Australian Government

Australian Aged Care Quality Agency

Audit Assessment Information

Re-accreditation audit

Name of home	Serene Residential Care Services
RACS ID	6820

Scope of this document

A re-accreditation audit against the 44 expected outcomes of the Accreditation Standards was conducted from 14 April 2014 to 15 April 2014.

This report outlines the information on which we based the major findings provided at the end of the audit. It gives our findings, the reasons for our findings and supporting information. It may also include suggestions for improvement or details of deficiencies that may need to be addressed.

Next steps

Please consider the content of this report carefully. If you wish to make a written response, the Quality Agency must receive it within 14 days. It will be considered when the decision is made about re-accreditation for the home.

Please label your response 'Response to Audit assessment information' and send it to your local Quality Agency office –

by email to: sa_nt@aacqa.gov.au

or by facsimile to: 08 8212 8544

or by post to: Australian Aged Care Quality Agency
                      GPO Box 620
                      Adelaide SA 5001

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Total number of allocated places:	43
Number of residents during audit:	39
Number of high care residents during audit:	39
Special needs catered for:	People with dementia or related disorders
Email address for submission of audit assessment information:	execdon@bluedawnhealthcare.com.au

Audit trail

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

Interviews

	Number		Number
General manager	1	Residents/representatives	9
Clinical and care staff	8	Volunteers	1
Lifestyle coordinator	1	Hospitality staff	4
Maintenance officer	1	Hospitality coordinator	1

Sampled documents

	Number		Number
Residents' files	11	Medication charts	7
Care plans	11	Personnel files	5

Other documents reviewed

The team also reviewed:
● Asbestos register
● Calibration certification
● Cleaning schedules
● Clinical assessments
● Complaints and compliments documentation
● Contractor checklist
● Council food safety audit
● Education attendance records
● Education planner
● Emergency response procedures
● Food safety program
● Hazard and incident reports
● Human resource documentation
● Incident data and analysis
● Leisure and lifestyle documentation
● Mandatory reporting register
● Menu cycle
● Newsletters
● Pest control register
● Plan for continuous improvement and supporting documentation
● Preventative and reactive maintenance

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- Resident agreements
- Resident dietary profiles
- Residents' information handbook
- Security checks
- Self-assessment
- Strategic plan
- Triennial fire safety certification
- Various audits, surveys and results
- Various meeting minutes
- Various memorandum
- Various policies and procedures
- Wound treatment charts

Observations

The team observed the following:
- Activities in progress
- Charter of residents rights displayed
- Contractors sign and out register
- Equipment and supply storage areas
- Feedback suggestion boxes
- Fire safety equipment
- Hand gel dispensers
- Interactions between staff and residents
- Internal and external complaints and advocacy information on display
- Internal and external living areas
- Meal service
- Medication round
- Noticeboards for residents and staff
- Personal protective equipment
- Short group observation in the main dining area
- Spills kits
- Storage of medications
- Tagging of electrical items
- Vision, mission and values statement
- Visitors sign and out register

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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".

The home meets this expected outcome

The home actively pursues continuous improvement both on a corporate and site level using an established framework. The home's continuous improvement committee meets regularly, and includes representation from all areas of the home. Opportunities for improvement are identified from a variety of sources including feedback forms from residents, representatives and staff, verbal communication, meetings, complaints, incidents, hazards and audits. Progress on continuous improvement is monitored and analysed and is discussed at resident and staff meetings. Residents, representatives and staff are satisfied they have the opportunity to make suggestions for improvement.

Improvements implemented by the home over the past 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Due to frequent enquiries for accommodation, management has developed a web site. The web site contains information about the home and the services they provide. Forms are available for download and electronic enquiries are answered timely. Management has received positive feedback from stakeholders for this initiative.

- Management has developed an online training program for staff to enhance their education and skills. This password protected system is accessible by all staff and includes DVD's, audio programs and self-learning packages with competencies. Staff regularly use the program and are complimentary about the educational tool.

1.2   Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems and processes to identify current legislation, professional standards, regulatory requirements and guidelines applicable to Standard 1, through the organisation's membership with advisory groups and industry bodies. Staff are kept informed of these changes with policy updates and reviews, memoranda and meetings. Requirements are implemented through new or revised work schedules, protocols and guidelines. Residents/representatives are kept informed of legislative changes through meetings, newsletters and notices. There are processes to monitor staff's awareness and compliance with relevant legislation including performance appraisals, competency audits, training questionnaires and education. Management monitor relevant staff and volunteers' police checks and registrations. There is a system to ensure residents and their representatives are informed of re-accreditation audits. Staff feedback demonstrated knowledge of their legislative responsibilities.

