in staff and resident information handbooks.

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 appropriately skilled and qualified staff to deliver care and services in accordance with the Accreditation Standards. Staffing levels are based on a roster system which is adjusted according to current need. Management and senior staff monitor resident acuity, staffing requirements and the needs of the home and respond as changes occur. Processes to support new and relieving staff include an orientation program, relevant mandatory education and buddy shifts. Individual position requirements and duty statements are documented. There is a system to monitor staff qualifications and police certificate requirements. Senior staff monitor staff skills and numbers through the appraisal system, direct observation of practice and documentation, resident and representative feedback and analysis of incident data. Management have commenced a new system to monitor call bell response times. Staff interviewed state they are guided and supported by senior staff and their practices are observed and monitored. Residents and representatives are satisfied there are sufficient and qualified staff to provide appropriate care and services.

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 maintains appropriate stocks of goods and equipment for delivering a quality service. There are staff responsible and documented processes for ordering and maintenance of stocks and equipment relevant to their area. Where appropriate, there is a consultation process with staff regarding suitability of equipment. Maintenance staff follow a schedule for routine equipment maintenance and monitor external services who maintain major equipment. The home provides education for staff in the use of new equipment and monitors that staff adhere to safe work practices. Staff, residents and representatives are satisfied there are adequate and appropriate stocks of goods and equipment to provide care and services.

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

There are effective information systems to provide stakeholders with access to current and appropriate information relevant to their role. Residents and representatives are provided with ongoing information through newsletters, meetings, case conferencing, direct contact with senior staff and notice board displays. The home has updated and improved systems for recording, reporting, and monitoring key information. There are processes for secure storage, archiving and destruction of confidential information and staff are aware of their responsibilities with regard to maintaining confidentiality. The home has reviewed policies and procedures, duty statements and information management systems and monitors that staff are aware of their responsibilities with regard to correct documentation of resident information. Staff are familiar with new policies and procedures and state they have access to current information to assist them to perform their roles. Residents and representatives are satisfied they have access to sufficient information to assist them to make decisions about resident care.

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

Externally sourced services are provided in a way that meets the home's service needs and quality goals and residents' needs. There are processes for identification of suitable external providers, referral for consultation and communication regarding service provision. The chief executive officer maintains external service agreements that specify the home's requirements, including police certificates where relevant. Management review external service providers in consultation with relevant staff and any issues are discussed and recorded in management meetings. Staff are aware of preferred external providers and how to access services when required. Staff and residents are satisfied with the external services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, the home identifies improvement opportunities through clinical audits, senior clinical staff observation of staff practices and documentation, analysis of incident data and staff feedback. Residents, representatives and staff are satisfied the home actively supports and encourages improvements to residents' physical and mental health.

Improvement initiatives implemented by the home in relation to Standard 2 Health and personal care include:

- In response to audit results and staff suggestions the home implemented strategies to improve continence care for residents with behaviours that impact on social continence. The project initially concentrated on three residents with behaviours regarding social continence which impacted on residents' privacy, dignity and comfort. The home recently employed a registered nurse with continence management qualifications and allocated this nurse one day per week for improving continence management and developing this project. Developing new strategies for these three residents included re-assessment, planning and consultation with an external continence specialist. The new interventions and new equipment introduced were trialled and progress recorded in progress notes. Evaluation of the project shows these residents have improved continence management, they are sleeping better and their social continence is managed effectively. The home plans to develop the project further and has planned staff education sessions for May and June 2013.
- To improve staff knowledge of the impact of medications on residents' taste and smell the home developed an information booklet for staff. The booklet has a list of medications which can affect taste and smell and details the impact and possible result for each medication. The booklet is stored on the medication trolley for easy access. Staff have been educated regarding the resource and encouraged to consider medications whenever a resident has evidence of loss of appetite, dry mouth or any other relevant symptoms. Staff feedback shows they appreciate the resource and now consider medications when residents' display any changes in health status, including weight loss.
- Through staff feedback the home identified an opportunity to improve the handover process for care staff and enrolled nurses. Staff felt the handover process did not provide them with adequate information regarding resident care needs. The home implemented a verbal handover process inclusive of all staff responsible for resident care. Morning shift commencement times were changed to a half an hour earlier to allow for a comprehensive handover. A staff survey following the new procedure shows staff feel they have a better understanding of resident care needs and they are given the opportunity to participate in discussion which provides an avenue to increase their knowledge.

