



Australian Government

Australian Aged Care Quality Agency

Clayton Church Homes Hostel

RACS ID 6032
41 Fisher Street
MAGILL SA 5072

Approved provider: Clayton Church Homes Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 23 June 2017.

We made our decision on 30 April 2014.

The audit was conducted on 24 March 2014 to 26 March 2014. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

Standard 4: Physical environment and safe systems**Principle:**

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

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



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Australian Aged Care Quality Agency

Audit Report

Clayton Church Homes Hostel 6032
Approved provider: Clayton Church Homes Inc

Introduction

This is the report of a re-accreditation audit from 24 March 2014 to 26 March 2014 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 24 March 2014 to 26 March 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 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:	Sandra Lloyd-Davies
Team member:	Judy Aiello

Approved provider details

Approved provider:	Clayton Church Homes Inc
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Details of home

Name of home:	Clayton Church Homes Hostel
RACS ID:	6032

Total number of allocated places:	95
Number of residents during audit:	91
Number of high care residents during audit:	58
Special needs catered for:	People with dementia or related disorders

Street:	41 Fisher Street	State:	SA
City:	MAGILL	Postcode:	5072
Phone number:	08 8165 3188	Facsimile:	08 8165 1434
E-mail address:	acase@claytonhomes.com.au		

Audit trail

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

Interviews

	Number		Number
Management	3	Residents/representatives	14
Clinical and care staff	9	Volunteers	1
Lifestyle staff	2	Ancillary staff	8
Quality assurance staff	1		

Sampled documents

	Number		Number
Residents' assessments, care plans and progress notes	10	Medication charts	9
Lifestyle care plans	8	Wound charts	4

Other documents reviewed

The team also reviewed:

- Activities program
- Asset register
- Audit reports
- Audit schedule
- Charter of residents' rights and responsibilities
- Cleaning schedules
- Clinical assessment tools
- Clinical consultation confirmation form
- Communication books
- Compulsory reporting register
- Continuous improvement documentation
- Corrective and preventative maintenance records
- External service provider contracts
- Fire safety records
- Incident and hazard reports
- Job descriptions and duty statements
- Menu
- Observation records
- Police certificate records
- Professional registrations
- Resident admission pack
- Resident handbook
- Residential services agreement
- Restraint authority
- Safety data sheets
- Staff education records
- Staff handbook
- Treatment sheets
- Triennial fire safety certificate
- Various audits and surveys

- Various meeting minutes
- Various newsletters and memoranda
- Various policies, procedures and guidelines

Observations

The team observed the following:

- Accreditation notice on display
- Activities in progress
- Chemical storage
- Cleaning in progress
- Closed circuit television surveillance
- Equipment and supply storage areas
- Fire safety equipment
- 'Have your say' forms
- Infection control resources
- Interactions between staff and residents
- Kitchen facilities
- Laundry facilities
- Living environment
- Meal service
- Medication round
- Noticeboards
- Personal protective equipment
- Secure unit
- Storage of medications
- Visitor/contractor sign in/out book

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Clayton Church Homes Hostel is one of three Residential Aged Care facilities managed by Clayton Church Homes Inc. A corporate continuous improvement framework is used to actively pursue continuous improvement. Improvements are identified through resident and staff feedback, incident, accident and hazard reporting, internal and external audits, various meetings and education processes and strategic planning. An action plan records identified improvements, action required and taken, outcomes and evaluation. The action plan and progress is generally monitored through management and planning meetings. Residents and staff are engaged in continuous improvement through consultation, trialling, meetings and feedback requests. Residents indicated they are satisfied with managements responses to their suggestions.

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

- To ensure all staff have up to date knowledge of mandatory reporting requirements and zero tolerance in relation to elder abuse, the home has implemented a recent information and training process for all staff. The home introduced a zero tolerance booklet two years ago which was issued to new and existing staff. Following an update of the booklet in 2014 and recognising that not all staff have a copy of the booklet, a memo was issued to all staff together with a knowledge questionnaire and a copy of the zero tolerance booklet. The questionnaire was required to be completed using the booklet information and the completed questionnaire returned for marking. To date, all questionnaires have been returned and marked. This process is now to be an annual event and has been documented on the home's training schedule.
- Management recognised that not all staff had a recent performance appraisal and that the existing process was complex and time consuming for staff, and forms were often not returned. A revised process was trialled and refined and was designed to appraise performance specifically related to staff roles, enable personal goals to be set and to be used as an education tool. The new process has been implemented and a schedule established to ensure two yearly appraisals with relevant counselling conducted in between. Those staff who have used the new process said it is much quicker to complete. Management said the forms are being promptly returned.