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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 provides an education program for staff based on identified clinical care and lifestyle issues, legislative and advisory requirements, organisational needs, performance appraisals and training needs gap analysis. Rostering strategies are used to improve access to education and training opportunities and staff have obligations to attend education. The home ensures that mandatory topics, including elder abuse, fire and manual handling, can be attended in work time or staff are renumerated for attendance outside working hours. Management and key personnel maintain records and use a program to monitor staff attendance at these sessions. Measures are taken to follow-up and action non-attendance. Management monitor the skills and knowledge of staff using audits, competency assessments and observation of practice. Staff indicated they have access to ongoing learning opportunities, are kept informed of their training obligations and the program assists them in the performance of their work roles.

Examples of recent education and staff development relating to Standard 1 Management systems, staffing and organisational development include:

- Comments and complaints

- Effective communication

- Interpersonal skills

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 processes for stakeholders to access feedback mechanisms for compliments, complaints and suggestions. Complaints information is contained in the resident handbook and agreements. Information on external complaints mechanisms is displayed throughout the home. Stakeholders have access to feedback forms and secure feedback boxes are located throughout the home. The home receives feedback from residents and representatives either verbally or in writing. Complaints, compliments, and comments are logged on the home's register, and monitored, trended and analysed by management. All feedback and complaints are evaluated. The home monitors the feedback process through resident meetings, continuous improvement meetings and audits. Residents, representatives and staff said they are comfortable in raising complaints and providing feedback to management.

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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

Serene residential care services has mission, values and vision statements to inform residents, staff and representatives of the organisation's commitment to providing a quality aged care service. These statements are documented in the resident handbooks and continuous improvement information booklet for staff.

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 processes for the recruitment and selection of appropriately qualified and skilled staff. Staff roles are outlined in position descriptions which are reflected in work schedules. Orientation, mentors and buddy processes ensure a shared understanding of the home's ethos and vision, residents' rights and responsibilities and other relevant policies and procedures. Staffing levels and skills mix are monitored using, but not restricted to, an organisational matrix, information from residents, staff and key personnel feedback and the monitoring of residents' care needs. A base roster is maintained with flexibility to increase hours as required. Planned and unplanned leave is covered by internal staff and external agency staff. Staff performance is monitored and there are annual performance appraisals. Agency staff are orientated and monitored for performance. Performance management and mandatory training requirements ensure consistency in the quality of service provision and these are undertaken in-line with the home's procedures. Residents and their representatives said they are satisfied with the ability of staff to provide appropriate care and services for residents in a timely manner.

Personnel working in the home during the week Sunday to Saturday the week before the visit

This table excludes volunteers and medical officers.

Shift description	Personnel	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		Total hours of personnel						
AM	RN	7.75	8.5	8.5	8.5	8.5	8.5	7.75
	EN	-	5.5	5.5	5.5	5.5	5.5	-
	Care personnel	44.5	44.5	44.5	44.5	44.5	44.5	44.5
	Other professional personnel Physio Podiatrist	2.2	-	4	4	- 8	2.5	-

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	Other personnel Hospitality Catering Lifestyle Administration maintenance	4 16 - - -	11 16 7 7.5 6	11 16 7 7.5 6	11 16 7 7.5 6	11 16 7 7.5 6	11 16 7 7.5 6	11 16 - - -
4PM	RN	7.75	8.5	8.5	8.5	8.5	8.5	7.75
	EN	-	-	-	-	-	-	-
	Care personnel	22	22	22	22	22	22	22
	Other professional personnel	-	-	-	-	-	-	-
	Other personnel Kitchen hand	4.5	4.5	4.5	4.5	4.5	4.5	4.5
NIGHT	RN	7.75	7.75	7.75	7.75	7.75	7.75	7.75
	EN	-	-	-	-	-	-	-
	Care personnel	7.5	7.5	7.5	7.5	7.5	7.5	7.5
	Other professional personnel	-	-	-	-	-	-	-
	Other personnel	-	-	-	-	-	-	-

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

There are processes to identify, maintain and purchase appropriate goods and equipment for the delivery of services. Service agreements include provision for feedback and replacement when goods or services are unsuitable. Management and the maintenance officer ensure that equipment is suitable for its intended use. Stock levels are maintained across all areas of the home in consideration of variations in staff and residents' requirements. A preventive maintenance program ensures equipment is serviced and maintained according to manufacturer's recommendations. Staff and key personnel have procedures/authority to repair equipment and goods as necessary and have access to on-call maintenance services for urgent and after-hours repairs. Residents and staff said they are satisfied they have access to a consistent supply of stock and suitable equipment to meet their needs.