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 regulatory compliance systems and processes.

In relation to Standard 2 Health and personal care, legislative updates and current requirements are discussed at clinical meetings and current clinical guidelines are provided. There are processes for appropriate storage and administration of medications and appropriately qualified staff provide specialised nursing care requirements. Management and staff are aware of their responsibilities in meeting legislative requirements in relation to health and personal care.

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 system.

In relation to Standard 2 Health and personal care, senior clinical staff review resident progress notes and incident documentation on a daily basis and provide on the spot education as required. The home has prioritised educational needs in response to a training needs analysis and implemented a new education schedule for 2013. Training provided in the previous three months includes, diabetes management, preparation of thickened fluids, modified diets, assessment care planning and review and care documentation. Staff have been educated in the use of the new incident recording and monitoring system with training in incident investigation and reporting. Registered staff have received training in medication management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive clinical care that is appropriate to their individual needs and preferences. On entry initial care plans are formulated with comprehensive consultative assessments undertaken to develop ongoing, individual care plans. Care plans are reviewed and updated every four months according to set routine schedules or if needs change. Changes in care needs are relayed to care staff through means, including verbal and written handover, progress notes and individual conversations. Training is provided to staff through a set annual education program or as specific needs are identified. Staff practices are monitored through audits, incidents, surveys, care reviews, feedback mechanisms and individual assessments. Staff interviewed are aware of individual resident’s care needs and provide

these. Residents and representatives interviewed are satisfied with the care residents' receive in the home

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' identified specialised care needs are met by appropriately qualified nursing staff. Clinical staff assess residents' specialised care needs and administer care and treatments according to professional guidelines. A registered nurse is available at all times. Specialist services, such as palliative care are accessed if required. Staff are encouraged and supported to access external education to increase knowledge and skills. On-going education is also provided on-site through the regular scheduled training programs or by appropriate specialists. Staff interviewed provide specialised care according to their professional scope of practice. Residents and representatives interviewed are satisfied the home provides specialised nursing care according to residents' individual needs.

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 specialists according to their assessed needs. Various health specialists regularly visit the home, including medical officers, physiotherapists and podiatrists. Treatments are provided according to routine documented schedules and individual referrals. Referrals to other external specialists are arranged as needed with transport provided by staff or family members. Changes to care needs are documented with specific alert sheets complementing the follow-up actions. Staff interviewed said they are able to access appropriate health specialists as required. Residents and representatives interviewed are satisfied referrals to appropriate specialists are timely and occur as needed.

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

Residents' medications are managed safely and correctly within the home. Clinical staff administer medications according to their professional scope of practice. Regulatory legislation, professional guidelines, policies and procedures guide staff practices. Assessments are available for residents preferring to self-medicate. Medications are stored securely with an on-site imprest for emergency or after hours medication requirements. Clinical staff receive education and undertake mandatory drug calculations and questionnaires to maintain skills. Staff practices are monitored through incidents, audits, meetings, feedback mechanisms and clinical observation. Incident data is generally complete. Staff interviewed are aware of managing medications according to their clinical role. Residents and representatives interviewed are satisfied with the management of medications within the home.

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

Residents receive pain management appropriate to their needs. The home has processes to assess, monitor, refer and communicate identified individual resident’s pain needs. Assessments use verbal and non-verbal indicators according to resident cognition. A variety of strategies are used by the home to manage residents’ pain, including medication, position changes, physiotherapy and massage. A physiotherapist visits the home twice a week to provide assessments and treatments. Pain management practices are monitored through audits, care reviews, feedback mechanisms, clinical assessments and observations. Staff are aware of individual needs and provide treatments according to their clinical expertise. Residents and representatives interviewed are satisfied residents’ pain management needs are met by staff.

