



Aged Care
Standards and Accreditation Agency Ltd

Glenview Home

Approved provider: Glenview Community Services Inc

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 2 November 2014. We made the decision on 12 September 2011.

The audit was conducted on 9 August 2011 to 10 August 2011. The assessment team's report is attached.

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

Home and approved provider details

Details of the home

Home's name:	Glenview Home				
RACS ID:	8060				
Number of beds:	99	Number of high care residents:	67		
Special needs group catered for:	<ul style="list-style-type: none"> • Nil 				
Street/PO Box:	2-10 Windsor Street				
City:	GLENORCHY	State:	TAS	Postcode:	7010
Phone:	03 6277 8800		Facsimile:	03 6277 8881	
Email address:	amckenzie@glenview.org.au				

Approved provider

Approved provider:	Glenview Community Services Inc
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Assessment team

Team leader:	Deanne Maskiell
Team members:	Susan Hayden
	Jennifer O'Reilly-Nugent
Dates of audit:	9 August 2011 to 10 August 2011

Principle:

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

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

Principle:

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

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

Principle:

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

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

Principle:

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

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



Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

Glenview Home 8060
2-10 Windsor Street
GLENORCHY TAS

Approved provider: Glenview Community Services Inc

Executive summary

This is the report of a site audit of Glenview Home 8060 from 9 August 2011 to 10 August 2011 submitted to the Accreditation Agency.

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 outcomes

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

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

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

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 9 August 2011 to 10 August 2011

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

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

Assessment team

Team leader:	Deanne Maskiell
Team members:	Susan Hayden
	Jennifer O'Reilly-Nugent

Approved provider details

Approved provider:	Glenview Community Services Inc
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Details of home

Name of home:	Glenview Home
RACS ID:	8060

Total number of allocated places:	99
Number of residents during site audit:	99
Number of high care residents during site audit:	67
Special needs catered for:	Nil identified

Street:	2-10 Windsor Street	State:	Tasmania
City:	Glenorchy	Postcode:	7010
Phone number:	03 6277 8800	Facsimile:	03 6277 8881
E-mail address:	amckenzie@glenview.org.au		

Audit trail

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

Interviews

	Number		Number
Management	11	Residents and representatives	17
Clinical, care and lifestyle staff	11	Medical and allied health specialists	1
Hospitality, environmental, volunteers, administration and safety staff	13	Visiting contractors	2

Sampled documents

	Number		Number
Residents' files	20	Medication charts	10
Resident agreements	10	Personnel files	9
External service agreements	6		

Other documents reviewed

The team also reviewed:

- Activities planners
- Admission health summary forms
- Advanced care directives planning information
- Audits
- Best practice information
- Call bell reports
- Care consultation records
- Catering certification/external audit documentation
- Cleaning schedules – kitchen and home
- Clinical care audits
- Clinical care documentation
- Clinical care resource information
- Code of conduct information book
- Comments, compliments and complaints information/data
- Continuous improvement documentation
- Daily personal care forms
- Diabetes management information
- Dining with residents' reports 5/01/11 and 6/04/2011
- Education records/competency records
- Electronic care documentation system
- Emergency equipment - clinical
- Equipment evaluation forms
- Fire and emergency documentation
- Food premises certification 18 April 2011
- Food safety plan 2010 – 2011
- Form 56 (compliance records)
- Four week rotating menu
- Hand washing audits February and March 2011
- Hotel services audit schedule

- Incident/accident data/reports
- Inventory documentation
- Kitchen cleaning validation report
- Kitchen equipment cleaning information reference
- Kitchen temperature monitoring charts
- Leisure activity summary database
- Lifestyle activities monitoring data
- Lifestyle activities participation and evaluation records
- Lifestyle event photographs
- Lifestyle worker allocation records
- Management structure/flow chart
- Mandatory reporting documentation/reports
- Material safety data sheets
- Meal book
- Medication administration records
- Meeting agendas/terms of reference/minutes/schedules
- Modified food orders list
- New settlers transition support pilot program
- Observation records
- Occupational health and safety information
- Outbreak matrix of residents and staff affected by suspected gastro-enteritis
- Podiatry diary
- Police check/statutory declaration records
- Policies and procedures
- Pre-moving in resident checklist
- Privacy consent forms for photographs and collection of information
- Privacy information
- Qualification records
- Quality reports
- Resident lists
- Resident of the day form
- Residents' and relatives' survey summaries
- Residents' and staff handbooks
- Residents' and staff incidents and all incidents' register
- Residents' dietary requirements/ food preferences lists
- Residents' information handbook, surveys and information
- Residents' pre moving in information pack
- Rosters
- Schedule eight medication register
- Security check records
- Staff appraisals
- Staff feedback book
- Step by step guide to writing advanced care directives and examples
- Template letter to advise of care status change
- Third party kitchen audit action list 20 July 2011
- Third party kitchen audit April 2011
- Vision, mission and value statement
- Wound monitoring records.