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1.8   Information systems

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

Team's findings

The home meets this expected outcome

The home has systems to effectively provide information to staff and residents. Distribution of information to staff is through handover processes, meetings, memos, policies and procedures and noticeboards. Distribution of information to residents is through residents meetings, handbooks, newsletters and verbal communication. Care and lifestyle information is accessed either electronically or by hard copy with access restricted to appropriate staff. Electronic systems are password protected and information is backed-up regularly. Current information is securely stored within the home and archived information is stored on-site. Confidential information is disposed of in an appropriate manner. The home has an annual scheduled audit and document review system and monitors information systems through audits and feedback. Staff said they have access to appropriate information to perform their roles. Residents and representatives said they are satisfied with the communication provided to them.

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 corporately selected external providers with service agreements to ensure compliance with the home's quality, workplace health and safety and legislated requirements. Arrangements are in place to ensure alternative and after-hour's availability as needed. Management and key personnel monitor the activities of external providers. A preventative maintenance program is used to track and ensure requirements are being met as planned. Service agreements are reviewed annually or as required with input from relevant stakeholders. A list of external providers is accessible to staff who can obtain authority to contact these providers when issues occur. Resident, representatives and staff said external services are maintained to ensure a standard that meets residents' needs.

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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 process.

In relation to Standard 2 Health and personal care, staff record resident falls, skin tears, medications and behaviours and this information is collated and analysed for trends. Residents, representatives and staff said they are satisfied that the home actively promotes and improves residents' physical and mental health.

Examples of improvements related to Standard 2 Health and personal care implemented by the home over the last 12 months include:

- Management recognised their care plan format was outdated. Management developed a new care plan template that includes increased information with associated risk level scores. Management said and staff confirm the new care template is easier to use are more informative.

- Management identified an opportunity to enhance resident's continence management and appointed a continence advisor. The previous ad-hoc ordering system has been improved and residents now receive the appropriate continence aids based on their needs. Staff have received additional education and regular 'buzz' meetings are held to maintain a focus on continence management. Management said there are less wet beds and embarrassing moments for residents requiring continence aids.

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.

The home has systems and processes to identify current legislation, professional standards, regulatory requirements and guidelines applicable to Standard 2. This ensures information on professional clinical guidelines and evidence-based practice is communicated and available to care staff. Staff understand reporting requirements for residents who abscond and are aware of reporting timelines. Staff feedback demonstrates knowledge of their legislative responsibilities for Standard 2 Health and personal care.

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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 and staff development systems and processes.

Management and staff demonstrate they have the knowledge and skills required for effective performance in relation to residents' health and personal care. Residents and representatives said they are satisfied staff understand residents' individual care needs.

Examples of recent education and staff development relating to Standard 2 Health and personal care include:

- Wound management

- Medication competencies

- Pain management

2.4   Clinical care

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

Team's findings

The home meets this expected outcome

The home has processes to ensure residents receive appropriate clinical care. Information regarding clinical care needs is gathered on entry to the home to assist with care planning processes. A temporary care plan is completed on entry and includes residents' care needs and preferences gathered from residents and/or representatives and previous health services. Clinical care assessments are implemented and assist with the formulation of the care plan. Care is monitored through care plan review processes, consultation, feedback and audits. Care plans are updated following care reviews and as required to reflect residents' current care needs. Staff said they have access to current care plans and changes to residents' care needs are communicated to them through the home's internal information processes. Residents and representatives said they are satisfied residents receive appropriate clinical care and are consulted in relation to resident's current care needs.

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' individual specialised nursing care needs are identified and met by appropriately qualified nursing staff. The home identifies residents' specialised nursing care needs through initial assessment and care review processes. Care plans are developed and describe the specialised nursing care needs of residents. Staff provide care consistent with these documented requirements. Clinical staff have access to clinical procedures and training to further assist with residents' specialised care needs. The home has access to external allied health specialists who assist the home with residents' specialised nursing care requirements and guide staff as required. Staff said they have access to sufficient information, resources

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and equipment to meet residents' specialised nursing care needs. Residents and representatives said they are satisfied with the specialised nursing care provided and the access to external allied health specialists.