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 comfort and dignity of palliative residents is maintained in the home. End of life wishes and good palliative care plans identify individual resident’s requests. Specific plans and care pathways are established if residents’ conditions deteriorate. Medical officers and palliative care specialists are contacted when needed. Specialist palliative equipment and resources are accessible as required. Family members are supported to stay with residents in their last stages. Staff interviewed are aware of their roles in palliative management according to their varying skill levels. Practices are monitored through audits, care reviews, feedback mechanisms, clinical assessments and observations. Residents and representatives interviewed are satisfied residents’ needs are met by staff within the home.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents receive adequate nutrition and hydration according to their preferences and assessed needs. Assessed requirements and changes are forwarded to the kitchen by registered nursing staff. Specific instructions for eating and drinking are recorded and alternative meals are provided according to medical, cultural and religious needs or personal choice. Specialists, such as a dietitian or speech pathologist can be accessed at other times if required. Resident weights are routinely monitored monthly and actions developed if there are any significant variances. Fluid intake is monitored through clinical observation or urinary infection rates. Training is provided to staff through regular education programs or if specific needs are identified. Staff practices are monitored through audits, care reviews, feedback mechanisms, clinical assessments and observations. Staff interviewed are aware of individual resident’s nutrition and hydration needs and requirements. Residents and representatives interviewed are satisfied with the meals and drinks provided.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Residents receive care and treatments to promote skin integrity consistent with their general health. Initial and ongoing assessment and review processes identify resident skin integrity issues, including risk of skin breakdown and are used to develop skin care strategies and treatments. Care strategies include massage, pressure area care and continence management. Referrals to relevant health professionals are made if required, including medical officers, physiotherapists or dietitians. Wound assessment and treatment plans provide clinical staff with guidelines for individual treatments with photos taken to monitor wound healing processes. Staff practices are monitored through audits, care reviews, feedback mechanisms, clinical assessments and observations. Staff interviewed are aware of how to provide skin care to residents according to their clinical roles. Residents and representatives interviewed are satisfied residents’ skin integrity is maintained.

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 needs are managed effectively in the home. Residents’ bowel and bladder habits are assessed on entry and monitored through the routine review process, or if needs change. Care plans include toileting schedules, level of assistance required and use of products. Training is provided on resident care and continence management. Continence management is monitored through bowel charts, urinary infection rates, audits, clinical observations and resident feedback. Staff interviewed are aware of individual resident’s continence management requirements and manage these appropriately. Residents and representatives interviewed are satisfied with the care provided to meet 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

The needs of residents identified with challenging behaviours are managed effectively. Initial and ongoing assessment and review processes identify individual behaviour patterns and triggers with interventions instigated to manage or reduce these. These are noted in the care plans for staff to follow. Consultation with external professionals, such as medical officers or behaviour management services are used as required. Specific assessments and monitoring guidelines are used if restraint is required. Practices are monitored through incidents, surveys, feedback mechanisms and clinical observation. Staff interviewed are aware of managing individual resident’s needs and the processes for further referrals and treatments if required. Residents and representatives interviewed said they felt safe within the home.

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

Maintaining optimum levels of resident mobility and dexterity is promoted in the home. Consultative assessment processes, including input from a physiotherapist to identify the level of assistance required, exercises and appropriate equipment to enhance mobility and dexterity for individual residents. Care plans and treatment sheets guide staff with individual resident management and use of mobility aids. The lifestyle program incorporates exercise programs. Training, such as manual handling is provided to staff. Monitoring of staff practice within the home includes audits, incidents and clinical observations. Staff interviewed are aware of how to support individual resident's mobility and dexterity needs and promote these. Residents and representatives interviewed are satisfied the home promotes optimum levels of resident 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' oral and dental health is maintained within the home. Assessed needs are documented in care plans to guide staff in individual resident dental needs. Referrals and assistance to access dental services are provided according to resident needs, choice and preferences. Domiciliary dental services can visit the home if required. Monitoring of oral hygiene is through care reviews, feedback mechanisms and clinical observations. Staff interviewed are aware of how to manage residents' oral and dental health needs. Residents and representatives interviewed are satisfied with the care provided by staff to meet individual resident needs.