Observations

The team observed the following:

- Accreditation assessment notice
- Activities in progress

- Aged care brochures
- Archive room
- Chemical storage
- Cleaners' room and trolleys
- Cleaning in progress and cleaner's room
- Clear egress routes
- Closed circuit television monitoring
- Coloured coded cleaning equipment
- Complaints information
- Confidential documents destruction bin
- Designated assembly points
- Equipment and supply storage areas
- Evacuation equipment
- Fire and emergency equipment
- Handover
- Hazard signage
- High pressure cleaning equipment
- Infectious waste bins
- Interactions between staff and residents
- Internal and external living environment
- Lunch service
- Material safety data sheets
- Medication administration
- Mobility aids, lifting equipment in use
- Newspapers and magazines
- Occupational health and safety information
- Outbreak kit and resources
- Pamper room
- Personal protective equipment
- Secure entry/sign in registers
- Sharps disposal containers
- Spills kit
- Staff accessing computers
- Staff and residents' noticeboards
- Storage of medications
- Suggestion box.

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 quality management and monitoring systems in place to identify and monitor improvement opportunities across the four Accreditation Standards. The system encourages input from all stakeholders and identifies opportunities from reviewing feedback from quality monitoring activities which include regular audits, surveys, complaints, suggestions, incidents, hazards and a variety of meetings. Opportunities for improvement are logged, monitored and evaluated through key personnel reviewing the continuous improvement plan. Quality activity reports are tabled at meetings. Documentation shows and staff, residents and representatives confirm stakeholders are encouraged to provide suggestions for improvement and stakeholders are satisfied with the process when issues are raised.

Examples of continuous improvement in relation to Standard one include:

- Management structure of the home has been reviewed and new positions created, including clinical nurse consultant and client liaison positions. Positive feedback was noted and received regarding both of these positions.
- Planned implementation of an employee consultative committee designed to engage staff and identify opportunities to improve outcomes for residents and staff. Staff confirm they are aware of this innovation and are looking forward to the first meeting planned to occur prior to September 2011.
- Human resource policies have been reviewed resulting in amendments to staff sick leave entitlements which now allow managers the discretion to authorise two sick leave days without staff sick leave certificates.
- A review of the management of policies and procedures has resulted in a new schedule for review with alert mechanisms in place to notify relevant management when reviews are due. Feedback confirms this is occurring.
- Policies and procedures, often used charts and forms are now available through the home's intranet system. Staff document review and observation confirms forms are now readily available and current.
- Staff have been provided with additional computer training to ensure all staff are able to access their emails, policies and procedures and other documents relevant to their roles. Staff confirm this has enhanced their skills.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems and processes in place for identifying, monitoring and implementing relevant legislation, regulations and guidelines. The home receives information on legislative and regulations from update services, the aged care industry, government departments and professional associations. The home’s management team reviews and identifies relevant changes and updates policies and procedures as required. Stakeholders are notified of

relevant changes through meetings, meeting minutes, newsletters and memoranda. The home has processes in place to manage police checks and renewal processes for staff, volunteers and contractors. Stakeholders were informed about the accreditation audit. Staff confirm they are informed about legislative and regulatory requirements and guideline changes that are relevant to their roles and demonstrated knowledge of regulatory requirements.

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 identifies education needs for management and staff through a variety of means including performance appraisals, requests by staff, analysis of audit results, incident reviews, clinical data reviews, changes in legislation and changes to policies and procedures. Management ensure staff have appropriate skills and knowledge through observations, competency testing, audits and performance reviews. Education planners that cover facilitated internal, external and self directed learning opportunities are developed in response to the needs of the home, staff and residents. Mandatory training sessions are monitored for attendance. Management amends the education calendar throughout the year to include additional education opportunities as necessary. Education attendance records and evaluations are completed. Management and staff confirm satisfaction with the type, frequency and availability of education provided. Residents and representatives are satisfied staff have appropriate knowledge and skills.