2.6   Other health and related services
This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".

Team's findings
The home meets this expected outcome

The home has processes to ensure residents are referred to appropriate health specialists in accordance with their individual needs and preferences. Care needs are identified on entry to the home and on an ongoing basis. Referral requirements are identified through consultation, observations and care plan review processes. Allied health specialists visit the home to provide assistance with a variety of health care requirements, including podiatry, physiotherapy and dietetics. Residents are assisted to attend external services as required. Changes to care needs following allied health visits are documented in the progress notes and the care plan. Changes are also communicated to staff at handover and through the home's internal communication processes to other departments as required. Care in relation to allied health services is monitored through care plan review processes and consultation. Residents and representatives said they are satisfied residents are referred to appropriate specialists as needed and as preferred.

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 has processes to ensure residents' medication is managed safely and correctly. Medications are administered by registered staff, from pre-packed dose aids. Medications are safely and correctly stored. Medication charts include photographic identification, administration guidelines and medication allergies. The effectiveness of 'as required' medication is monitored and documented in progress notes and there are processes for nurse initiated medications. A Medication Advisory Committee reviews medication practices, policies, procedures and incident and audit data. Staff practice is guided by medication policies and procedures and staff medication competencies are conducted annually. There are assessment and review processes for residents who self-administer. Medication management is monitored through general practitioner and pharmacy reviews, care plan review processes and audits. Medication incidents are collated, analysed and monitored for trends on a monthly basis. Residents and representatives said they are satisfied with the way residents' medication is managed.

2.8   Pain management
This expected outcome requires that "all residents are as free as possible from pain".

Team's findings
The home meets this expected outcome

The home has processes to ensure residents receive pain management that is appropriate to their individual needs and preferences. The home has suitable assessment tools to monitor and evaluate residents' pain including for those with cognitive deficits. New or changed patterns of pain are identified and monitored and referred for medical review where

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appropriate. A physiotherapist attends the home on a regular basis and provides treatments such as massage and exercise to assist with effective pain management. Care plans outline assessed pain management requirements and describe a range of strategies in addition to medication. The home monitors the effectiveness of pain management strategies through care review processes, audits, consultation and observations. Clinical and care staff are familiar with residents' individual pain management needs and with identifying non-verbal signs of pain. Residents and representatives said they are satisfied that residents are assisted to be as free as possible from pain.

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

Team's findings
The home meets this expected outcome

The home has processes to maintain residents' comfort and dignity during the final stages of care. Admission and consultation processes provide opportunities to discuss and document each resident's end of life wishes. A palliative care management plan outlines care requirements during the palliative phase. The home has access to palliative care equipment and clinical staff liaise with the residents' general practitioner or external palliative care services where additional expertise is required. Pastoral care services are arranged as required and provide emotional and spiritual support to residents and their families. Staff practices and processes are monitored through observation and feedback. Staff said they have access to resources and equipment to assist with maintaining resident comfort during the final stages of care. Representatives said they were satisfied with the care provided during the palliative phase.

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 has processes to ensure residents receive adequate nourishment and hydration. Assessment processes identify residents' dietary and hydration needs, preferences and utensil requirements. Nutritional risk assessments are also conducted. Resident weights are monitored monthly or more frequently as required. Referrals to general practitioners and allied health specialists are undertaken where consistent weight loss or swallowing difficulties are identified. Nutritional supplements are commenced as needed. Nutrition and hydration needs are monitored through care plan review processes, audits, consultation and staff and resident feedback. Staff said they have access to current information to maintain residents' nutrition and hydration needs. Residents and representatives said they are satisfied with the home's approach to meeting residents' nutrition and hydration needs.

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

Team's findings
The home meets this expected outcome

The home has processes to ensure residents receive skin care that is appropriate to their needs. Residents' skin integrity needs are assessed on entry to the home and on an ongoing basis. Risk assessments are also conducted. Care plans outline individual needs and preventative strategies such as emollient creams and positional changes. Wound management is undertaken by registered staff and processes include actions to monitor and evaluate progress of wound healing. The home monitors the effectiveness of skin management strategies through care plan review processes, incident reporting, audits and staff and resident feedback. Staff are aware of strategies to assist with the maintenance of residents' skin integrity. Residents and representatives said they are satisfied with the care provided by the home in relation to residents' skin integrity.

