



Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

Heywood Nursing Home 4412

Approved provider: Heywood Rural Health

Introduction

This is the report of a site audit from 27 March 2012 to 28 March 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 27 March 2012 to 28 March 2012

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

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

Assessment team

Team leader:	David Barnett
Team member:	Margaret Edgar

Approved provider details

Approved provider:	Heywood Rural Health
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Details of home

Name of home:	Heywood Nursing Home
RACS ID:	4412

Total number of allocated places:	12
Number of residents during site audit:	11
Number of high care residents during site audit:	10
Special needs catered for:	Nil

Street:	21 Barclay Street	State:	Victoria
City:	Heywood	Postcode:	3304
Phone number:	03 5527 0555	Facsimile:	03 5527 1900
E-mail address:	pstarick@swarh.vic.gov.au		

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

Interviews

	Number		Number
Chief executive officer	1	Residents	6
Director of nursing	1	Representatives	4
Quality and safety manager	1	Domestic services supervisor	1
Nurse unit manager	1	Catering staff	1
Registered nurses	4	Cleaning staff	3
Enrolled nurse	5	Maintenance staff	1
Clinical nurse educators	2	Administration assistant	2
Speech therapist	1	Diversional therapist	1
Dietician	1	Infection control consultant	1
Continence Nurse	1		

Sampled documents

	Number		Number
Residents' files	6	Medication charts	11
Summary/quick reference care plans	6	Personnel files	10
Resident agreements	4		

Other documents reviewed

The team also reviewed:

- Activity program
- Allied health reports
- Asset register
- Audit schedules, results and analysis
- Cleaning schedules
- Code of conduct
- Communication diary
- Compliments / complaints log, reports and data analysis
- Compulsory training day calendar, information and staff training records
- Consolidated register of reportable events
- Contractor register and induction manual
- Diabetic records
- Dietician reports
- Doctors' request book
- Education resources, calendar and staff training records
- Emergency manual
- Employment contracts
- Essential services report
- Fire and emergency equipment testing logs
- Food safety policy and associated kitchen documentation and certification
- Gastroenteritis and influenza information

- Generator test and running log
- Handover information
- Incident reports
- Infection control records
- Inspection program worksheet
- Maintenance requisition forms and log
- Material safety data sheets
- Meeting schedules, agendas and minutes
- Memorandum
- Menu
- Newsletter
- Nursing registrations
- Occupational health and safety reports and data analysis
- Opportunity for improvement forms
- Organisational flow chart
- Performance review and development plans
- Police check spreadsheet and statutory declarations
- Policies and procedures
- Position descriptions and duty lists
- Preventative maintenance schedule
- Quality improvement activities log
- Recruitment policies and procedures
- Resident evacuation list and mobility requirements
- Resident dietary information in the kitchen
- Resident surveys
- Residents' handbook and information package
- Return to work program
- Rosters
- Staff appraisals
- Staff handbook and orientation information
- Staff surveys
- Volunteer training information
- Wound care charts

Observations

The team observed the following:

- Accreditation visit notices
- Activities in progress
- Allied health wing
- Chemical storage
- Cleaners' rooms
- Cleaning in progress
- Comments / complaints and advocacy information and brochure displays
- Confidential information storage
- Electronic and hard copy information systems
- Emergency exits and paths of egress
- Equipment and supply storage areas and stores room
- Fire and emergency equipment, signage and information
- Food storage practices
- Infectious waste storage
- Interactions between staff and residents
- Kitchen and kitchenette
- Laundry systems

- Living environment
- Maintenance area
- Medication round
- Nursing station
- Oxygen storage and in use
- Personal protective equipment and usage
- Pest control bait program
- Refrigerator temperature records
- Resident interaction
- Resident meal times
- Resident noticeboards
- Residents receiving assistance
- Residents' rights and responsibilities displays
- Staff noticeboards
- Staff room
- Storage of medications
- Suggestion boxes

Assessment information

This section covers information about each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has an active continuous improvement system driven by opportunity for improvement forms logged and monitored electronically. Improvement opportunities are identified through regular meetings, audits, stakeholder surveys, formally and informally through stakeholder comments/complaints/suggestions, incident reports and management processes and observations. Documentation confirmed the identification and timely actioning of improvement opportunities, appropriate discussion and feedback, follow-up, completion and generally evaluation of improvement opportunities. Monitoring and discussion of improvement opportunities is completed by the home through monthly quality and safety meetings.