Recent education relating to Standard one includes:

- Comments and complaints
- Continuous improvement
- Industrial relations
- Clinical documentation
- Computerised maintenance system
- Performance appraisals.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Residents and representatives are informed about the internal and external complaints processes before and after they move into the home. Information about the complaints processes and quality improvement is available in the resident and staff handbooks and is discussed at staff and resident meetings. Management promotes an 'open door' policy, brochures are displayed, forms to complete are accessible and a suggestion box is available for confidentiality. Feedback and issues are logged and documentation confirms that complaints are actioned appropriately. Staff confirm they advocate on behalf of residents as required including for those less able to voice their concerns. Residents and representatives report they are comfortable raising any issues with management and confirm management is responsive to any issues raised.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has documented vision and mission statements and has a strategic plan in place. Representatives of the board of management confirm they are actively monitoring the home and its performance. These documents are included in information provided to residents, representatives, staff and volunteers. A commitment to quality is reflected within these documents.

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 systems in place to ensure there are appropriately skilled and knowledgeable staff to deliver care and services to residents. The home has recruitment and selection policies and procedures which guide management in the selection of appropriate staff in relation to the home's needs. Staff are provided with position descriptions, duty lists and orientation and 'buddy' shifts occur for new staff. Staffing levels are able to be adjusted to meet residents' changing needs and the needs of the home. Staff are satisfied with current staffing levels and confirm rosters are reviewed in response to requests and changes in resident needs. Residents and representatives expressed satisfaction with staffing levels, call bell response times and with the skills and knowledge of staff.

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's systems and processes ensure sufficient stocks of appropriate goods and equipment are available to meet stakeholder needs. Appropriate staff are responsible for monitoring and reviewing clinical and other stock levels, stock rotation requirements, expiry dates and re-ordering of supplies. Maintenance staff attend to preventative and corrective maintenance in a timely manner and new equipment is trialled as appropriate. Detailed, preventative maintenance schedules ensure that equipment is well maintained and electrical equipment is tested and tagged according to recommended requirements. Stock and equipment storage areas are clean, sufficiently stocked and secure where required. Stakeholders confirm sufficient supplies of quality stock and that equipment is well maintained.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Management and staff have access to policies and procedures and information to guide work practices and clinical and shift reports and memos are generated to ensure updated information is communicated to relevant stakeholders. Resident and staff handbooks cover relevant matters and key resident information is gathered to ensure appropriate care; care consultations occur and are documented. Information is regularly disseminated through shift handovers, communication books, emails, staff and resident meetings, minutes, newsletters and notices and flyers. There are processes for document review and control and management of, and back up of electronic informational systems. There are systems in place for secure storage and archiving of, and destruction of confidential documentation. Residents and representatives confirm satisfaction with the provision of information including through care consultations, activity planners, newsletters, meetings, informal contact and opportunities for feedback.

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

Systems are in place to ensure the initial and ongoing suitability of externally sourced services and preferred suppliers are monitored. Service agreements include: qualification checks, police record checks, statutory declarations and insurance certificates as appropriate. Term defined service agreements set out the standard of services, the mutual obligations of the home and service provider and performances are monitored with contracts reviewed annually. Management addresses issues as required. All contractors must sign in and out and inform relevant personnel of their presence. Staff, residents and representatives confirm satisfaction with the services provided by the home's external service providers and contractors.

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

The home's continuous improvement system demonstrates that improvements in resident health and personal care are ongoing. Key clinical and other care staff participate in monitoring healthcare including quality of care auditing. Residents and their representatives report they are consulted about their care and confirm satisfaction with the care provided. For a description of the home's system of continuous improvement refer to Expected outcome 1.1 Continuous improvement.