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

Team's findings
The home meets this expected outcome

The home has processes to ensure residents' continence is managed effectively. Continence needs are assessed on entry to the home and on an ongoing basis. Care plans outline individual strategies for continence management including assistance required and scheduled management plans. There are processes for the provision of continence aids for those residents requiring them. The home has access to an external continence advisor for further support as required. The home monitors residents' continence needs through care plan review processes, consultation and resident and staff feedback. The incidence of urinary tract infections is analysed and monitored for trends on a monthly basis. Staff are aware of strategies to assist with managing residents' continence needs. Residents and representatives said they are satisfied residents' continence needs are managed effectively.

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 and processes to ensure the needs of residents with challenging behaviours are managed effectively. Assessments to identify and monitor behaviours are conducted on entry to the home and on an ongoing basis. Behaviour management plans are documented and identify triggers and strategies to minimise the incidence of behaviours. Residents are referred to general practitioners or external allied health services to assist with management strategies for ongoing, challenging behaviours. The home has policies and procedures that generally guide staff in relation to the use of restraint. The use of restraint is undertaken in consultation with residents and/or representatives and the general practitioner and is reviewed and generally monitored on a regular basis. The home monitors the effectiveness of behaviour management strategies through care plan review processes, incident data, restraint chart reports, progress note entries and observations. Staff are aware of strategies to assist with the management of challenging behaviours. Residents and representatives are satisfied that staff manage residents' challenging behaviours effectively.

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Additional information

- The use of physical restraint in the home is minimal and is limited to bedrails, fall out chairs and concave mattresses. Where restraint is used, care plans do not outline monitoring process or frequency of release. A resident safety policy indicates the use of restraint should not exceed one hour and restraint observation includes two hourly mobilisation. Management, clinical and care staff provided inconsistent information in relation to the frequency of monitoring and release of restraint devices.

- Staff practices are not consistent with documented resident safety policies. Clinical staff said that general practitioners are required to review restraint authorisations on an annual basis. This is not consistent with the policy which indicates that physical restraint must be renewed and reviewed every four months or as needed.

- We suggested management consider reviewing their policies and processes in relation to restraint. Management said they would consider our suggestion.

- A copy of the Decision - Making Tool: Supporting a Restraint Free Environment in Residential Aged Care 2012 was provided to the clinical team on day two of the audit.

2.14 Mobility, dexterity and rehabilitation
This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all residents".

Team's findings
The home meets this expected outcome

The home has processes to ensure optimum levels of mobility and dexterity are achieved for all residents. Residents' mobility and dexterity requirements are assessed on entry to the home and on an ongoing basis by a physiotherapist. Risk assessments are also completed. Care plans outline mobility and transfer requirements and include assistance and aids required. Individualised exercise programs are formulated and are conducted by care staff. Suitable assistive aids and equipment are available for those residents assessed as requiring them. Lifestyle programs incorporate activities to enhance residents' mobility and dexterity, such as exercise and walking programs. The home monitors the effectiveness of residents' mobility and dexterity strategies through care plan review processes, audits and observation. Falls are monitored and analysed for trends on a monthly basis. Staff attend manual handling training on an annual basis. Residents and representatives said they are satisfied with the home's approach to optimising residents' 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

The home has processes to ensure residents' oral and dental health is maintained. Residents' oral and dental needs and preferences are identified through assessment processes on entry to the home. The information gathered is used to develop a care plan that identifies dentition, preferences for oral care and the level of assistance required. Residents are referred to dental services where specific oral and dental issues are identified. Residents' oral and dental health is monitored through care plan review processes, staff and resident feedback, audits and observations. Staff are aware of strategies to assist with maintaining resident's oral and dental needs and are familiar with behaviours which may indicate oral health issues. Residents and representatives said they are satisfied with the assistance provided to maintain residents' oral and dental health.

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2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

The home has processes that generally ensure residents' sensory losses are identified and effectively managed in relation to all five senses. Assessments of the five senses are conducted on entry to the home and on an ongoing basis. Care plans outline sensory support strategies including the use of aids, level of assistance required and environmental and communication strategies. Residents are assisted to attend specialist appointments as required. The lifestyle program incorporates sensory experiences for residents and assistive devices are available. The home monitors residents' sensory requirements through care plan review processes, audits, observation and resident and staff feedback. Staff are aware of strategies to support and manage individual residents' sensory deficits. Residents and representatives said they are satisfied with the support provided to manage residents' sensory losses.

Additional information

- Sensory assessment processes do not consider residents diagnoses and their potential to impact on residents senses. The following examples were discussed with management and clinical staff who said they would review their assessment processes:

  L Liston: The resident has a diagnosis of right CVA with partial left hemiplegia. This information has not been captured through the assessment processes. There are no strategies documented in the care plan in relation to potential deficits or strategies to prevent potential issues from occurring.