Improvements identified and completed in this Standard include:

- A review of the system for contractor police checks and the development of a template for the organisation’s service agreements to ensure regulatory compliance is maintained and for consistency of process and content.
- Development and introduction of a regular newsletter for residents and their families to assist with information about improvements and general other items within the home’s processes. This has been very effective and well-received.
- Following an identified gap, a review of all personnel files to ensure all staff have signed codes of conduct demonstrating staff awareness of responsibility.
- Replacement of the overhead lifting system for more appropriate care and comfort of residents. The new system has proved effective for staff and provided residents with individual slings with improved comfort and infection control.
- The introduction of a more effective and organised system to ensure appropriate stock control of medical supplies. The improvement has been effective.

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 to identify and ensure compliance with relevant legislation, regulatory requirements and guidelines. Regulatory compliance information and changes are received through hard copy and electronic update services, industry, government and peak bodies. The home demonstrated this information and any changes are appropriately actioned and disseminated through the home’s hard copy and electronic information systems and processes. The home’s meetings, audits, reporting processes and staff training assist to

maintain compliance. Policies are reviewed and updated where required. Residents and their representatives are informed of accreditation audits. Systems in place ensure all relevant persons have and maintain a current police check and required statutory declarations.

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 a robust education system. Education and training for staff is sourced, planned, facilitated and monitored ensuring staff have the knowledge and skills to perform their roles effectively. The education program is responsive, with educational opportunities identified through annual performance appraisals, staff surveys, legislative requirements, incident reports, audits, work practices, meetings and changing resident needs. Education information is promoted through the home's information systems. Training is planned and facilitated by appropriately trained staff, educators and external providers, through electronic media, hard copy information, meetings and face to face training. All staff complete annual mandatory training with topics covering all standards. Up-skilling is encouraged and facilitated; personalised education programs are provided for staff and training records enable annual staff appraisals to monitor the education offered to and completed by all individual staff. Staff stated satisfaction with the education program. Education completed in this standard included quality system training, client rights and advocacy, electronic care planning system, bullying and harassment, on-line 'e'-learning system, code of conduct/ customer service and accreditation.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Residents and their representatives have access to internal and external complaints mechanisms. Appropriate forms and forums are provided and readily available for residents. A robust comments/complaints system is maintained with timely and appropriate response, monitoring and resolution. Regular data analysis, trending and benchmarking is completed, together with appropriate discussion and reporting through stakeholder and management meetings. Complaints are able to be made anonymously. Residents and representatives are informed of the comment and complaints processes and are actively encouraged to contribute. Residents and representatives confirmed satisfaction with the home's comments and complaints processes.

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

Handbooks, documentation and observations confirmed the home and the organisation have consistently documented the home's philosophy, goals and objectives and commitment to quality in aged care. An organisational strategic plan is in place.

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

Management demonstrate and staff confirmed there are appropriately skilled and qualified staff in the home. Staffing numbers and skill mixes are reviewed where needed to meet resident needs and shifts are appropriately filled by the home's own staff. No agency staff are used. A registered nurse is on-site at all times. Employment agreements are in place, annual leave is managed, nursing registrations are maintained and all staff are supplied with position descriptions and handbooks. Staff gain additional skills and knowledge through regular internal and external education opportunities provided and attend annual mandatory training. Active recruitment systems and orientation programs are in place for new staff. On-going staff performance and needs are monitored through appraisals completed annually by all staff. Staff said they are supported by management and residents and their representatives said they are satisfied with the responsiveness of staff and the level of care provided.