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 in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Legislative updates are distributed to the home’s management via their corporate office. Policies, procedures, guidelines and documentation are updated to comply with regulatory requirements. Legislative compliance is monitored through various meetings and scheduled audits. Staff are informed of changes through meetings, education, memoranda and communication books.

Examples of how the home ensures compliance in relation to Standard One include:

- Residents and representatives notified in writing of the re-accreditation audit
- Police certificates for staff, contractors, allied health professionals and volunteers
- Professional registrations for clinical staff and allied health professionals.

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 processes to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. Education needs are identified through staff feedback, resident needs and observation of work practices. An education planner schedules training throughout the year. Commencing employees undertake mandatory training as part of the orientation process. Management monitor attendance at training sessions and a reminder notice is placed in the staff room for staff who have not completed all mandatory training within a 12 month period. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to deliver quality care and services.

Examples of education conducted over the past 12 months in relation to Management systems, staffing and organisational development include:

- Aged care funding instrument
- Staff orientation.

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

Relevant stakeholders have access to internal and external complaints mechanisms. Entry processes and related documentation include information about feedback mechanisms for residents. There are regular ongoing reminders about the home's 'have your say' forms in addition to displays and accessible forms around the home. A secure suggestion box is provided for confidential feedback. Staff are aware of their responsibilities to support residents to lodge a complaint. Complaints from all sources are logged, reviewed and actioned by the site coordinator, who also prepares a monthly analysis and trend report. Where relevant, actions to address complaints, suggestions or other feedback are documented on the home's improvement action plan. Comment and complaint processes are monitored through audits, meetings, and resident surveys. Residents and representatives said they feel comfortable providing feedback to the home and that their feedback is responded to in a timely manner.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's vision statement and guiding principles are documented in resident and staff handbooks. The home's webpage outlines the current vision and mission statement. Documentation containing the home's values has consistent content. The home is governed by a board of management and guided by a strategic plan. Staff are familiar with the home's commitment to quality care and services.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings

The home meets this expected outcome

The home has processes to ensure there are sufficient numbers of appropriately skilled and qualified staff to deliver care and services. Corporate human resources assist with recruitment processes, including police certificates and monitoring visas. Staff, allied health professionals, contractors and volunteers are required to provide a police certificate or statutory declaration prior to commencing employment. The home provides an orientation program for commencing staff. The home's management monitors staffing levels and skill mix through staff feedback and resident care needs on an ongoing basis. Training needs are identified at staff meetings and through observation of work practices. Vacant shifts are filled by casual and permanent staff or agency staff where necessary. Staff are guided in their roles by job descriptions, duty statements, guidelines and policies and procedures. Staff interviewed said they generally have sufficient time to complete their tasks. Residents and

representatives are satisfied that staff have the appropriate skills to deliver care and services.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has a system to ensure appropriate stocks of goods and equipment are available to provide quality service delivery. The home uses internal and external maintenance processes, audits, incident and hazard reports to monitor plant and equipment. Designated staff members have responsibility for ordering, monitoring, cleaning and maintenance of equipment and supplies. Supplies are stored safely and appropriately. Staff, residents and representatives are satisfied there are adequate and appropriate stocks of goods and equipment to deliver care and services.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are generally processes to ensure effective information management. Residents are informed of the home's care and services through entry processes and on an ongoing basis through noticeboards, meetings, newsletters, mail-outs and personal notices such as, weekly activities. Staff and management have access to information to fulfill their roles through induction processes, job descriptions, policies, and standard operating procedures. Meetings and related minutes, memoranda, pay slip messages, communication books and noticeboards support ongoing information needs. There are document control processes to ensure currency of documents and archiving is managed according to legislative guidelines. Selected staff have email access and there are processes to ensure security and backup of electronically held information. Confidential information is securely stored. Management decisions are generally supported by data collection and monitoring processes and information systems audits are conducted. Residents and staff said they have access to information appropriate to their needs.