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 losses are identified and managed. All five senses are assessed on entry to the home. Care and lifestyle plans address individual needs to manage identified sensory losses and levels of assistance required. Access to specialist services to further manage sensory deficits is arranged if required. Staff practices are monitored through audits, incidents, surveys, care reviews, feedback mechanisms and observation. Staff interviewed are aware of processes and strategies to manage residents' individual sensory losses. Residents and representatives interviewed are satisfied with how the home manages residents' sensory needs.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Residents are being assisted to achieve natural sleep patterns. The assessment and review processes identify individual needs of residents to achieve natural sleep patterns which are highlighted in care plans. Strategies to promote sleep include providing an appropriate individual environment, warm drinks and use of appropriate continence aids. Monitoring is achieved through care plan reviews, resident feedback and clinical observation. Staff interviewed are aware of strategies to promote residents’ sleep. Residents and representatives interviewed are satisfied with the assistance provided for residents’ to enable them to achieve normal sleep patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, staff encourage residents and representatives to provide feedback and suggestions through feedback forms, resident and representative meetings, surveys and directly to lifestyle staff. Residents and representatives are satisfied the home actively works to improve residents’ lifestyle and encourages feedback from all stakeholders.

Improvement initiatives implemented by the home in relation to Standard 3 Resident lifestyle include:

- Staff suggested an improvement to provide residents, families and staff with the opportunity to reflect and remember residents who have died. A memory table has been placed in a relevant area of the home. The table has photos of residents who have recently died, a floral decoration and relevant comforting verses displayed. Staff have observed residents pausing at the table and observing the display. Feedback indicates the display is appreciated by residents, families, staff and visitors.
- In response to resident feedback lifestyle staff introduced a singing activity which would encourage residents with dementia to participate. The home purchased a karaoke DVD of golden oldies and set up a regular sing-along followed by afternoon tea. Residents can read the words of the song and visitors are encouraged to join in. Evaluation of the sessions shows the karaoke allows residents who do not participate in other social activities an opportunity to socialise and join in the singing. The session prompts residents to reminisce. Residents and visitors comment they enjoy the activity, they appreciate the word prompts and enjoy joining in the singing.

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 regulatory compliance systems and processes.

In relation to Standard 3 Resident lifestyle, the home maintains a mandatory reporting register and provides staff with education regarding elder abuse and mandatory reporting. There are processes for maintaining the requirements of privacy legislation and security of tenure. Residents and representatives are informed regarding services provided and their

rights and responsibilities through the agreement and resident information handbook. Management and staff are aware of legislative requirements in relation to resident lifestyle.

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 and staff development processes.

In relation to Standard 3 Resident lifestyle the home has provided staff education in elder abuse, mandatory reporting, respecting patient choices, duty of care and privacy and dignity. Senior staff monitor staff practices through observation of practice and review of documentation and provide on the spot education when required.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home supports residents in adjusting to their new environment on entry and on an ongoing basis. New residents are orientated to the home, introduced to residents and staff, and have a welcome message placed in their rooms. Residents are able to bring in their own belongings and personalise their rooms. Residents and family are encouraged to discuss any issues with staff. The home monitors resident satisfaction with emotional support through meetings, surveys, lifestyle reviews, staff observation and verbal feedback. Staff interviewed are aware of residents' individual emotional support needs and promote these. Residents and representatives interviewed are satisfied residents' receive appropriate emotional support.

