



Aged Care
Standards and Accreditation Agency Ltd

Woorayl Lodge Hostel

Approved provider: Woorayl Lodge Inc

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for one year until 16 November 2012. We made the decision on 14 September 2011.

The audit was conducted on 16 August 2011 to 17 August 2011. The assessment team's report is attached.

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

Home and approved provider details

Details of the home

Home's name:	Woorayl Lodge Hostel				
RACS ID:	3009				
Number of beds:	40	Number of high care residents:	12		
Special needs group catered for:	<ul style="list-style-type: none"> • Nil 				
Street:	71 McCartin Street				
City:	Leongatha	State:	Victoria	Postcode:	3953
Phone:	03 5662 2053		Facsimile:	03 5662 3967	
Email address:	woorayl@internode.on.net				

Approved provider

Approved provider:	Woorayl Lodge Inc
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Assessment team

Team leader:	Gerard Barry
Team members:	Colette Marshall
	Sarah Lawson
Dates of audit:	16 August 2011 to 17 August 2011

Principle:

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

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Principle:

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

Expected outcome	Accreditation Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Principle:

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

Expected outcome		Accreditation Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

Principle:

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

Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

Woorayl Lodge Hostel 3009

71 McCartin Street

LEONGATHA VIC

Approved provider: Woorayl Lodge Inc

Executive summary

This is the report of a site audit of Woorayl Lodge Hostel 3009 from 16 August 2011 to 17 August 2011 submitted to the Accreditation Agency.

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

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home's accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency visits the home to conduct a site audit. The team assesses the quality of care and services at the home, and reports its findings about whether the home meets or does not meet each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team's reasons for its findings.

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 16 August 2011 to 17 August 2011

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of three 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:	Gerard Barry
Team members:	Colette Marshall
	Sarah Lawson

Approved provider details

Approved provider:	Woorayl Lodge Inc
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Details of home

Name of home:	Woorayl Lodge Hostel
RACS ID:	3009

Total number of allocated places:	40
Number of residents during site audit:	38
Number of high care residents during site audit:	12
Special needs catered for:	Nil

Street:	71 McCartin Street	State:	Victoria
City:	Leongatha	Postcode:	3953
Phone number:	03 5662 2053	Facsimile:	03 5662 3967
E-mail address:	woorayl@internode.on.net		

Audit trail

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

Interviews

	Number		Number
Management	3	Residents	9
Nurses/carers/lifestyle	9	Representatives	4
Hospitality/environment/admini- stration	9		

Sampled documents

	Number		Number
Residents' files	13	Medication charts	5
Summary/quick reference care plans	7	Personnel files	4
Resident agreements	3		

Other documents reviewed

The team also reviewed:

- Activity calendars
- Allied health referrals
- Assessments
- Audit schedules and results
- Cleaning schedules
- Clinical forms and charts
- Comment and complaint records
- Consent forms
- Continuous improvement plan 2011 and associated documentation
- Dietary change request forms
- Duty statements and position descriptions
- Education schedules, attendance records and evaluations
- External contractor documentation
- Fact sheets
- Feedback forms
- Fire plans
- Food safety program and associated monitoring documentation
- Hazard reporting forms
- Incident reports
- Induction checklists
- Job descriptions
- Key information data analysis and trending records
- Lifestyle activity program, handover, attendance records and evaluations
- Material safety data sheets
- Meeting agendas and minutes
- Memoranda
- Mission and vision statement
- Newsletter
- Nutritional assessments and referrals
- Observation charts

- Organisational chart
- Orientation checklist
- Outbreak procedures
- Periodic maintenance register
- Pest sighting report form
- Pharmacist reviews
- Police records
- Professional registrations
- Refrigerator temperature checking charts
- Religious and spiritual program
- Resident consent documentation
- Resident of the day checklist
- Residents' information handbook
- Schedule 8 record book
- Selected policies/procedures
- Staff files
- Staff handbook
- Staff rosters
- Training records

Observations

The team observed the following:

- Activities in progress
- Archiving system
- Assessment information
- Bus trip
- Charter of Resident Rights and Responsibilities on display
- Chemical storage
- Cleaning equipment
- Clinical equipment and supplies
- Dressing trolley
- Electronic care system
- Emergency plan and egress routes
- Equipment and supply storage areas
- External complaint body brochures and posters
- Fire and emergency equipment
- Hand washing facilities
- Handover
- Interactions between staff and residents
- Internal and external living environment
- Manual handling equipment
- Meal service and refreshment delivery
- Mealtime
- Medication trolleys, storage and medication administration system
- Notice boards
- Notification to stakeholders of accreditation audit
- Outbreak kit
- Oxygen equipment
- Personal protective equipment
- Resident transfer equipment
- Residents using variety of mobility aids
- Residents' cat
- Staff and resident interactions

- Staff and resident noticeboards
- Storage of medications
- Suggestion/comments box
- Supply storage areas
- Waste disposal system
- Wound trolley

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

Staff are informed of the home’s continuous improvement activities during orientation and are expected to actively participate in continuous improvement activities. Improvement forms, incident and hazard reports along with the accompanying data trend analysis are the main sources used to gather information and decide on improvement activities. Other sources of information leading to continuous improvement activities include: resident and staff surveys, resident and staff meetings, board of management initiatives, strategic planning and general suggestions. Management uses a comprehensive risk management approach to prioritise safety and quality opportunities throughout the hostel’s processes. Staff and residents within the home are aware of the process of using the improvement forms to make suggestions for improvement. Examples of improvements include:

- The addition of a second personal care assistant to the overnight shift for improved resident safety and service due to the changing needs of residents.
- The introduction of a comprehensive training matrix recording staff attendance at compulsory training and the delivery of such training by a local health service.
- The purchase of three new computers and two work desks to improve information systems and data handling.
- The renovation of the personal care office to provide a larger, brighter more user friendly space that has enhanced staff efficiency and document security.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home receives updates on regulatory and legislative changes through an online commercial update service as well as through Government departments, coronial communiqués and newsletters/journals from industry bodies. Management informs staff of changes through memoranda, education, noticeboards and staff meetings. Procedures are reviewed and updated on a regular basis or as changes occur. The home complies with the requirements for police criminal record checks. Management ensures ongoing compliance is monitored through internal 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

The home has systems and processes in place to identify staff education requirements in relation to management systems and provides training opportunities for all staff. Prior to

appointment the qualifications and knowledge base of potential employees are determined and matched to the vacant position through the requirements of the job description. Attendance records are maintained and evaluations are utilised to determine the effectiveness of training sessions. Educational needs are identified through performance appraisals, training needs analysis, staff survey and from operational information such as: audit results, incident data and strategic imperatives to develop an annual calendar. Recent training includes: continuous improvement, computerised care planning, the commonwealth funding tool, understanding accreditation and documentation.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has a system in place to allow stakeholders to express any concerns regarding service delivery. Residents and their representatives are informed of the internal and external complaint systems through the resident information kit, brochures in the home and during meetings. The team observed the system is being used by all stakeholders with investigations, actions and feedback all occurring in a timely manner. Residents told the team that although they are aware of the formal complaint systems they feel more comfortable to raise any concerns directly with management.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has a series of documented statements proclaiming the mission, vision, and philosophy of care. These statements define the home's commitment to delivering quality care and services to the elderly citizens residing in the home. The statements are displayed within the home and reflected in information packages supplied to residents, representatives, staff and other stakeholders. The board of management develops strategic direction and monitors the home's management systems but leaves the operational actions to the home's management.