Examples of continuous improvement in relation to Standard two includes:

- Development and implementation of a new system to assist residents in 'moving in' to the home. Residents and their representatives are now provided with relevant information prior to moving in to the home and this includes pre entry questionnaires on lifestyle preferences and meals for example.
- A review of behaviour identification and management occurred and has resulted in new processes for documentation and new forms to ensure where 'triggers' have been identified these are captured and used to develop care interventions. Staff confirm this is in place and assisting in ensuring 'triggers' are documented consistently.
- Pain management for residents has been reviewed with new forms implemented which include clear identification of the site of pain; pharmacological interventions and alternatives strategies are recorded.
- Due to changes in legislation lifestyle/personal care staff have been provided with education on medication administration. Lifestyle/care staff are now allocated responsibility for administration of routine medications under the supervision of qualified staff. Staff confirm this has enhanced their roles and provided them with additional knowledge and job satisfaction.

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

Systems are in place to ensure compliance with legislative and regulatory requirements, professional standards and guidelines relating to health and personal care. The home ensures registered nurses are on site or are accessible at all times to oversee residents' high care clinical needs. There are systems to ensure the currency of registered nurse certifications and that the management of medications is in accordance with regulatory requirements. Staff confirm they are informed of legislative and regulatory changes including policy updates relevant to health and personal care for example changes in legislation which now allows personal care workers to administer medications. Refer to Expected outcome 1.2 Regulatory compliance for a description of the home's regulatory compliance systems.

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

Management has systems and processes in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to residents’ health and personal care. For details regarding the home’s systems and processes, refer to Expected outcome 1.3 Education and staff development.

Recent education relating to Standard two includes:

- Medication management
- Clinical documentation
- Textured diets/swallowing
- Continence management
- Call bell policy
- Falls prevention
- Diabetes management
- Mental health
- Oral health.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents are given pre admission packs prior to entering the home which include their initial interim personal plan to be completed by themselves and their representatives. On entry the interim plan is elaborated on by nursing staff to produce a complete interim personal plan. Comprehensive assessments are then undertaken by the care team with input from residents and their representatives to produce an individualised personal plan which is consolidated at a family conference. Personal plans are reviewed four monthly or when there is a change in the residents. Care at the home is provided by registered, enrolled nurses and lifestyle workers. Staff state they are informed of resident care needs and changes through handover and are also aware of how to access resident personal plans as required. Residents and representatives are satisfied with the care the staff provide and confirm they receive care in accordance with their changing needs and preferences.

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 nursing care needs are assessed and care provided by qualified nursing staff according to clinical requirements. The specialised nursing care is documented in brief on the residents’ personal plans and more details are provided on specific specialised charts. Reviews are undertaken four monthly in relation to the personal plan evaluation and also in response to changes in the residents’ health status. Specialised nursing care needs reviewed included management of diabetes, wounds, and catheter care and oxygen therapy. Referrals are made to specialists as necessary by the nursing team. Residents and representatives confirm the appropriateness of the specialised care residents receive.

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 on moving in to the home and on an ongoing basis are assessed for their need to access preferred health specialists. Appropriate health specialists are used regularly in the home and when required external health specialist services can be accessed. Referrals are made by nursing staff and recent referrals include; medical officers, dietitians, speech pathologists, physiotherapists, wound care, dementia support, ophthalmologists, dentists and psycho geriatric consultants. Recommendations by relevant health specialists are documented in the progress notes and carried over to resident personal plans if needed, changes are communicated to appropriate staff. Residents and representatives confirm residents are referred and supported to attend appropriate specialists in the home and in the community as needed and preferred.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has a safe medication system in accordance with relevant legislation, regulatory requirements, professional standards and guidelines. All registered nurses, enrolled nurses and lifestyle workers are responsible for medication administration in the home. Lifestyle workers are required to complete annual competencies in regards to medication administration. Medications are stored appropriately. Medication refrigerator temperatures are monitored and schedule eight medications are stored and dispensed appropriately. Monitoring of medications is overseen by the pharmacist through weekly reviews, the home completes bimonthly medication audits and results are fed back to the appropriate staff. Lifestyle workers confirm the registered nurses oversee administration of medications and that “as required” medications are dispensed in line with the nurses’ recommendations. Residents state they are able to self medicate and self medication assessments were seen to be in place and reviewed regularly, residents also state they get their medications on time.