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 assists residents to achieve independence, maintain friendships and participate in the life of the home and community. Physiotherapy treatments and mobility aids assist residents to retain their independence in activities of daily living. Residents are assisted to participate in community life through individual or group outings aided by staff, volunteers or family members. The home monitors resident satisfaction with their independence through meetings, feedback mechanisms, surveys and individual discussions. Staff interviewed are aware of their responsibilities in assisting residents to maintain their independence. Residents and representatives interviewed are satisfied that residents' are assisted to maintain their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has processes that recognise and respect residents' right to privacy, dignity and confidentiality. All new staff are required to sign a code of conduct agreement at commencement of employment which highlights confidentiality requirements. Double rooms have individual privacy screens to create a personal space when required. There is a quiet room and outside courtyard areas for residents to socialise in private. Strategies to promote residents' privacy, dignity and confidentiality include knocking on doors before entering rooms, attending to resident therapies in specific private areas or using privacy screens to attend to individual care needs. Confidential documentation is stored in specific locations and accessed by authorised personnel only. The home monitors resident satisfaction with their independence through meetings, feedback mechanisms, surveys and individual discussions. Staff interviewed are aware of their responsibilities to maintain residents' privacy, dignity and confidentiality. Residents and representatives interviewed are satisfied that residents' privacy, dignity and confidentiality is maintained.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has systems to encourage and support residents to participate in a range of interests and activities of interest to them. Initial social and lifestyle assessments and ongoing review processes identify residents' preferred interests and activities with lifestyle plans developed from this process. A monthly lifestyle program is displayed in the home with daily activities written on a whiteboard in the communal lounge area. Activities are also promoted through monthly update notices sent to family members, newsletters and regular resident meetings. Residents are encouraged to review and change the lifestyle program. A number of volunteers work with staff to assist residents to participate in group or individual activities of their choice. The home monitors resident satisfaction through lifestyle reviews, attendance records, feedback forms, surveys, meetings and individual discussions. Staff interviewed are aware of their responsibilities in assisting residents with lifestyle activities and are aware of individual preferences. Residents and representatives interviewed are satisfied with the range of activities provided.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has systems to foster individual interests, customs, beliefs and cultural and ethnic backgrounds. Initial entry and ongoing review processes identify residents' cultural and spiritual preferences. Access to interpreting services, specific resources or cultural support groups is available when needed. A cultural resource folder is available for staff to use. A non-denominational church service is conducted in the home on a weekly basis, with private

communities provided to residents who request this. Traditional cultural, religious and days of local significance are identified and acknowledged. The home monitors resident satisfaction with their cultural and spiritual needs through feedback mechanisms, meetings, surveys and individual discussions. Staff interviewed are aware of their responsibilities to assist residents to participate and attend activities and special events. Residents and representatives interviewed are satisfied residents' cultural and spiritual needs are acknowledged.

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 encouraged and assisted in making independent choices about their care, lifestyle and the services they receive. Initial entry and ongoing review processes identify residents' preferred choices regarding the care and services provided. Entry processes also identify representatives who can assist with care and lifestyle decisions when the resident is unable to do so. Information on rights and responsibilities is clearly displayed in the home and documented in other resident information. Information to access external advocacy and complaints departments is available. The home monitors resident satisfaction with their choice and decision making through feedback mechanisms, meetings, surveys and individual discussions. Staff interviewed are aware of their responsibility in providing residents with choice in the services provided and their right to refuse. Residents and representatives interviewed are satisfied residents' are provided with choice regarding the care and lifestyle services provided.

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 have been provided with information about their security of tenure and understand their rights and responsibilities. The resident information handbook and the residential agreement provide residents with information regarding security of tenure, residents' rights other related information. The home consults with residents and their representatives when room changes are suggested. There is an information bay with relevant informative pamphlets and information sheets related to internal and external complaint and advocacy mechanisms. There is information in relevant other languages available. Residential agreement information is reviewed through the services of peak bodies and legal services. Resident satisfaction is monitored through the resident survey and through case conferences with residents, families and representatives.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to the Standard 4 Physical environment and safe systems the home identifies opportunities for improvement through review of hazard data, resident surveys, the audit system and resident/representative or staff feedback.