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

Residents and representatives said they are satisfied with the responsiveness of staff and level of care provided. The home could show that it has systems and processes in place to ensure staff numbers, with the appropriate skill mix, are rostered to meet the needs of residents. New staff receive orientation and there is a buddy system in place, ongoing training records show that mandatory and other relevant training is provided. Position descriptions are in place and performance reviews have been completed for all staff. Staff confirm they have sufficient time to complete their duties and are satisfied that they are supported in ongoing skill development.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has stocks of goods and equipment that support quality service delivery. An effective stock control system is in place; inventory is regularly checked and reordered before minimum stock levels are reached. Purchased goods/equipment are inspected and evaluated upon arrival and electrical equipment is properly tagged. Chemicals are securely stored at designated areas around the home. A preventive maintenance program is operational and supported by a maintenance request system. Residents and allied health personnel are consulted with respect to the selection of mobility/health aids. Staff, residents and representatives confirm their satisfaction with the amount and quality of goods and equipment available to meet their needs.

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

Management and staff have access to information that is accurate and appropriate to their roles. Confidentiality and security of staff and resident information is maintained at all times. Electronic systems are password protected with limited/restricted levels of access to files; there is regular back up of computerised files. Residents and representatives are provided with information that is appropriate to their needs and that assists them to make decisions about their care and lifestyle. Residents and their representatives are kept informed through case conferences, newsletters, meetings, letters and verbally. The team observed notices, memoranda, minutes of meetings and confirmed with staff and residents that they were kept informed and current with the home's operations.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's findings

The home meets this expected outcome

The home has systems in place to ensure the quality and suitability of externally sourced services. External contractors have signed service agreements specifying standards of service delivery, ongoing certification or registration and insurance requirements. The approved supplier list has an extensive listing of companies, medical practitioners, allied health professionals and others who work at the home. Evaluation is conducted based on performance review, past history, competency and cost. Proof of police criminal checks is maintained as required by legislation. Residents are satisfied with the 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 for more details on the home's continuous improvement system. The home maintains an annual audit schedule that measures performance against the Accreditation Standards and incident reports. These are analysed and evaluated with the results reported at relevant meetings. Data analysis also prompts educational opportunities and improvement activities that are monitored by the management team. Staff confirm they actively participate in the continuous improvement system with residents and relatives stating they are aware of the home's continuous improvement system. Examples of improvements include:

- The introduction of a new drug chart to enable medication competent personal care staff to have increased awareness of drugs and documentation and allows the registered nurse and endorsed enrolled nurses to sign individual medications administered.
- The purchase and introduction of new medication trolleys that have individualised compartments with resident photographs for storage of medications. The trolleys provide a safer and more hygienic storage/delivery area for medications.
- Alterations to the medication ordering system between the home and the pharmacy, allowing accurate medication information to be passed between the home and the pharmacy. The pharmacists receive changes to medication charts first and have agreed that all drugs will be written in generic names.
- A review of and completion of competency assessments for personal care assistants and enrolled nurses was undertaken by the registered nurse/facility manager
- The introduction of a medication chart compliance audit completed each day, and monthly auditing of all charts by the registered nurse.

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 for details on the system used by the home in determining how they meet legislative requirements. The competency of staff is monitored with respect to medication management and staff have been kept informed of the legislative changes in that area. Drugs of dependence and other medications are properly stored and administered, and management reviews the professional registration of all nurses annually. There are systems in place regarding the reporting of missing residents to the relevant authorities. Management ensures ongoing compliance is monitored through observations of staff performance and internal audits. Staff confirm management makes sure they are informed of changes mainly through memoranda or meetings.

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 for details of the overall system used at the home for determining educational programs. Staff are actively encouraged to further their knowledge and improve their skills. There is a competency program in place with records maintained for each staff member and collectively in a training matrix. Staff stated they are pleased with the amount and type of education that management provides and the support that is offered for self development. Recent education includes: workplace hygiene, foot care for the elderly, pain management, wound dressing/skin integrity, advanced care planning and falls prevention.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home can demonstrate that resident’s clinical care needs and preferences are assessed on entry to the home and on a regular basis thereafter. All residents have a comprehensive assessment completed which forms the basis of the care plan. Medical officers and other health professionals are involved in this process. Residents and representatives report that they are consulted and involved in formulating the care plan and are satisfied with the clinical care provided. The home has a registered nurse/facility manager who is responsible for the evaluation of clinical care and review of care plans. Care staff are aware of individual care requirements and needs and are informed of changes to care plans by verbal handovers, care plan review via resident of the day, and progress notes. There is evidence that clinical incidents are monitored and evaluated and clinical problems are reviewed by the appropriate health professionals.