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 ensures assessments of residents’ needs and preferences regarding pain are completed on moving into the home and on an ongoing basis. Personal plans encompass these assessments and appropriate preferred interventions required are documented. Evaluations of interventions implemented are evident through progress notes and pain charts. Personal plans are reviewed four monthly and new pain assessments are done in relation to a change in resident condition or if pain is suspected, personal plans are updated to reflect these changes. Non pharmaceutical treatments are implemented as needed and medical officers and physiotherapists are utilised as required. Lifestyle workers are able to identify individual resident pain interventions and able to describe indicators of pain in residents with cognitive or communication deficits. Residents and representatives confirm they are consulted in regards to resident pain management and that they are satisfied with how resident pain is managed.

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

Residents and representatives are encouraged to document their wishes for terminal care on moving into to the home as noted on relevant documentation. The home utilises the residents' personal plan as required to demonstrate the interventions implemented to maintain the comfort and dignity of a palliated resident. Residents and representatives are consulted throughout the process and supported by staff and pastoral care as needed. The home's management and staff confirm there is access to appropriate specialists and equipment required for palliated 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

Residents are assessed on moving into to the home in regards to their nutrition and hydration needs and preferences. Individualised resident menu forms including allergies are completed in consultation with residents or representatives and personal plans are then developed and reviewed four monthly or if there is a change in need or preference. Appropriate staff are notified of residents’ needs and preferences through relevant documentation, handovers and personal plans. Speech pathologists are accessed as required and to review residents that have texture modified meals and fluids. Residents are weighed bimonthly or as required and weight reviews are done regularly. Residents are given supplements when needed for weight loss and referrals to the dietitian can be instigated by nursing staff. Residents and representatives confirm they are satisfied with the home's approach to meeting their nutrition and hydration needs and preferences.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Residents’ skin integrity and risk of impairment to skin integrity is assessed on entry to the home and on an ongoing basis. Personal plans are developed from these assessments and reviewed four monthly or when there is a change in resident need or preference. Wound care is provided by nurses in consultation with senior staff, medical officers and or wound specialists. Documentation confirms wounds are being attended to, by appropriate staff and in accordance with directives. Wounds are monitored monthly and information is feedback to relevant persons. Emollient creams, air pressure mattresses, booties and sheepskins are used to improve and maintain skin integrity and podiatry is available as required. Staff confirm they attend regular relevant wound and or skin integrity management training. Residents and representatives’ state staff deliver care consistent with residents’ needs and preferences in relation to the personal plans and ongoing assessments.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents are encouraged prior to moving in to the home to document their continence requirements on their initial interim personal plan. Nursing staff elaborate on this plan once residents have entered the home. Continence assessments, needs and preferences are then identified and a personal plan developed incorporating continence aids, equipment and level of assistance required. Evaluation of personal plans is done four monthly or when a change in resident need or preference occurs. The home utilises a trained continence link nurse and staff confirm they are educated in continence management and urine analysis. Residents and representatives confirm residents’ continence needs are being met, privacy and dignity is upheld and independence is promoted.

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

Resident behaviours are assessed on entry to moving in the home in consultation with representatives. Personal plans are implemented and include behaviour triggers where identified and interventions required to manage behaviours documented. Plans are reviewed four monthly or if there is a significant change in the resident’s behaviours via behaviour charts as needed. Behavioural management plans can also be developed in addition to personal plans for residents with complex behaviours. Referrals to dementia support or psychiatric/ geriatricians can be sought by the home when required for specific residents. Staff confirm attendance to relevant education sessions and staff spoken to were aware of mandatory reporting requirements. Residents and representatives confirm they are not disturbed by other residents’ 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

On entry on moving into the home residents undergo assessments in relation to their mobility, dexterity and rehabilitation needs, physiotherapists review residents and undertake assessments on admission and when required. Personal plans are developed from these and amended when needed and include individual exercise plans. Personal plans are reviewed four monthly or when there is a change in a resident’s needs or preferences. Physiotherapy assessments are reviewed yearly or on a needs basis, for example due to a recent change in needs, falls or after hospitalisation. Equipment is provided to or obtained for residents to optimise mobility and dexterity. Residents were observed to be mobilising effectively with aids and or with assistance from staff. Staff state they have received education in manual handling and that this is compulsory. Residents and representatives confirm they are satisfied with the home’s approach to maximising residents’ mobility and dexterity.