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 demonstrated appropriate goods and equipment are available for quality service delivery. Stock levels are monitored, stock is inspected and safely and appropriately stored in the home with the maintenance and cleaning programs assisting to monitor and maintain equipment. Equipment is evaluated and trialled before purchase and preferred suppliers are in place for the regular ordering and supply of stock. Individual resident care needs are reflected in the goods and equipment sourced and made available for residents. Staff confirm requests for new equipment are appropriately responded to, training is provided and faulty equipment is repaired promptly. The team observed sufficient supplies and equipment and staff, residents and their representatives confirmed sufficient supplies and equipment are available and in place to meet residents' 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

Effective electronic and hard-copy information systems are in place in the home; staff have access to a range of appropriate information in both systems. Document control, review and updates and regional networks help ensure current, consistent and appropriate information is available for management and staff. A system of regular meetings, audits and surveys, together with reporting and monitoring processes, assist the home's information systems. A newsletter is regularly distributed, staff and resident noticeboards and displays are in place and appropriate handbooks and information are provided for stakeholders. Observations and interviews confirm information is readily available and maintained appropriate to the needs of stakeholders, secured, archived and retrievable in a timely manner. Residents and their representatives confirm access to appropriate information to assist them in decision making.

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 organisation manages the home's external services with systems and processes to ensure the services meet the home's needs and quality goals. A public sector purchasing system is in place. The home maintains a data base with contractor details and requirements. Contractor performance is monitored formally and informally through stakeholder feedback and audits. Contractors are advised of special requirements and their obligations in the home, police checks are completed and monitored and a preferred suppliers list is maintained in the home. Contractor sign-in and identification processes are in place. Residents and staff state satisfaction with the home's externally sourced services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Improvements identified and completed in resident health and personal care include:

- Following the home's identification of concerns related to skin care management, the introduction of improved skin management processes, education and products. The improvements have been effective with improved skin management for residents.
- Identified as a deficit by the home, the establishment of an improved podiatry program and processes in the home. The improvement has been effective with benefits to resident care and staff processes.
- The development of formal wound management processes to ensure a comprehensive approach to wound management. This included establishment of a committee, a flow charts for referrals, product review, access to a regional consultant and education. This has been effective with identified benefits to resident care.
- The establishment of a formalised palliative care pathway and processes in the home to assist with the care of palliative residents and their families.
- Following an incident report, changes to the application time for medication patches to a less-busy time. This has ensured all patches are appropriately applied with no patches missed.

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 system and processes.

The home demonstrates regulatory compliance in health and personal care with care tasks performed by appropriately qualified staff, the maintenance and monitoring of nursing registrations, medication management requirements and systems in place for the required reporting of absconding residents.

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.

Education completed on health and personal care included skin tears, hearing loss, dysphagia, clinical assessments, pain management, medication management, diabetes, palliative care, pressure ulcers, wound management and PEG tube management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive individualised care which is appropriate to meeting their needs and preferences. The home has an assessment and review process for identifying changes to care and ensuring residents’ care information is up to date and reflects their needs. The registered nurse completes an initial interim care plan identifying care information enabling staff to provide care until the long term care plan is complete. The registered nurse reviews the care monthly and residents can access the collocated practices for medical and emergency services. Handover information and staff feedback demonstrates consistency of information with the care plans and residents’ needs. Residents and representatives indicated staff consult with them regarding care and they are satisfied with the home’s approach to providing clinical care.

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

Information obtained on entry to the home and the home’s monitoring and evaluation processes ensure the identification of residents’ specialised nursing care requirements. The registered nurse is responsible for the assessment, management and review of all residents with specialised nursing care requirements. The home consults regularly with other regionally based health professionals such as speech therapist, respiratory specialists, dietician, wound and continence consultants. Care plans contain referral outcomes and appropriate care information and are easy to understand. Specialised care includes diabetic management, complex wound care, pain management, oxygen therapy, stoma and catheter care. Residents and representatives stated they are satisfied with the care provided by the home.