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 are assessed for specialised care needs on arrival to the home by qualified nursing staff. A registered nurse provides and evaluates specialised care and can demonstrate that support is sought from external consultants, such as wound care specialists, and palliative care nurses when required. Medical officers are involved in specialised care planning and evaluation such as diabetes care. In the absence of the registered nurse a nurse from the local community health setting provides specialised care. Residents are satisfied that their specialised nursing care needs are 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

Residents are assessed on entry to the home for other health and related services and referral to appropriate professionals occurs. A medical officer visits residents regularly and other health professionals provide services on site including physiotherapy, nutrition, and podiatry. Referral to specialists outside the home is arranged as needed and was confirmed by resident interviews. Documentation shows that specialist treatment instructions and recommendations are followed and care is delivered to residents accordingly. Residents and representatives said they are satisfied that referral to relevant health related services meets resident needs and that sufficient information is provided to allow informed choice.

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

The home could demonstrate that the medication management system meets regulatory standards and the facility policy. Staff practice demonstrates adherence to defined medication procedures and competency training is completed. Resident medication needs are determined by a medical officer and a yearly review occurs, this includes evaluation of medication effectiveness, dosage adjustment and side effects. Medication prescribing, ordering, storage, administration, and documentation policy is in place and staff were observed following these processes including verification and documentation of variable anticoagulant orders, correct self administration practice, and dating of opened medications. Medication incidents are monitored and reviewed, medication chart audits are done each day and monthly audits are undertaken by the registered nurse. Results are discussed at multidisciplinary medication meetings. Residents report they are satisfied with medication administration.

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 said that their pain is assessed and they are consulted about pain needs and the effectiveness of therapies. A review of documentation confirms the home uses assessment tools and a wide range of pain management strategies including analgesia, physiotherapy, heat and massage. Ongoing assessment and evaluation of therapies occurs and is noted in care plans and progress notes. Other health professionals and medical staff are involved in the evaluation of pain management strategies for individual residents. Residents and their representatives said they were satisfied with pain management interventions used in the home.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has care systems in place to support terminally ill residents. Care delivery was observed by the team and included consultation with palliative care nurses for specialised advice. Maintenance of comfort and dignity was observed by the team and care plans outlined care practices for staff to follow. Ongoing assessment and review of care needs was documented including consultation with the doctor. The family said they were satisfied with how comfort and dignity was maintained and with the level of care provided.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home could show that it has systems in place to assess residents’ dietary needs on entry to the home and on a regular basis. Assessment and care planning incorporate residents individual needs and includes allergies, likes and dislikes and specific dietary requirements. Residents are monitored for weight loss and other factors affecting oral intake. Dietician referrals are completed for residents with weight loss in two consecutive months and any other condition affecting nutrition such as poor wound healing. Staff report that all residents with swallowing difficulty are referred to a speech pathologist. The catering staff is provided with dietary and hydration information on each resident and staff were observed assisting residents at mealtime, special dietary aids are available for use. Residents and their representatives report that they are encouraged to contribute to menu planning.

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’ skin integrity is assessed on entry to the home and is monitored as a matter of routine based on individual needs. Nutritional, continence, weight and mobility status are incorporated into skin integrity care plans, as well as other risks such as diabetes and residents with existing malnutrition. Skin care plans and wound management plans inform staff of residents individual skin care needs. A registered nurse undertakes wound care and wound consultants are engaged to provide advice. The registered nurse reported and documentation confirmed that since implementing consistent wound care to a resident with a long term unhealed wound, the wound is now healed.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Interviews with residents and review of documentation confirm that residents’ continence history is assessed on entry to the home. Ongoing monitoring and review occurs as a matter

of routine for all residents. Continence plans inform care staff of residents' needs and continence aids required. Continence advisors visit the home and support and train care staff as required. Staff report that sufficient levels of continence aids are available to meet resident needs. Residents report staff manage their continence effectively and maintain their privacy and dignity when providing assistance