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

External services are provided in a way that meets the home's needs and service quality goals. External service contracts and agreements are negotiated and monitored at both corporate and site level. The home has agreements with external contractors in relation to allied health services, pharmacy, catering, pest control and fire safety. Corporate office monitors required registrations, licenses, certificates of currency and police certificates. Staff and resident feedback contribute to the monitoring and evaluation of service provision.

Management address issues where performance is not satisfactory. Staff, residents and representatives are satisfied with externally sourced services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, improvements may be identified through care evaluation and case conferences, analysed and trended incident reports and clinical audits.

Improvements related to health and personal care implemented by the home in the last 12 months include:

- To ensure all residents have a current optician assessment, the home arranged for a visiting optical service to attend the site. Some residents were uncertain when they had last had their eyes tested. Residents or their representatives were advised of the service through posters and the residents' meeting. In October 2014, 21 residents attended for testing and 10 residents were identified as requiring replacement glasses. Two residents required specialist follow-up. Consent was obtained for those requiring new glasses. A two yearly schedule for review has been established with the service provider, unless an individual resident requires assessment during that time.
- The home has reviewed information held for each resident in relation to advanced directives and end-of-life wishes. Existing forms used by the home were not being consistently completed and information regarding advanced directives not always available for staff and external services. Coordinated by a registered nurse, the home has introduced the Good Palliative Care form. This is placed in the admission pack for initial discussion and completion, in consultation with the resident and their family. This is followed by completion of the home's comfort care form if relevant and the resident's file is stamped to indicate comfort care. This process is progressively being implemented and has been completed for approximately half the residents in the home.

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.

Management monitors regulatory compliance in relation to Standard Two through various meetings, audits, observation of staff practice, clinical reviews and staff and resident feedback. Staff are aware of regulatory requirements relating to residents' health and personal care, including the safe storage of medications.

Examples of how the home ensures compliance in relation to Standard Two include:

- Assessments and the development of care plans carried out by registered nurses
- Medication is stored safely and securely
- Policy and procedure for unexplained absences of residents
- Medication credentialling
- Medication advisory committee.

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.

Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

Examples of education conducted over the past 12 months in relation to Health and personal care include:

- Continence management
- Behaviour management
- Technical procedures – Glasgow coma scale
- Medication competency assessments
- Wound management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

There are processes to provide appropriate clinical care for residents. Entry processes include development of a temporary care plan followed by assessments conducted according to resident need and an assessment schedule. Assessments and care planning are conducted in consultation with the resident, their family, allied health services and the general practitioner. Hard copy care plans are accessible to staff. Progress notes, handovers, care alert forms and communication books assist staff communication regarding residents’ care needs. Staff are knowledgeable about the care needs of individual residents. There are regular care evaluation and review processes and clinical care is monitored through resident observations, incident reporting, audits and feedback processes. Residents are satisfied with the clinical care provided.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

Residents’ specialised care needs are met by appropriately qualified staff. Assessments, care planning and review processes are conducted by registered nurses. There are procedures, standard operating procedures and guidelines to assist staff to provide specialised care, and referral processes for external nursing services to gain advice on complex care needs. Staff receive specialised care training and indicated they are supported in their role. Specialised care is monitored through regular general practitioner and allied health reviews, clinical observations, incident reporting, and review by registered nurses of clinical consultation confirmation forms and related progress notes. Residents interviewed are satisfied with the home’s approach to providing for their specialised care needs.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents are referred to appropriate health specialists according to their needs. Assessment and care review processes and resident requests, support referrals to visiting or external allied health services and health specialists. There are processes and referral forms for various external services and referral outcomes are documented in clinical notes or specific care plans developed. These may include speech pathology, specialist wound care services, dietitian and mental health services. An individual directory is maintained of services preferred and attended by residents. Referral processes are monitored through resident/representative consultation, care evaluation and review, incident reporting, clinical observations and regular general practitioner consultation. Residents and their representatives are satisfied referral processes meet their needs and preferences.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Residents’ medication is managed safely and correctly. Medications are administered by credentialed care staff with support and guidance from registered nurses. Generally there are relevant medication management guidelines for staff. Medications are supplied in pre-packed dose aids by contracted pharmacy services. Supply processes are monitored and medications are appropriately stored. There are individual administration guidelines and processes for assessing and authorising self-administration. Medication charts include relevant orders and indications and are regularly reviewed. Medication management processes are monitored through incident reporting, audits and signature omission tracking. The home has a medication advisory committee. Residents are satisfied that their medications are managed safely and correctly.