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 registered nurse assesses residents on entry to the home and arranges referrals to appropriate health professionals according to residents’ assessed needs and preferences. The home has access to a range of professional services, such as dietician, speech therapist, podiatrist, and physiotherapist, who visit regularly as part of the care process and others who respond to specific referral requests. Staff assist residents to attend external appointments if specialists are unable to attend the home. The health specialists document their visits and recommendations in the residents’ file and care staff transfer any relevant instructions to the care plan. The health professional evaluates the care provided and staff monitor the effectiveness of the referral outcomes through monthly care plan review. Residents and their representatives said they are satisfied with the services provided

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 systems to effectively manage residents’ medication. Policies and procedures are available to guide staff practices according to legislative requirements. The initial assessment completed when the resident enters the home identifies medication requirements, preferences, allergies and assistance required for effective medication management. Registered nurses and enrolled nurses administer medication from the original packaging. The registered nurse is responsible for all schedule 8 medications and maintains appropriate records. Medication charts are accurate and up to date with allergy and identification details included. Medications are stored securely and there are procedures to maintain supply and to dispose of unused or out of date medication. Incidents and signature omissions are actioned by the unit manager. Regular medication audits identify resident satisfaction and monitor staff practices.

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 assist residents to be as free as possible from pain. The registered nurse identifies the resident’s pain history on entry to the home and completes additional assessments to develop an individual plan of care. Strategies to assist with pain management include pharmacological treatments, massage, rest or exercise as appropriate. Documentation and staff interviews demonstrate regular consultation with residents, representatives and the doctor and effective evaluation of residents’ pain management. Staff confirmed that although some residents in the home are unable to verbalise their pain, they can recognise nonverbal signs of pain and utilise a nonverbal assessment tool to identify the residents’ pain status and to provide appropriate care. We observed residents who were unable to verbalise their pain experience appeared relaxed. Residents and representatives interviewed expressed their satisfaction with the care given.

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 systems to identify residents’ terminal care wishes and to maintain the comfort and dignity of terminally ill residents. The registered nurse identifies residents’ terminal care preferences on their entry to the home and residents have the opportunity to complete an advanced care plan. Staff confirm they have received education for palliative care and have access to external resources such as consultants, counsellors and social worker. The home has introduced a care pathway used when residents require terminal care. Staff state they provide consistent information to all of the health care team and enhance the residents’ comfort and care management. Residents and representatives stated they are given sufficient information and support on entering the home and when planning into the future.

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 systems to ensure residents receive adequate nourishment and hydration. The registered nurse completes an entry assessment identifying residents’ nutritional requirements and preferences including allergies, cultural preferences and need for assistive devices. There is a communication process for notifying the kitchen of the residents’ initial dietary needs and of any subsequent changes. Resident information in the kitchen consists of dietary analysis details, menu and dietary preferences, including appropriate medical needs, food and fluid consistency, allergies, cultural needs and details of any assistive devices used. The dietician and speech therapist assess all residents on entry and continue to monitor resident status meeting together monthly to discuss residents’ nutritional requirements. Staff ensure residents are weighed monthly and the dietician monitors weight variances. Residents and representatives said they are generally happy with the food.