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

The home has systems in place to assess and effectively manage the needs of residents with challenging behaviours. Behaviour assessments are undertaken to identify concerns and effective interventions, specialised health professionals visit residents as required and assist with behaviour management strategies. Leisure and lifestyle staff provide specific programs to manage the behaviours of residents with activities and individualised strategies to minimise challenging behaviours. Staff report and documents confirm that they receive training on dementia care. Residents/ representatives report they are satisfied with the home's approach to managing 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

Residents' mobility and dexterity is assessed on admission and reviewed on a monthly basis. Staff conduct a falls risk assessment on all residents and implement strategies to minimise falls and promote residents' safe mobility and dexterity. Falls are reviewed, data collated and trended, and changes made to ensure residents' safety is maintained. The home provides an exercise program twice daily, including gym, exercises and yoga over the week, to enable optimal mobility, dexterity and independence. Residents are referred to external professionals including physiotherapists, occupational therapists and podiatrists. Residents are provided with mobility aids appropriate to their needs. Lifting equipment is provided and staff are trained in manual handling. Residents and representatives confirm their mobility and dexterity is encouraged.

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. Assessments for oral and dental needs and preferences are conducted on entry to the home and reviewed monthly. Care plans include details about daily care of teeth, mouth and dentures. Staff education has included oral and dental management. Residents preferred provider of dental care is established and assistance to attend the provider is given by the home. The home's dental care plan includes a system of changing residents toothbrushes three monthly and toothbrushes are colour coded according to the season so staff can identify if one needs changing. Residents confirm they are assisted to maintain their preferred oral and dental care regimes.

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’ vision and hearing sensory deficits are assessed following entry to the home and managed effectively. Residents are assisted to attend appointments either to their preferred provider or specialist providers are accessed by the home when required. Staff assist residents with their sensory aids including hearing aids and glasses. Staff are aware of individual needs and assist residents who require help with care, maintenance, fitting and cleaning of aids and devices. The home is well lit, has large white notice boards, large screen television, and large print books in their library.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home assists residents to achieve optimal sleep. Residents’ sleep patterns and nocturnal habits are assessed when they enter the home, are regularly reviewed and the information used to implement interventions which promote residents’ sleep. Resident’s individual needs and preferences were noted in their documentation. The home places an emphasis on non-pharmacological strategies to promote sleep including massage, warm drinks, heat packs and allowing for individual preferences for settling times, bedding and environmental factors. Residents confirmed the home is quiet at night and they sleep well.

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 for more details on the home’s continuous improvement system. The home conducts continuous improvement activities in relation to residents’ lifestyle through internal audits and resident satisfaction surveys. Comments, complaints and feedback from the resident/representative meetings are also fed into the continuous improvement register. Evaluation of the success of improvements is formally conducted with results being documented and feedback provided to the originator. Examples of improvement activities include:

- The resident information book has been revised to include information on advocacy, charter of rights and translating services. The need was identified through an internal audit.
- Four personal care assistants have attended a course at a local regional hospital regarding dementia. Staff report an increased awareness since attending the course.

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 for details on the system used by the home in determining how they meet legislative requirements. Information on the required specified care and services, security of tenure, complaint mechanisms, rights and responsibilities and the organisational mission and values statements are included in the information folders for residents and prospective residents. Systems are in place and staff have been trained in the legislated requirements of mandatory reporting. Residents and their representatives confirm they receive sufficient initial information and are kept informed of changes once they have entered the home.

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 for details on the overall system used at the home for determining educational programs. The home actively supports staff in accessing various training and education opportunities to acquire the necessary skills and knowledge required to do their job. The education schedule ensures that outcomes associated with resident care and lifestyle has been included. Education recently delivered includes: exercise physiology, accreditation in lifestyle and mandatory reporting of elder abuse.