2.15 Oral and dental care

This expected outcome requires that "residents' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

Residents' oral and dental care needs and preferences are assessed on moving into the home and information is then captured on the residents' personal plan and reviewed four monthly. Personal plans communicate to relevant staff strategies in providing appropriate individual oral care and referrals are made to specialists and dentists as required. Staff state they have recently attended oral health training. Residents confirm they are assisted by staff to maintain their daily oral hygiene and are able to attend dentists of their choice.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Residents are assessed in relation to existing sensory loss on moving into the home, this covers: hearing, sight, touch, taste and smell. Personal plans are developed from these assessments and reviewed four monthly. The home uses strategies to assist with sensory loss such as; aromatherapy, massage, large print items and a newly renovated aromatherapy bathing room. Staff state they are aware of the individual needs of residents in relation to sensory loss and state relevant education has been provided. Residents' state they are assisted in the cleaning and fitting of sensory aids and referred to the appropriate sensory loss specialists as required.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Residents' sleep and settling patterns are assessed on entry to the home and on an ongoing basis. Personal plans are developed from this information which detail individual preferences, needs and the level of assistance required. Plans are reviewed regularly and or if there is a change in the need or preference of the resident. Staff confirm they are provided with information and appropriate support aids to deliver care consistent with the residents' individual sleep patterns. Pharmacological strategies are monitored by nurses and medical officers. Residents are satisfied with the level of consultation and personal care provided in relation to achieving natural sleep patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home demonstrates that it actively pursues continuous improvement and seeks input from and provides feedback to relevant stakeholders in relation to resident lifestyle and activities. Interviews with residents and their representatives confirm that residents enjoy the lifestyle program and they are offered opportunities to be involved and provide feedback. For a description of the home’s system of continuous improvement refer to Expected outcome 1.1 Continuous improvement.

Examples of continuous improvement in relation to Standard three includes:

- Review of the availability and access to celebratory functions has resulted in provision of in house functions for those too frail to attend an external event. Positive feedback was noted from residents and their representatives.
- A new senior position was created with the appointment of a new client liaison manager, this position has been filled and has provided new and existing residents with ready access to management and feedback indicates that this has enhanced their settling in process and makes residents feel valued.
- The home has successfully trialled a resident 'buddy' system and has successfully obtained additional funding to allow continuation of this program.
- Review of the resident handbook has resulted in an up to date document being provided to residents and feedback confirms relevant information is included.

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

There are appropriate systems for identifying and monitoring relevant legislation, regulations and guidelines in relation to resident lifestyle. Staff education is provided in relation to privacy, confidentiality, elder abuse and mandatory reporting requirements. Residents and their representatives are informed about their right to privacy and confidentiality. The home obtains residents’ or representatives’ consent for photographs and the collection and use of personal and health information. The home provides residents with an agreement which includes details of security of tenure, their rights and responsibilities and financial arrangements. Refer to Expected outcome 1.2 Regulatory compliance for a description of the home’s regulatory compliance systems.

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

Management has systems and processes in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to resident lifestyle. For details regarding the home's systems and processes, refer to Expected outcome 1.3 Education and staff development.

Recent education relating to Standard three includes:

- Cultural training
- Sexuality in dementia
- The new resident
- End of life wishes.

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

Effective processes are in place to ensure residents are orientated and supported in their new home and are helped to adjust initially and ongoing with the support of staff and family. The community liaison manager liaises with prospective residents and representatives, organises tours, and builds rapport to support new residents and to encourage productive pre and post moving in meetings and chats. New residents are welcomed by staff, introduced to other residents, encouraged to personalise their rooms and are supported to settle in accordance with their individual preferences. Lifestyle staff meet with all new residents to identify their social and emotional needs and a pastoral carer is available day or night to provide pastoral or well being support as preferred. A new settlers' program successfully trialled last year will continue this year and ensures additional support for new residents from staff and through a 'buddy' resident program. Residents and their representatives confirm satisfaction with the initial and ongoing emotional support provided and report that staff are friendly, helpful and caring.