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 protocols to ensure residents’ skin care is appropriate and consistent with their general health. The registered nurse identifies residents’ skin care needs when they enter the home using a risk management approach and develops a care plan consistent with the residents’ needs and general health. The assessment and care plan includes details of wash lotions, pressure relieving devices and details of assistance residents need to manage personal hygiene, hair washing, grooming and nail care. The registered nurse monitors and manages wound care detailing the care and evaluation on a wound care chart. The home refers residents to the wound care specialists if required. Care plan reviews, staff observations, resident/representative consultation and registered nurse review contribute to the evaluation of skin care plans. Staff stated they receive education on effective wound management and have access to supplies of appropriate dressings.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents receive continence care appropriate to their needs and which effectively manages their continence experience. The registered nurse completes an initial continence assessment when the resident enters the home and develops an individual toileting and continence program using the home’s assessment process. This includes referral to a continence adviser from the regional health care group, establishing voiding patterns, dietary and medication strategies and the use of the appropriate continence management aids. Care plan review and program evaluation processes include monitoring of aid use and obtaining feedback from residents and staff. Residents and representatives confirmed that staff assisted with residents’ continence needs.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home identifies residents’ presenting with challenging behaviours and develops strategies to manage their needs effectively. The registered nurse develops the care plan using information identified in the initial and ongoing assessments and initiates referrals to specialists as required. Care plans contain individual interventions to deal with challenging behavioural and to manage residents’ behaviours including trialling alternatives prior to pharmacological intervention. The home monitors the effectiveness of the care through audits of incidents associated with behaviours, care plan reviews and feedback from residents, representatives and staff. Residents and representatives said they are satisfied with the home’s approach to managing the needs of residents with 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 have access to care and equipment to maintain optimum levels of mobility and dexterity. The physiotherapist completes initial and ongoing assessments and programs to enhance mobility and dexterity and to manage falls risk. The registered nurse, in consultation with the physiotherapist, uses this data to develop individual plans for mobility and falls risk management. The home has a falls prevention program and provides aids such as floor line beds, movement sensor alarms and hip protectors. Staff complete incidents reports for fall events and management evaluates these for trends and increased risks. Appropriate mechanical transfer equipment is available and staff reported they have received education in manual handling and safe transfer techniques. We observed staff assisting residents to using mobility and dexterity aids such as walking frames, wheelchairs and adaptive cutlery and crockery.

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 systems to maintain residents’ dental health. The initial assessment identifies residents’ initial dental needs. The registered nurse continues this process assessing the state of the resident’s teeth, mouth and lips and assistance required and develops the dental care plan. The speech therapist sees the residents regularly and identifies and manages any swallowing difficulties and meal modification needs. Staff assist residents to access the regional dental services if required. The staff education program includes oral and dental care. Residents said staff help them with their dental care.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home is able to provide care to residents living with sensory losses. Assessment of residents’ sensory losses occurs on entry to the home and on a regular basis. Assessment includes residents’ vision, hearing, communication, smell, touch and cognitive abilities. The residents’ care plan includes interventions required for identified sensory needs; lifestyle activities include sensory stimulation such as singing, aromatic cooking and massage. Individual staff members have accepted a portfolio role to oversee residents’ sensory care needs and facilitate appointments with external allied health practitioners such as audiologists and optometrists. Residents and representatives said they are happy with the care in relation to sensory needs.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Practices at the home assist the residents to achieve quality sleep. The assessment process identifies the residents’ natural sleep patterns and preferences for day and night rest on entry to the home. The registered nurse develops the sleep care plan following the assessment process. Residents’ care plans indicate their choice for retiring and waking and preferences to assist sleep such as leaving a light on, taking sedation or general comfort measures. Staff described strategies to help resettle any resident who wakes during the night. Residents and representatives said residents could rest whenever they wished.

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 system and processes.

Improvements identified and completed in resident lifestyle include:

- The establishment of a social worker program and related information to support residents and their families when required through the admission process and on an on-going basis. The support service has had positive feedback.
- The establishment of more male-related activities and the opening of the men’s shed to meet the interests and needs of the home’s male residents. Feedback and benefits have been highly positive for the male residents.
- The establishment of more gardening activities and planter boxes to meet the needs and interests of residents. The improvements have been successful and beneficial.
- The expansion of existing church services in the home with a greater number of residents attending and able to attend and satisfaction expressed by attendees.

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 system and processes.

The home demonstrated compliance in relation to resident lifestyle with privacy and dignity policies and practices, security of tenure, residents’ rights and responsibilities and the reporting requirements for elder abuse/mandatory reporting.

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.