  A New: The resident's diagnosis list indicates a past history of small fibre sensory neuropathy and poor peripheral circulation of the feet. This information has not been captured through the assessment processes. There are no strategies documented in the care plan in relation to potential deficits or strategies to prevent potential issues from occurring.

- Hot packs were noted as an intervention for pain management for both residents. We suggested management consider implementing processes to assess residents' suitability for use of hot packs in view of diagnosed sensory deficits. Management said they would consider our suggestion.

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 has processes to ensure residents are able to achieve natural sleep patterns. Residents' preferences for achieving natural sleep are identified on entry to the home and on an ongoing basis through assessment processes. Residents are referred to general practitioners or allied health professionals where ongoing sleep issues are identified. Strategies are documented in the care plan and include individual settling times and environmental preferences. The home monitors residents' ongoing needs through care plan review processes, audits, surveys, consultation and observation. Staff are aware of strategies to promote and assist residents to achieve natural sleep. Residents said they sleep well at night time.

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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 process.

In relation to Standard 3 Resident lifestyle, the home captures suggestions and improvements from feedback, resident meetings and resident and representative surveys. Staff contribute to improvements through meetings, complaints and suggestions. Residents are encouraged and supported to provide feedback and suggestions.

Examples of improvements related to Standard 3 Resident lifestyle implemented by the home over the last 12 months include:

- Residents expressed an interest in using electronic programs for activities. Management purchased an IPad and a staff member donated one. The IPads can be moved around the home and residents can use them anytime they like. Management said they have plans in the future to introduce social media and Skype to the residents. Management said feedback has been positive for this initiative and we observed residents playing electronic games and using the IPads.

- At a resident focus group talk on emotional support, one resident said they had not been orientated to the home. Management has developed a new resident orientation checklist that is used to introduce all new residents to the home. Management said and staff confirmed it has been a useful tool to guide staff and offer emotional support to residents. Residents said they are assisted to settle at the home and they feel supported and informed on entry to the home.

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.

There is a system in place to manage mandatory reporting in accordance with regulatory requirements. Staff feedback demonstrates knowledge of their legislative responsibilities and compulsory reporting requirements.

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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 systems and processes.

Management and staff demonstrate they have the knowledge and skills required for effective performance in relation to residents' lifestyle.

Examples of recent education and staff development relating to Standard 3 Resident lifestyle include:

- Emotional support

- Cultural and spiritual life

- Mandatory reporting

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

Team's findings
The home meets this expected outcome

Residents are supported emotionally in adjusting to life in the home and on an ongoing basis. Assessment and review processes identify residents' emotional needs on entry to the home. The home monitors and evaluates the effectiveness of emotional support provided to residents through surveys, consultation and care and lifestyle review processes. Residents have access to general practitioners, mental health services and pastoral care support as required. Visits from family and friends are encouraged. Staff and volunteers provide support to help residents settle into their new environment, companionship and one-to-one support. Residents and representatives said they are satisfied with the level of emotional support provided.

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 maximum independence, maintain friendships and participate in the life of the home and the community. Residents' lifestyle preferences, interests and abilities are identified through assessment processes and reviewed on a regular basis. Strategies for independence are developed in consultation with residents and/or representatives. Physiotherapy services are available to support residents to maintain their mobility and independence. Residents have access to voting facilities during elections and are assisted to maintain their financial independence. Staff and volunteers assist residents to participate in exercise programs and to maintain links with family, friends and the community. The home monitors resident satisfaction through audits, surveys, resident

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meetings and verbal feedback. Care and lifestyle review processes also contribute to the overall monitoring processes. Residents and representatives said they are satisfied the home assists residents' to maintain their independence according to their needs and preferences.

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 to maintain residents' right to privacy, dignity and confidentiality. Assessment processes identify each resident's privacy and dignity preferences. Residents are provided with information about their rights and responsibilities in the resident handbook and residential services agreement. The home maintains processes to protect residents' privacy and dignity, including residents' consent to collect and disclose information and to take photographs. Residents have access to private areas to meet with family and friends. The home monitors resident satisfaction through comments and complaints mechanisms, resident meetings, surveys, audits and verbal feedback. Staff are aware of appropriate practices, such as knocking on residents' doors and maintaining privacy when delivering personal care. Observations of staff practices were generally consistent with those which support residents' privacy and dignity. Residents and representatives said they are satisfied staff are courteous and respectful of residents' privacy.