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 to achieve maximum independence and participate in community life within and outside the home through social activities including visits from school students. Residents' individual abilities and capacity to conduct daily living tasks are assessed with strategies developed to support and maintain their independence. Community links are encouraged, the library visited regularly and the activities program offers exercise, physical activity programs, shopping trips and bus outings for lunch and to special venues. Suitable mobility aids and other adaptive aids facilitate residents' independence and residents have access to newspapers, big print books and an internet cafe. Residents' independence is further fostered through access to personal laundries, a cash management

fund and support to exercise their civic rights including for voting as desired. Residents and their representatives confirm that they are assisted in maintaining their independence according to their needs and preferences.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Residents' right to privacy and dignity is supported through provision of private rooms and key, a lockable drawer for valuables, staff education and security of their confidential information. The right to privacy is explained to residents and their representatives pre-moving in and residents can converse with visitors in various small sitting areas located within the home. Staff confirm procedures that ensure residents' privacy and dignity is maintained while assisting with their care and when discussing residents' individual needs. Education on privacy is part of staff orientation and the team observed staff liaising with residents in a kind manner and using residents' preferred names. Residents sign consent forms for photographs and the collection of their personal information. Residents were observed to be well groomed and reported that staff care for them in a respectful manner.

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

Lifestyle staff encourage and support residents to participate in a wide range of group and one on one activities of interest to them seven days a week. In consultation with residents and representatives, personal histories including family/social and other key information is obtained and a personal/lifestyle care plan is generated and regularly reviewed. Activity calendars are developed to reflect residents' interests and lifestyle staff work across morning and afternoon shifts to ensure access to activities including in the evening and sundowners time. Residents' activity suggestions are reflected in the lifestyle program including the recent introduction of a coffee and cream cake club which is very popular. Activities cover cognitive, sensory, social and physical activities including newspaper reading, games, exercise, men's group, massage, outings and musical entertainment. Participation and level of interest are monitored and review of the activity programs occurs through observation, surveys, resident feedback and meetings. Residents express satisfaction with the lifestyle program and the variety of activities available.

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 are supported to maintain their spiritual and cultural life and their individual interests, customs and beliefs are fostered and valued including dietary requirements. A pastoral carer is on site and available to support residents and representatives as desired from settling in through to palliative and bereavement times. Anglican and Catholic services are conducted weekly in the home's chapel, a Polish mass is held monthly and other religious denominations are welcome at the home. Memorial and funeral services are held in

the chapel when desired and staff and other residents can attend. Cultural resources are available and significant cultural days and special occasions that are important to residents and their families are celebrated. Residents and representatives confirm they are supported to maintain their cultural and spiritual lives.

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

Effective systems are in place to support residents to participate in decisions about care and services and exercise choice over their lifestyle needs and preferences. The home respects the right of the resident to make choices relative to choice of doctor, personal hygiene, attire, sleeping routines, meal choices and daily activities. Assessments and care plans are developed in consultation with residents and representatives and reflect their choices and decisions. Regular resident and representatives meetings are held; issues are discussed and are addressed. Residents confirm they make decisions in relation to their daily living and lifestyle.

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

Systems in place support residents in their security of tenure and key personnel ensure they are formally informed of their rights and responsibilities including when their needs become high care. The home's resident care agreements, resident handbook and the extensive resident pre-moving in information pack demonstrate the commitment to the provision of appropriate and helpful information. Resident agreements are legally drawn up and include information on occupancy, fees, rights and responsibilities, complaint processes and schedules of care and services. This information is explained to residents and representatives prior to their moving in and they are all offered an individual resident care agreement. The client liaison manager and clinical nurse consultant meet with residents and their families six weeks after they move in to discuss the residents' care plans and the settling in process. Residents and representatives report they feel secure at the home and confirm their understanding of their rights, responsibilities and security of tenure.

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

The home has an established continuous improvement system that demonstrates improvements in the physical environment and safe systems are ongoing. For a description of the home’s system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement.

Examples of continuous improvement in relation to Standard four includes:

- Redevelopment of car park area in response to representative feedback has provided an additional six new car parks allocated to visitors. Positive feedback regarding this development was noted.
- A policy 'conditions of entry' was developed in response to incident reviews and the policy details expected behaviour for visiting the home and has been provided to all current residents, staff and is displayed at the entry to the home. Staff confirm this policy has assisted in ensuring visitors maintain appropriate standards of behaviour.
- The home has reviewed and updated their infection control outbreak policies and plans as a result of suggestions and review of past outbreaks. The new policy has been well received with staff confirming it is easier to read and concise and that education was provided in relation to the new policy.
- A review of textured diets available within the home and terminology used has resulted in consistent use of contemporary terms across clinical and catering staff which staff state will reduce any chances of misunderstanding of terms; the changes have been supported by education.