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

There are processes to ensure residents are as free as possible from pain. Initial and ongoing assessments are used to identify residents’ pain management needs and to monitor the effectiveness of pain management strategies. Physiotherapy assessments and treatment directives assist this process and there are assessment tools suitable for residents with cognitive deficits. Staff understand their responsibilities for observing and reporting residents’ pain experiences. There are regular nursing, physiotherapy and general practitioner reviews of pain management plans and ‘as required’ and regular dose medications. There are referral processes for complex pain management needs. Pain audits, care reviews, incident reporting and resident consultation assist the home to monitor pain management processes. Residents are satisfied their pain management and comfort needs are met.

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

There are processes to maintain the comfort and dignity of terminally ill residents. Entry processes include consultation with residents and their families about end-of-life wishes and preferences for comfort care. When terminal care is required a relevant care plan is developed to meet the resident’s needs and preferences, including cultural and spiritual choices. Referral to external palliative care services or specialist nursing services is arranged if required. The home has palliative care equipment and information resources to assist staff to support resident comfort. Palliative care processes are monitored through audits and feedback from residents and representatives. The home has received positive feedback from families about the comfort and dignity provided for terminally ill residents.

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

There are processes to provide residents with appropriate nutrition and hydration. Assessment processes include residents’ functional capacity, dietary needs and food and fluid preferences. This information is advised to catering services in writing. Residents’ nutrition status is regularly reviewed and strategies implemented according to the home’s protocols, such as supplements, fortified meals, food and fluid intake monitoring or referral to allied health services. Specific meal management plans are documented for at-risk residents and staff support and assist residents during meals and provide regular fluids during the day. Staff are aware of residents’ nutrition and hydration needs. Care and allied health reviews, audit processes, clinical observations, weight monitoring and wound care healing rates contribute to the evaluation of nutrition and hydration management processes. The home’s menu is reviewed by a dietitian. Residents are satisfied with the home’s support to meet their nutrition and hydration needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

There are processes to maintain residents’ skin integrity. A risk based assessment is used to plan skin care. Equipment is available to reduce pressure and protect residents’ skin such as, sheep skins, pressure relieving mattresses, regular position changes and moisturisers. There are wound care protocols and wounds are assessed and regularly reviewed by registered nurses. Staff providing wound care have received training. Residents with complex wounds are referred for specialist review. Podiatry and hairdressing services are on-site. Skin integrity management is monitored through audits, care reviews and analysis of skin tears, continence reviews and wound healing rates. Residents are satisfied with the care provided to maintain their skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

There are processes to manage residents’ continence needs effectively. Initial assessments include documented observations of residents’ continence patterns and trialling of selected aids. A continence and bowel management plan is developed in consultation with the resident and continence advisor and includes any dietary requirements. Staff receive training in continence management and understand residents’ privacy and dignity needs. Plans are regularly reviewed relevant to resident and staff feedback and observations. The incidence of urinary tract infections is monitored and audits assess continence management processes. Residents are satisfied their continence management needs are being met.