Education completed in this standard included cultural training, dementia, elder abuse, sexuality, dignity, loss and grief and mini-bus training.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has systems to ensure residents receive support on entry to the home and on an ongoing basis. Administration staff meet with the resident and/or their representative answering questions, providing an information package and a tour of the facility. Staff welcome residents when they enter the home, introduce them to other residents and help familiarise them to their new surroundings. Lifestyle staff support the new resident assisting with orientation and identifying emotional and social needs ensuring this information is reflected in the social and lifestyle care plan. A counsellor is available to residents and representatives to assist with the transition to residential care. Residents and representatives said the staff are supportive and residents feel safe in the home.

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

Residents are encouraged and supported to achieve maximum independence. Assessment processes are utilised to establish each resident's interests and to assist them to maintain contact with family, religious and community organisations. The physiotherapy assessment includes strategies to assist residents to maintain their movement skills and includes the provision of aids to manage mobility and dexterity needs. Visitors from the local community are encouraged to visit the home and staff organise social occasions to enhance interactions with the community. Residents said they appreciate their lifestyle and are satisfied with the assistance provided by the home in relation to their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home recognises and respects each resident's right to privacy, dignity and confidentiality. Care plans record residents' wishes regarding preferences and privacy issues; residents have the opportunity to consent to the use of photographs and personal information. Resident records are stored securely and are accessible to appropriate personnel. Information and education relating to confidentiality and residents' privacy and dignity is included in the education program and staff stated they are aware of their responsibilities. We observed staff interacting with residents in a respectful and caring manner and knocking before entering rooms. Surveys, audits and observation monitor staff performance and practice. Residents and representatives said staff considered residents' privacy and were respectful during care.

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 the residents' interests and preferred activities. After entry to the home staff consult with the resident and their representative to complete a social profile which outlines the residents' past and present interests, previous occupation and significant events in their life. The diversional therapist develops individual strategies and a care plan which reflects the residents' needs and interests. Residents with cognitive issues receive a program based on one-to-one interaction addressing their particular needs. The diversional therapist develops lifestyle programs taking into account feedback received through resident suggestions and requests, satisfaction surveys, resident meetings and on-going monitoring of participation at activities. Many residents of the home have rural backgrounds and enjoy farming and sporting events which the home also considers when planning outings and activities. Notice boards display the lifestyle program with extra copies available to take away. Surveys, resident meetings, informal feedback and evaluations of residents' participation records confirmed positive information regarding residents' satisfaction with the program.

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 initial assessment process identifies each resident's interests, customs, spirituality needs and beliefs, cultural and ethnic background. The residents in the home have a predominantly Australian heritage with a small number identified as coming from culturally diverse backgrounds but having lived in Australia for many years. The home celebrates a number of special days including Anzac and Australia day and special events. Residents can attend religious services every Friday and the home welcomes many churches and religions. A men's group has been formed and they enjoy activities such as joining in the community based 'men's shed' group each week. Residents and representatives said the home respects residents' cultural and spiritual needs and preferences.

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 is committed to promoting and respecting resident choices and their ability to continue to make lifestyle decisions. The registered nurse identifies residents' preferences and choices on entry to the home and reviews this regularly. Management provides residents with an information package that includes details of the home, services provided and advocacy information. The home holds regular resident meetings and there is a suggestion box available to enable comments and feedback. Residents' choice and decision making involvement is monitored through audits, resident meetings and individual consultation. Staff gave examples of enabling resident choice in daily care routines, leisure interests and other

services. Residents and representatives said they are satisfied with the opportunities residents have to participate in decisions about the care and lifestyle services.

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 systems to ensure residents and representatives understand their rights and responsibilities and have security of tenure. The home offers residents formal agreements detailing rights and responsibilities, services provided and financial obligations. Internal and external complaints mechanisms and resident rights and responsibilities are also on display in the home. Management provides written notification to residents and representatives about changes to the provision of services such as moving from a low to high level of care. Staff are informed about residents' rights and responsibilities, specified care and services and elder abuse through policy, handbooks and education. Residents and representatives said that they felt secure and safe in the home.

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 system and processes.