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

Staff support residents in adjusting to life upon entering the home and in an ongoing basis. Residents' emotional support needs and preferences are assessed on entry and care plans are developed to meet these. Residents and representatives are provided with information including an information handbook to assist in their orientation to the home and residents are provided with additional emotional support during their settling in period. Residents' emotional needs are regularly reviewed and care plans updated in response to changes as required. The home refers residents to external allied health providers including psychiatric services and grief counsellors if a need is identified. The team observed staff to be supportive and to use a caring approach with residents. Residents and representatives are satisfied with the emotional support provided to them.

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 has effective systems and resources in place to assist and encourage residents to achieve maximum independence, maintain friendships and participate in community life. Through assessments, care plans and case conferencing residents' level of independence in daily activities is optimised. Staff practices ensure each resident's level of independence is promoted and maintained. The home has a petty cash system in place for resident to utilise to maintain their financial independence. The home's environment and equipment encourages independence including having tea and coffee making facilities, private areas, hand rails and ramps. Residents and representatives confirm they are satisfied with the level of consultation and the assistance the home provides in promoting their independence and their participation in the community.

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 homes' systems effectively provides for resident's privacy, dignity and confidentiality. All rooms are single and have ensuites. There are small private sitting areas, courtyards and tea and coffee making facilities where residents can have quiet time or spend time with family and friends. Information is securely stored. There is information on display regarding privacy, dignity and confidentiality. Staff orientation and their practices maintain residents' confidentiality and they are consistently discreet when managing care needs. Residents and representatives confirmed they are always treated with respect and dignity.

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 and processes in place to encourage and support residents to participate in a range of interests and activities. Lifestyle profiles and assessments are completed by qualified staff in consultation with residents and representatives resulting in the development of individualised care plans. Care plans are reviewed regularly and updated in response to changing needs or as required. A monthly planned activity calendar is provided and the day's activities are on display on notice boards. There is a wide range of activities with both genders catered for. The home has a large group of volunteers who assist and support the home's lifestyle program. Evaluation and review of the program and individual activities occurs through observation, attendance records, resident meetings and feedback. Residents and representatives are satisfied with the range of activities and state they are encouraged and supported to participate in interests and activities of interest to them.

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 processes in place to ensure residents' customs and cultural and spiritual beliefs are identified, respected and maintained. Residents' cultural and spiritual needs are assessed on entry to the home and care plans are developed and regularly reviewed. Staff are educated to respect and observe residents' spiritual and cultural requirements. There are weekly church services at the home including from the Anglican, Uniting and Roman Catholic church groups. Residents' cultural needs are met through the celebration of events, days of significance and practices that are of importance to residents as a group and individually. Residents and representatives are satisfied with the home's response to residents' cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home enables residents to make decisions and exercise choice and control over their lifestyle. Assessments, care plans, dietary lists and activity records note choices and preferences and are reviewed monthly by clinical and lifestyle staff. The home encourages residents' choice regarding their life at the home including about leisure and personal care. The home has a complaints and suggestions system which is discussed at each resident's meeting, and conducts regular surveys acting upon the feedback received. Residents said they feel supported by the home in helping them make choices and decisions and are encouraged to express their opinions and comments through meetings and individual one on one feedback.

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

Prospective residents and their representatives are interviewed, given a tour of the home and provided with an information package to assist them in the process of entering into aged care. Residents receive further information upon their entry into the home and are offered a resident's agreement. The information residents receive includes an explanation of fees and charges, services provided, rights and responsibilities and privacy. Residents and their representatives interviewed by the assessment team confirmed they had received the required information, knew their rights and were satisfied with how their entry into the home had been handled.