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 processes to identify and manage challenging behaviours. Behaviour flow charts identify residents’ behaviour patterns and a behaviour management plan is developed for each identified behaviour. There are regular referrals to specialist services and regular general practitioner reviews, case conferences and care evaluations to assist behaviour management for relevant residents. Staff are aware of strategies to manage residents’ behaviours. The home has a no restraint policy and there is a secure area to accommodate residents who tend to wander. Behaviour incidents are generally reported and behaviour flow charts commenced to record trends and the effectiveness of management strategies. There are a range of individual and group diversions provided for residents, including integrated activities for those in the secure area. Residents and representatives are satisfied with the home’s approach to managing challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Residents’ mobility and dexterity is optimised. Mobility, dexterity and functional assessments are conducted by a physiotherapist. Transfer and exercise plans are developed and selected aids recommended and provided. Additional exercise and dexterity related activities are provided through the home’s lifestyle program. The home has access to external walking paths through the gardens. Staff are required to complete manual handling training. Mobility is monitored through resident observation, falls incidence and regular care and physiotherapy reviews. Residents were observed ambulating around the home and gardens with relevant aids. Residents are satisfied with the home’s support to optimise their mobility and dexterity.

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

There are processes to maintain residents’ oral and dental health. Initial and ongoing oral and dental hygiene assessments are used to identify care needs and residents’ preferences for dental care. The home uses a range of oral hygiene strategies to meet residents’ needs and comfort. Services for denture repair or replacement attend the home and there are referral processes for dental care in addition to residents attending their own dentist. Oral and dental hygiene needs are reviewed regularly and further needs identified through pain, nutrition and hydration and behaviour monitoring processes. Residents are satisfied with the home’s approach to managing their oral and dental health needs.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

There are processes to identify and manage residents’ sensory deficits. Assessment processes identify sensory deficits in all five senses. A communication plan documents residents’ needs in relation to sight, hearing and speech and comprehension and any required aids. Staff assist residents to fit and clean their aids. Other sensory deficits and associated risks are integrated in related areas of the care plan such as, skin integrity for sensation deficits. The home has installed a hearing loop in the activity room and large print books and hearing books are available. Sensory needs are monitored through audits, care reviews, incident reporting and resident feedback. Residents are satisfied with the support provided to address their sensory deficits.

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

There are processes to support residents’ natural sleep patterns. Residents’ sleep patterns are monitored on initial entry to assist the development of settling plans and identify residents’ sleep and rest preferences. Sleep management plans include preferred rising and settling times and strategies known to assist natural sleep patterns. Residents are encouraged to bring their preferred bed covers and pillows. Disturbed sleep is monitored and investigated in consultation with the general practitioner. Sleep audits and care reviews, incident reporting and resident feedback assist the home to monitor residents’ sleep patterns. Residents are satisfied the home provides a quiet environment and that they are supported to achieve natural sleep and rest patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle the home considers feedback from residents through meetings, surveys and ‘have your say’ forms to identify improvements. Specific activities are evaluated to assist the home to modify the activity program to meet residents’ preferences.

Examples of improvements recently implemented by the home in relation to resident lifestyle include:

- Lifestyle staff have implemented art classes having identified from residents’ social histories that a small number of residents had a past interest in art. A lifestyle staff member attended training in the creative use of art in aged care. Classes were advised to residents and scheduled on the lifestyle calendar. Eight residents initially attended and the classes begun with drawing and colouring, later advancing to painting. The residents’ art is on display in the home’s café.
- To improve the evaluation processes for the home’s activity program, a new ‘review of lifestyle activity’ form has been implemented. Previously an attendance record with residents’ response was recorded. While this record is retained, the additional form records a summary report of the activity over time. This includes residents’ comments and feedback gained through individual discussion, residents meetings and the ‘Chatters’ group which meets regularly to discuss and plan the lifestyle program. This information enables a more comprehensive review of the overall program and its effectiveness.

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.

Management monitors regulatory compliance in relation to Standard Three through various meetings, comments and complaints processes, surveys and resident feedback. Residential services agreements are managed corporately. Residents’ rights and responsibilities are discussed with residents and representatives prior to entering the home. Staff are aware of regulatory requirements relating to resident lifestyle, including protecting residents’ privacy and maintaining confidentiality of resident information.

Examples of how the home ensures compliance in relation to Standard Three include:

- Zero tolerance education mandatory for all staff
- Residential services agreements
- Resident consent to release information
- Policy and procedure for reporting elder abuse
- Correspondence regarding security of tenure.

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.

Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

Examples of education conducted over the past 12 months in relation to Resident lifestyle include:

- Respect, rights and responsibilities
- Zero tolerance.

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. The home assesses residents' emotional needs on entry to the home. A lifestyle care plan is developed from this information. The home provides new residents with a welcome pack and introduction to staff and other residents. The home monitors and evaluates the effectiveness of emotional support delivered to residents through various meetings and verbal feedback. Residents have access to pastoral services as required. Visits from family, friends and community groups are encouraged. Staff provide one-to-one support to help residents settle into their new environment. Residents 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 and to maintain friendships and connections within the community. Residents' lifestyle preferences, interests and abilities are identified on entry to the home. The home monitors resident satisfaction through resident meetings, surveys and verbal feedback. A voting booth is set up on site and residents are assisted to vote during elections. Staff and volunteers assist residents to participate in leisure activities and to maintain links with family, friends and community groups. Residents are satisfied the home assists them to maintain their independence and participate in community activities 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 ensure residents' right to privacy, dignity and confidentiality is recognised and respected. Residents are provided with information about their rights and responsibilities on entry to the home. Advanced directives and palliative care requests are recorded and respected. Residents' clinical assessments and care plans are stored securely in nurses' stations with access limited to authorised staff and visiting health professionals. The home monitors resident satisfaction through meetings, surveys and verbal feedback. Staff are aware of appropriate practices, such as knocking on residents' doors prior to entering. Residents are satisfied staff are courteous and respectful of their privacy.

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

Residents are encouraged and supported to participate in a range of interests and activities of interest to them. Residents' interests are identified on entry to the home and a lifestyle care plan is developed. A weekly activities program is delivered to each resident. Group and individual sessions include activities suiting the needs and preferences of residents with sensory deficits and limited mobility. Staff monitor resident participation through activity evaluations, meetings and resident feedback. Staff support residents to attend activities and engage in individual interests. Residents are satisfied they have the opportunity to participate in a range of activities appropriate to their needs and preferences.

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, cultural and ethnic backgrounds are valued and fostered. The home identifies the cultural background, spiritual beliefs and social history of residents on entry to the home and develops a lifestyle care plan from this information. Residents are supported to engage in events and activities of spiritual significance to them within and outside the home. Pastoral services are available to residents on a regular basis. Management and staff monitor and evaluate residents' spiritual and cultural needs through meetings, surveys and individual discussions. The home recognises significant cultural and spiritual days, such as St. Patrick's day, Easter and Australia day. Staff are aware of residents' cultural and spiritual preferences and needs. Residents are satisfied that the home values and promotes individual interests, beliefs and cultural backgrounds.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents are encouraged and assisted to exercise choice and control over their lifestyle. Residents' preferences are gathered on entry to the home and incorporated into care plans. Residents are encouraged to personalise and decorate their rooms to reflect individual needs and preferences. Management and staff monitor resident satisfaction through surveys, meetings and complaints mechanisms. Staff assist residents to exercise choice and control over their lifestyle. Residents are satisfied they are able to exercise choice and control regarding their needs and preferences.

3.10 Resident security of tenure and responsibilities

This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's findings

The home meets this expected outcome

Residents are informed of their security of tenure and resident rights and responsibilities on entry to the home. Residents and representatives are provided with a resident handbook, residential services agreement and information on the home's services. Resident and representative satisfaction is monitored through case conferences, complaints processes and verbal feedback. Brochures regarding independent sources of advice and advocacy are available within the home. Room changes are carried out in consultation with residents and representatives. Staff are aware of residents' rights and responsibilities. Residents are satisfied their tenure is secure and the home supports their individual needs and preferences where possible.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Monitoring processes for Standard 4 Physical environment and safe systems, such as incident and accident reporting, internal and external audits and infection surveillance contribute to improvement initiatives.