Improvements identified and completed in relation to this standard include:

- A cleaning schedule established for lifters/slings for residents for improved infection control. The schedule is effective and working well.
- The establishment of an infection control nursing position, referral pathway and related education to assist with the home’s infection control program. The position and program have been effective assisting the home’s infection control management.
- Secure storage installed for the cleaner’s cupboard to appropriately secure stores. The improvement is effective.
- Systems established to register food brought into the facility to ensure compliance with food safety. A register has been established and a brochure on safe food handling distributed. The initiative has been well-received and is effective.

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 system and processes.

The home demonstrated compliance in relation to the physical environment and safe systems through the building and living environment, fire/safety and emergency regulations, occupational health and safety policies and requirements, infection control guidelines and a food safety program with related kitchen documentation and certification in place.

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.

All staff complete a range of extensive annual mandatory training requirements which includes education relative to this standard. Education completed in this standard includes

infection control, fire/emergency and evacuation, manual handling / occupational health and safety, food safety and chemical handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home's environment is consistent with residents' care needs. Residents are accommodated in single personalised bedrooms with en suite bathrooms. Sufficient, appropriate and comfortable furniture is in place and a comfortable temperature provided. The home has a high standard of cleaning. Reactive maintenance is generally completed in a timely manner and preventative maintenance is completed according to the schedule. Regular audits and checks assist to monitor the living environment. The home is well-lit, signage is clear and residents have access to call bells and mobility aids. Residents and their representatives stated satisfaction with the environment and residents felt safe and comfortable.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management demonstrate a safe working environment that meets regulatory requirements with effective occupational health and safety systems and processes in the home. Appropriately trained representatives are in place. Occupational health and safety information is displayed and incident and hazard management systems help to maintain a safe environment. Environmental and occupational health and safety audits and checks are completed. Documentation confirmed stakeholder input and regular meetings with reporting, monitoring and data analysis completed. The home has no-lift competencies, initial and on-going mandatory occupational health and safety training for all staff, a 'back-off' policy to assist staff and a return to work program in place. Interviews and observations confirmed a high level of staff awareness of and satisfaction with occupational health and safety and a safe environment in the home.

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 systems for detecting and acting on fire, security and other emergencies. Fire detection and fire fighting equipment is checked by approved professionals. The home's audits, checking and monitoring processes ensure safe systems are maintained and contractor work is completed as required. Electrical equipment is tested and tagged and electronic systems enable the home's environment to be monitored and secure. Emergency manuals are in place together with signage, evacuation maps and a current resident list with mobility requirements. Bushfire information and emergency equipment is maintained and

accessible. Emergency exits and paths of egress are generally clear and unobstructed. All staff completed mandatory annual fire/emergency and evacuation training. Residents said they feel safe and secure in the home.

4.7 Infection control

This expected outcome requires that there is "an effective infection control program".

Team's findings

The home meets this expected outcome

The home has an effective infection program to identify and manage infection risks. The infection control consultant and a designated staff member have allocated hours for infection control activities including hand hygiene audits. Policies and procedures including procedures for gastroenteritis and influenza are available to all staff. Infection control is included in staff orientation and education programs. Surveillance records record resident infections and antibiotic usage with outcomes and trends discussed at local and regional meetings. Residents receive annual influenza vaccination and the home provides a range of vaccinations to staff. There are supplies of protective clothing and equipment for the disposal of sharps and infectious waste. There are food safety and pest control programs in place and cleaning and laundry services comply with infection control guidelines.

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

There are appropriate hospitality services to meet the needs of the residents. The kitchen follows the food safety plan and has current external certification. Residents choose from a rotating menu, alternative meals are offered and residents' dietary needs and preferences are updated when needed. The dietician conducts regular reviews. Cleaning staff follow schedules to ensure residents' rooms and common areas are clean. Linen is laundered externally and interviews and observations confirmed clean/dirty separation and sufficient stocks of linen. Residents' personals are laundered by care staff. Staff receive on-going chemical and infection control training. Resident satisfaction is monitored through observations by management, feedback, surveys and regular audits and residents and representatives confirmed satisfaction with the hospitality services provided by the home.