Improvement initiatives implemented by the home in relation to Standard 4 Physical environment and safe systems include:

- To encourage residents to provide feedback regarding their meals, the home developed new meal feedback forms. Feedback stations have been installed in the kitchenettes with a secure suggestion box, feedback forms and information encouraging comment. Residents and representatives were advised at their meeting about the new process and encouraged to provide feedback and suggestions about the meals. The survey following the new initiative prompted 17 responses showing residents were aware of the forms and thought it was a good idea. Residents and staff use the forms to comment on the meals and their comments and suggestions are considered by catering and management staff.
- In response to a hazard identified by staff, management installed vision mirrors in corridors. Staff noted they were unable to see people approaching around the various corners of the home. Following consultation with staff regarding risk areas, mirrors were purchased and placed in relevant areas to improve visual ability around the corners. Feedback survey forms show respondents are aware of the mirrors and feel potential risks have been reduced.

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 regulatory compliance and safe systems.

In relation to Standard 4 Physical environment and safe systems, the home maintains fire safety equipment and has a current fire safety inspection certificate. The home has provided education for staff regarding the new work health and safety legislation. There is a first aid kit available. There is an audited food safety plan. Management and staff are aware of their responsibilities in meeting legislative requirements in relation to the physical environment and safe systems.

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 and staff development processes.

In relation to Standard 4 Physical environment and safe systems, the home provides education to meet mandatory requirements and identified staff training needs. The home provides training in manual handling, safe work practices and chemical safety. Fire and emergency training is conducted by an external provider. Staff are trained in food safety and infection control relevant to their area of practice. The home purchased new slings and provided training in the use of the new equipment. Management staff attended training regarding the new work health and safety legislation and risk assessment.

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 provides an environment to reflect the safety and comfort needs of the residents. There are processes for regular assessment and monitoring of the environment, including the internal and external living areas and resident access to call bells. Restraint is minimised and the home has updated their restraint management policies in line with the most recent guidelines. There are processes for assessment, monitoring and management of residents who smoke and residents who may wander, including regular visual checks for residents at risk. Staff identify and report hazards which are actioned and monitored. There is a preventative and routine building maintenance program and testing and tagging of electrical equipment. Residents and representatives are satisfied the home provides a safe comfortable environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Work health and safety is overseen by a Work Health and Safety Committee who meet on a regular basis and review work practices, identified hazards, accidents, incidents and staff feedback. Processes include hazard identification and management, chemical safety, waste disposal and provision of safe work practice procedures. Staff are aware of safe practices and have been provided with education in safe operating procedures relevant to their area of work. Staff are satisfied management are active in providing a safe work environment and they are consulted in relation to work health and safety.

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 established procedures for detecting and acting on fire, security or other emergency risks. External services maintain and monitor fire safety equipment and the environment and the maintenance officer monitors they complete the requirements of fire safety log books. The maintenance officer monitors the environment on a scheduled basis for fire and security risk. The home maintains an updated resident evacuation list. The home is in the process of developing evacuation kits for residents and updated procedures should an evacuation be required. There are security measures, including key padded doors, sign in and out register and security sensor lighting to alert staff of movement at night in external areas. Staff are aware of their responsibilities in relation to fire or other emergencies and receive regular fire safety education and fire drills. Residents and representatives are satisfied the home provides residents with a safe environment.

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 system that is effective in identifying and containing infections. Contingency plans and equipment, including an outbreak kit are available to manage and contain infectious outbreaks. Standard precautions are promoted and staff interviewed said they are provided with relevant infection control guidelines and adequate training and supplies of personal protective equipment. Immunisation programs are available to residents. Cleaning programs and pest control programs promote a clean environment. The home has an audited food safety program. Resident infections are monitored and treated accordingly with rates collated, trended and analysed each month for further actions and opportunities for improvement. Residents and representatives interviewed are satisfied with the practices used in the home to minimise the incidence of 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

Hospitality services are provided in a manner which enhances residents' quality of life and the working environment. Clinical staff assess residents' needs and preferences and communicate requirements to catering staff via a dietary needs form. Catering staff are aware of residents' cultural, religious and individual preferences. Residents are offered a cooked morning tea and a variety of alternative choices to the main meal. Residents are encouraged to comment on meals and to provide suggestions regarding the menu. An external service provides cleaning services and these are monitored by the home and by the provider on a regular basis. Laundry services consider and promote resident dignity and are provided in accordance with health and hygiene standards. Residents and representatives are satisfied with the hospitality services provided.