Additional information
- A short group observation occurred during meal service in the main dining area. Three residents seated separately formed the sample. One resident was seated in a fall out chair and was independent with meal time activities. Another resident was observed with the meal in front of them. The resident was asleep for the majority of the observation period, only waking on two occasions when staff assisted with cutting up the meal and medications were administered. Another resident seated in a fall out chair was assisted with the meal by a staff member who did so by standing beside them. The staff member walked away during the meal on five occasions without explanation to the resident. There was minimal interaction with the resident from staff during meal time activity. On one occasion, two staff members engaged in a conversation over the resident. Outcomes of the observations were discussed with management.

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 processes to identify and respond to residents' individual interests and preferred activities. Staff liaise with residents and representatives to gather a social history, including information relating to residents' past and present interests and lifestyle support needs. The information gathered is used to develop a lifestyle care plan which incorporates residents' individual lifestyle needs. A monthly activity calendar provides a varied program of regular and special activities. Residents are encouraged and assisted to participate in activities of their choice. Volunteers provide companionship and one-to-one activities for residents. A lifestyle form identifies activities that are of specific relevance to each resident. The home monitors the ongoing suitability of the activities provided and the extent to which they meet residents' individual needs and interests through resident meetings, audits,

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observations and feedback forms. Lifestyle review processes and activity participation monitoring forms generally contribute to overall monitoring processes. Residents and representatives said they are satisfied with the variety of activities available and the support staff provide to assist residents to participate.

Additional information

- A resident list is used by lifestyle staff to indicate residents' participation in each activity. There is no documentation to indicate the residents' level of participation or enjoyment.

  Information used to assist staff to complete six monthly lifestyle review processes is limited to the resident participation list, daily one-to-one chats with residents, observations and staff knowledge of the residents. There is limited information available in relation to residents who are unable to participate in activities or communicate with staff.

  The most recent lifestyle reviews viewed for five residents contained almost identical information to the previous reviews. There is no evaluation of residents' participation, enjoyment or changes to individual activity plans documented.

- The lifestyle coordinator developed an activity participation form on day two of the audit. The form includes each activity, level of resident participation and a comment section. The lifestyle coordinator plans trial the new form.

- We suggested the management team consider reviewing their processes to improve information gathering and lifestyle review processes. Management said they would consider our suggestions.

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

Team's findings
The home meets this expected outcome

Residents' individual interests, customs, beliefs and cultural and spiritual needs are recognised and supported. The home identifies the cultural background, spiritual beliefs and social history of residents on entry to the home and implements strategies to meet their needs on an ongoing basis. Residents are supported to engage in events and activities of spiritual significance to them within the home. Religious services from a range of denominations are held at the home on a regular basis. Management and staff monitor and evaluate residents' spiritual and cultural needs through resident meetings, audits, surveys and through lifestyle review processes. The home recognises significant cultural days including Easter, ANZAC day and Christmas day. Staff are aware of residents' cultural and spiritual preferences and needs. Residents and representatives said they are satisfied that the home values and promotes residents' individual interests, beliefs and cultural backgrounds.

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3.9　Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home encourages residents and their representatives to participate in decisions about residents' care. Information is obtained on entry in relation to residents' preferred needs, authorised representatives and contacts. Information outlining residents' rights and responsibilities is included in the resident agreement, resident handbook and is displayed in the home. Residents are encouraged to raise concerns through feedback mechanisms, resident meetings and consultation processes. The home monitors their processes in relation to residents' choice and decision making through comments and complaints processes, audits and surveys. Staff understand their responsibilities in providing residents with the opportunity to make choices about the care and services they receive. Residents and representatives said they are satisfied with the consultation, choice and support provided to make decisions about issues that affect residents' daily life.

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

The home has processes to assist residents to understand their rights and responsibilities and their security of tenure. Residents and their representatives are provided with information about security of tenure, fees and charges, and residents' rights and responsibilities on entry to the home. Room changes are undertaken following consultation. Information in relation to residents' rights, internal and external complaints mechanisms and advocacy services are displayed in the home. Residents and representatives said they are satisfied with the information provided to them to understand their rights and responsibilities and security of tenure.

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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 process.

In relation to Standard 4 Physical environment and safe systems, improvements are monitored and evaluated through the home's monthly compliance reporting system.