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 for more details on the home’s continuous improvement system. The physical environment and safety systems are monitored through regular internal and external auditing, analysis of incident reports, comments and complaints as well as through resident/staff surveys. Resident surveys are used to assess the level of satisfaction and also to highlight equipment or environmental needs. Actions identified for attention are included on the home’s continuous improvement register for further development and follow up action plans as needed. Recent improvement activities include:

- Improvements made to the kitchen such as replacing tiling on wall areas with stainless steel, new flooring, new stainless steel bench tops and painting throughout have been made to enhance infection control practices. The most recent external audit on the kitchen congratulated staff on their result.
- The home has added three wash stations also to enhance their infection control practices. The home worked with existing spaces or constructed same by closing doorways and remodelling the areas. Management claims that the incidence of infections has reduced since the wash stations were introduced.
- One designated smoking area has been set aside for residents who wish to smoke. The area has a fire blanket and a fire extinguisher is just inside the door. The area is near the carer’s station and is under constant surveillance.

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 for details on the system used by the home in determining how they meet legislative requirements. Chemicals are listed on a hazardous substances register and securely stored with material safety data sheets at point of use/storage. Fire and emergency equipment is serviced by an external contractor as per mandated requirements and records are maintained. Regular audits and workplace inspections are conducted to ensure that hospitality services meet residents’ requirements. There is a registered food safety plan in place for catering and an active occupational health and safety committee representing all staff.

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 for details on the overall system used at the home for determining educational programs. Management has a comprehensive schedule for

education that includes in-service, external courses, consultants and a televised training program. All staff must attend mandatory training sessions that include: fire and emergency, manual handling, food safety, chemical safety, nutrition and cultural diets in aged care and infection control.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".

Team's findings

The home meets this expected outcome

The home has a range of sitting areas along with larger lounge/dining areas and is appropriately furnished for older persons. Residents are accommodated in single bedrooms with an ensuite and are encouraged to personalise their rooms with suitable furnishings or memorabilia from their previous homes. Doors are fitted with keypad locks for resident safety and security, the locks release automatically in an emergency. The home has implemented a no smoking policy and has no physical or chemical restraint. There are secure garden areas that are accessible to residents. The home has a preventive maintenance program in place and essential services are properly maintained. Residents and representatives are satisfied that the home is safe, well maintained and meets their 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 an occupational health and safety committee consisting of management and appropriately trained staff representatives. Systems involving: incident and hazard reporting, infection surveillance, continuous improvement, risk assessments and a return to work program are in place to ensure staff safety. There are regular environmental audits, staff training and meetings to ensure staff are aware of their workplace and their responsibilities. Personal protective clothing, infectious disease and spill kits are available for staff protection. Staff are satisfied with the attention to safety shown by management for their workplace.

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 ensures that legislative requirements regarding essential services is being met by using an external contractor to maintain and perform system checks on the home's fire safety system. Site plans including potential evacuation areas are displayed throughout the building along with standard fire precautions. All main points of entry to the home are protected by keypad locks that automatically release in the event of an emergency. Fire safety and awareness training takes place regularly. Emergency exits are clearly marked and free from obstruction as are the paths around the home. The emergency management system also takes into account the possibility of other internal or external emergencies that staff at the home may encounter. Staff and representatives demonstrated appropriate knowledge of emergency and evacuation procedures and their responsibilities.

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 a robust system in place to prevent, identify, manage and contain infections. Infection data is collected, analysed and trended monthly. Staff are trained at induction and on an ongoing basis in infection control. Staff confirm that they have participated in hand washing assessments, attended infection control training and have access to infection control policies and outbreak guidelines. Infection control is discussed at all staff meetings. The home is well stocked with personal protective equipment and has processes to dispose of needles and infectious waste. The home has a designated 'outbreak kit' and information pack to manage an infectious outbreak. An external pest control company conducts regular inspections. Residents and representatives confirm that any infections are quickly identified and managed well.

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

A food safety plan is in place with staff monitoring the quality and temperature of meals as delivered. Designated cleaning staff adhere to cleaning schedules and infection control guidelines when cleaning their assigned areas of the home. Audits are conducted to monitor practice and any issues are appropriately actioned. Designated staff are responsible for the residents' personal laundry and residents expressed a high level of satisfaction with the care taken. All linen is managed externally by a commercial laundry service. Residents are satisfied with the hospitality services provided at the home.