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

The home has a system for identifying and monitoring relevant legislation, regulations and guidelines in relation to physical environment and safe systems. Staff are educated about safe work practices and occupational health and safety information is displayed. The kitchen meets food safety standards including local government food premise registration requirements. Building certification documents are current. Refer to Expected outcome 1.2 Regulatory compliance for a description of the home’s regulatory compliance systems.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management has systems and processes in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to physical environment and safe systems. For details regarding the home's systems and processes, refer to Expected outcome 1.3 Education and staff development.

Recent education relating to Standard three includes:

- Chemical handling
- Fire and emergencies
- Food handling
- Computerised maintenance programs
- Infection control.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

All residents have single rooms with individual or shared bathrooms, each resident may personalise their room. The lounge, dining and activities rooms are accessible, well lit and there are also other areas where residents can entertain visitors or to enjoy quiet times. Heating and cooling systems are in place, corridors are clear and include hand rails and lounge chairs were observed to be clean and comfortable and sufficient in numbers. The residents have access to well maintained courtyards with tables and chairs. A routine and preventative maintenance program is in place to ensure the home, its living areas and equipment is fit for its intended use. Stakeholders confirm their satisfaction with their living and working environment reporting that it is comfortable and clean.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment and a well being, health and safety week was recently initiated by management to raise staff awareness. Departmental managers are responsible for occupational health and safety within their department and staff are informed about policies and procedures which guide safe work practices. Incidents and hazards are reviewed, trended and risk rated, tabled at management meetings and investigated as appropriate with strategies implemented to prevent or minimise re-occurrence. Staff attend training in manual handling and chemical safety as applicable, work practices are monitored and incidents and occupational health and safety matters are discussed at staff meetings. Relevant information is displayed, chemicals are securely stored, personal protective equipment is available and new equipment may be assessed and trialled to determine safety and/or risk. Staff confirm occupational health and safety training and demonstrate an understanding of safe work practices.

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 and processes in place to minimise emergency risks and ensure safety of stakeholders. Fire identification and suppression systems are regularly monitored by the home and external contractors to ensure they are in working order. Fire and emergency training is provided annually and compulsory for all staff. Emergency exit paths are clear, chemicals are securely stored and the building is secured each evening, a contracted security company undertakes security checks. Evacuation maps are displayed throughout the home. Staff confirm mandatory training in fire and emergency procedures and knowledge of emergency procedures. Residents and their representatives express confidence in staff skills and knowledge in the event of an emergency and residents state they feel safe within 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 control program in place including accessible, appropriate and clear policy and procedures to inform and guide management and staff. A yearly influenza vaccination program is available to residents and staff; staff are educated about infection control practices and processes at orientation and thereafter annually. Proactive infection control measures include a pandemic response plan, a well equipped outbreak kit and adequate supplies of personal protective equipment for influenza and gastroenteritis outbreaks. Infection control surveillance data is collected and summarised for trends and infection control management processes and prophylactic measures are implemented as appropriate. There is a current food safety program and a third party kitchen audit is conducted annually; there are safe waste management systems in place and for managing soiled linen appropriately. Hand washing audits are conducted; staff confirm training in infection control and safe food handling and describe appropriate standard and additional infection control principles and practices.

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

The residential services manager oversees hospitality services which are provided in a manner which is consistent with the home's focus on resident choices and needs. The four week rotational menu includes alternative meals, reflects residents' food likes and dietary requirements and has been reviewed by a speech pathologist to ensure modified meal textures are appropriate. All meals are cooked fresh at the home; the client liaison manager dines regularly with the residents and provides resident feedback about meals. The home was observed to be clean and fresh smelling. In-house lifestyle assistants follow the home's 'green' clean cleaning program which was implemented to minimise the use of hazardous chemicals; monitoring data demonstrates the system is effective. Residents' rooms and ensuites are cleaned regularly, spot checked and cleaned as required. Effective on site laundry systems ensure residents' clothes and linen are appropriately laundered; a labelling

system and lost clothes program minimise lost clothing. Residents have access to resident laundries to attend their own laundry if desired. Residents and representatives predominately confirm satisfaction with the meals and cleaning and laundry services.