Examples of improvements related to Standard 4 Physical environment and safe systems implemented by the home over the last 12 months include:

- Due to a staff complaint, management has purchased four more electric beds. These beds assist staff with work place health and safety and enables residents to maintain independence and sit themselves up. All residents now have electric beds and there have been no recent manual handling incidents at the home.

- Residents and staff complained about insufficient lighting in corridors and common areas. Management researched suitable lighting and instead of just increasing the lights they have had LED lighting installed. This new lighting is shadowless and both residents and staff said they are satisfied with this improvement.

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 systems and processes.

There is a system to ensure building certification and other environmental requirements are met including a food safety plan, safe work procedures and fire safety certification. Staff feedback demonstrates knowledge of their legislative responsibilities for Standard 4 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 systems and processes.

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Management and staff demonstrate they have the knowledge and skills required for effective performance in relation to residents' physical environment. Residents and their representatives said they are satisfied staff have the appropriate knowledge and skills to perform their roles effectively.

Examples of recent education and staff development relating to Standard 4 Physical environment and safe systems include:

- Fire drills

- Manual handling

- Chemical safety

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

Team's findings
The home meets this expected outcome

Residents have single and shared rooms with shared bathrooms and are able to personalise their space. The home provides a variety of meeting areas available to residents and their families, with seating and amenities that are maintained through preventive/reactive maintenance and cleaning routines. Environmental audits, hazard and risk assessment processes are in place to identify potential risks and support decisions concerning the living environment. Staff store mobility aids and furnishings safely when not in use. There are systems and processes to minimise and monitor resident restraint. Security procedures including a coded access system, perimeter fencing and staff lock-up procedures promote resident and staff safety. Residents, representatives and staff are satisfied with the level of comfort and safety at the home.

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

Team's findings
The home meets this expected outcome

The home has systems to orientate and train staff in workplace health and safety at induction and conduct competencies on an ongoing basis. There are processes to assess the workplace using environmental audits. Hazard reporting and risk assessment processes guide appropriate actions, including management and evaluation of residents' and staff incidents/risks. Signage and information posters alert residents, visitors and staff to safety issues. Appointed consultants and safety representatives monitor work practices and provide support as required; staff are updated through staff meetings and mandatory training. Staff demonstrate knowledge and understanding of workplace health and safety obligations and use of incident reporting processes as required.

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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 processes to ensure management and staff are actively working to provide an environment and safe systems that minimise fire, security and other emergency risks. There are firefighting and evacuation procedures in place. Records of maintenance of fire equipment, fire safety inspections, certification inspection reports and education are available and current. There is a system to monitor staff attendance at training for fire and other emergencies, and equipment and procedures to guide staff response in the event of an emergency such as fire, personal threat and environmental disasters. Staff are aware of security and other emergencies procedures as they relate to their position and have practiced the specific emergency procedures required to be implemented until support from emergency services arrives.

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 maintains an infection control program to meet Australian government infection control guidelines. The director of nursing is responsible for maintaining and monitoring the home's infection control processes. Clinical infection data is collected, collated and analysed for trends on a monthly basis and reported through the Quality Improvement Committee meeting. There are documented processes and equipment supplies for the management of outbreaks. The home maintains a food safety program and food and equipment temperature monitoring is conducted in-line with this program. The home maintains an annual resident and staff influenza program. Cleaning and laundry processes are conducted in-line with the home's infection control guidelines. The home monitors the effectiveness of their infection control program through internal and external audits, environmental swabbing, reporting processes and observations. Staff said they have access to training, appropriate facilities, equipment and stock to perform their roles effectively and are aware of their responsibilities in relation to the home's the infection control program.

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 internally and meet residents' needs. Catering staff have access to residents' current dietary needs and preferences. The four weekly cycle menu reflects changes made in response to resident feedback. A dietitian ensures that the menu meets residents' nutritional requirements. Meal alternatives are available at residents' request or if changes to their health status require it. Staff follow safe food handling practices throughout preparation and meal service. Routines and schedules guide cleaning of residents' rooms, common areas, high surfaces, windows and external areas. Flat linen is serviced externally and residents' personal clothing are serviced on-site and returned in a timely manner. There is a process for the identification and return of residents lost clothing. Hospitality services staff demonstrate an understanding of the infection control principles

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related to cleaning processes and a colour coded cloth model is used to further minimise cross contamination. Key personnel monitor the effectiveness of services, and skills and knowledge of staff, using audits, competency assessments and observation of practice. Residents and representatives said they are satisfied with the domestic services provided to residents at the home.

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