Examples of improvements in physical environments and safe systems implemented in the last 12 months include:

- Following feedback from residents that some aspects of the home’s cleaning services needed addressing, the home has revised cleaning staff hours. Previously cleaning staff were required to assist with breakfast before commencing their cleaning duties, and were rostered for half a day at weekends. Breakfast duties are no longer required and there are two cleaning staff rostered from 8:00am to 4:00pm across seven days, an additional 15 hours per week. The cleaning schedules have been modified with additional cleaning tasks and increased frequency of some tasks added. Cleaning audits introduced to monitor these new processes identified additional cleaning was still required. This was also confirmed through feedback from residents during a recent survey about the cleanliness of the home. Contracts are being arranged for window cleaning and the home has purchased a floor cleaning machine suitable for both carpets and hard surfaces. Staff have received training in the use of the new machine. Cleaning staff said overall the cleaning is more thorough and less rushed. The home was observed to be clean and well presented during the Re-accreditation audit and residents are complimentary about the cleanliness of the home.

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.

Management monitors regulatory compliance in relation to Standard Four through various meetings, audits, staff and resident feedback. Policies and procedures relating to fire safety, infection control and work, health and safety are in-line with professional standards and guidelines. Relevant information is available to staff through education sessions, meetings, communication books and policies and procedures. Staff are aware of regulatory requirements relating to the physical environment and safe systems, including their responsibilities in the event of an emergency.

Examples of how the home ensures compliance in relation to Standard Four include:

- Triennial fire safety certificate
- Audited food safety plan
- Manual handling education mandatory for all staff
- Fire and emergency education mandatory for all staff
- Infection control guidelines.

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.

Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

Examples of education conducted over the past 12 months in relation to the Physical environment and safe systems include:

- Fire and emergency
- Manual handling
- Infection control
- Food 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

The home provides a safe and comfortable living environment consistent with residents' care needs. Residents are accommodated in single rooms with en-suite bathroom facilities. Residents are able to personalise their rooms to reflect individual preferences. Residents have access to communal dining rooms, lounge rooms and courtyard garden areas. Preventative and corrective maintenance, audits and hazard reports are used to monitor the living environment. The home is secure and residents are able to move freely through the facility. There are processes for assessing, authorising and monitoring the use of restraint. Staff are aware of their responsibility in facilitating a safe and comfortable living environment for residents. Residents have access to call bells to summon staff assistance as required. Residents and representatives are satisfied with the safety and comfort of 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 and processes to provide a safe working environment that meets regulatory requirements. Incidents are logged, monitored and discussed at various meetings. The home's safety is monitored by audits, visual inspections and maintenance processes. Staff receive training regarding their occupational health and safety responsibilities on orientation and annually through mandatory training. Staff are provided with well-maintained equipment for which they receive training and safe operating procedures. There are processes to assist with rehabilitation and return to work programs for staff affected by workplace injuries. Staff have access to personal, protective equipment, policies, procedures, guidelines and training.

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 to provide an environment and safe systems of work that minimise fire, security and emergency risks. Evacuation maps are located throughout the home and emergency procedures are accessible to staff. Fire and emergency training is conducted annually. Contracted external services and internal maintenance processes monitor the security, fire and emergency systems. The home's security is maintained through key pad operated doors and closed circuit television surveillance. Emergency procedures are posted on the back of residents' doors. Staff are aware of their responsibilities in the event of an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

There is an effective infection control program regularly reviewed and monitored by the site coordinator. Infection control processes are managed according to documented procedures and national guidelines. There are outbreak management resources and relevant reporting documentation. Staff are aware of their infection control responsibilities and have access to personal protective equipment, handwashing facilities and hand gel stations. There is an immunisation program for both residents and staff. Residents with infections are discreetly identified and service staff implement infection control procedures for suspected outbreaks. Infection control is monitored through infection surveillance analysis, audits and environmental swabbing. There is an audited food safety 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 to enhance residents' quality of life and the working environment for staff. Contracted catering services prepare and serve residents' meals according to their assessed needs and choices. There are a variety of dining areas for main meals and between meal snacks. Residents are supported by staff and relevant utensils according to functional capacity. Cleaning and laundry services are provided according to infection control principles and established procedures. Schedules provide for regular and ad hoc cleaning services and regular attention to residents' personal laundry. Linen is managed by external contractors. Hospitality services are monitored through audits, resident surveys, resident meetings and personal contact with service managers. Residents and staff said hospitality services meet their needs and provide for a pleasant living environment.