Decision to Accredit
Elloura Lodge

The Aged Care Standards and Accreditation Agency Ltd has decided to Accredit Elloura Lodge in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Elloura Lodge is 3 years until 2 November 2011.

The Agency has found that the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency Findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied that the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor compliance with the Accreditation Standards.

Ursula Harbin
Assessment Manager

Information considered in making an accreditation decision
The Agency has taken into account the following matters, as required, by the *Accreditation Grant Principles 1999*:
- The desk audit report and site audit report received from the assessment team created for the purpose of conducting the audits; and
- Information (if any) received from the Secretary (of the Department of Health and Ageing) about matters that must be considered, under Division 38 of the Aged Care Act 1997, for certification of the home; and
- Other information (if any) received from the Secretary; and
- Information (if any) received from the applicant in response to the major findings that were presented to the applicant at the conclusion of the site audit. This may include information that indicates the home rectified deficiencies identified by the assessment team at the time of the audit*;* and
- Whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and Approved Provider Details

Details of the Home

Home's Name:	Elloura Lodge
RACS ID:	7149

Number of beds:	63	Number of High Care Residents:	20

Special Needs Group catered for:	

Street:	118 - 120 Monash Avenue

City:	NEDLANDS	State:	WA	Postcode:	6009
Phone:	08 9380 5775		Facsimile:	08 9380 5520

Email address:	accreditation_wa@regis.com.au

Approved Provider

Approved Provider:	Regis Group Pty Ltd

Assessment Team

Team Leader:	Elaine Cooke
Team Member:	Shirley Rowney
Dates of audit:	19 August 2008 to 20 August 2008

Executive summary of assessment team's report		Accreditation Decision

Standard 1: Management Systems, Staffing and Organisational Development

Expected Outcome	Assessment Team Recommendations	Agency Findings
1.1 Continuous Improvement	Does comply	Does comply
1.2 Regulatory compliance	Does comply	Does comply
1.3 Education and staff development	Does comply	Does comply
1.4 Comments and complaints	Does comply	Does comply
1.5 Planning and leadership	Does comply	Does comply
1.6 Human resource management	Does comply	Does comply
1.7 Inventory and equipment	Does comply	Does comply
1.8 Information systems	Does comply	Does comply
1.9 External services	Does comply	Does comply

Standard 2: Health and Personal Care

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

Name of home: Elloura Lodge
Dates of site audit: 19-20 August 2008
RACS ID 7149
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Executive summary of Assessment Team's Report		Accreditation Decision
Standard 3: Resident Lifestyle		

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

Standard 4: Physical Environment and Safe Systems

Expected Outcome	Assessment Team Recommendations	Agency Findings
4.1 Continuous improvement	Does comply	Does comply
4.2 Regulatory compliance	Does comply	Does comply
4.3 Education and staff development	Does comply	Does comply
4.4 Living environment	Does comply	Does comply
4.5 Occupational health and safety	Does comply	Does comply
4.6 Fire, security and other emergencies	Does comply	Does comply
4.7 Infection control	Does comply	Does comply
4.8 Catering, cleaning and laundry services	Does comply	Does comply

Aged Care
Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of Home	Elloura Lodge
RACS ID	7149

Executive summary

This is the report of a site audit of Elloura Lodge 7149 118 - 120 Monash Avenue NEDLANDS WA from 19 August 2008 to 20 August 2008 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers that the information obtained through audit of the home indicates that the home complies with.

● 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit Elloura Lodge.

The assessment team recommends that the period of accreditation be 3 Years.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

Site Audit Report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 19 August 2008 to 20 August 2008

The audit was conducted in accordance with the *Accreditation Grant Principles 1999* and the *Accountability Principles 1998*. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the *Quality of Care Principles 1997.*

Assessment team

Team Leader:	Elaine Cooke
Team Member:	Shirley Rowney

Approved provider details

Approved provider:	Regis Group Pty Ltd

Details of home

Name of home:	Elloura Lodge
RACS ID:	7149

Total number of allocated places:	63
Number of residents during site audit:	60
Number of high care residents during site audit:	20
Special need catered for:	Nil specific

Street:	118 - 120 Monash Avenue	State:	WA
Town:	NEDLANDS	Postcode:	6009
Phone number:	08 9380 5775		
Facsimile:	08 9380 5520		
E-mail address:	accreditation_wa@regis.com.au		

Assessment team's recommendation regarding accreditation
The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit Elloura Lodge

Assessment team's reasons for recommendations
The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

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

Interviews

	Number		**Number**
Quality systems manager	1	Residents	9
Facility manager	1	Representatives	4
Clinical manager	1	Catering and services manager	1
Care supervisor	1	Laundry staff	1
Care staff	5	Cleaning staff	1
Administration assistant	1	Occupational health and safety representatives	2
Occupational therapy assistant	1	Physiotherapist	1

Sampled documents

	Number		**Number**
Residents' files	6	Medication charts	6
Care plans	8	Personnel files	4
External service agreements	3		

Other documents reviewed

- Accident/incident reports
- Activities program
- Activities statistic file

- Audit and survey results
- BSL monitoring file
- Building certification and other fire and emergency documentation
- Cleaning schedules
- Clinical indicator data
- Comment and complaint forms
- Communication and memo file
- Communication diary
- Continuous improvement plan
- Controlled drug register
- Daily staffing sheet
- Diabetic foot care file
- Diet preference and special needs forms
- Duty statements
- Emergency response procedures manual
- Essential services preventative maintenance check chart
- Fall prevention program
- Food focus meeting minutes
- Food storage and serving temperature records
- Handover file
- Hazard reports
- Improvement forms
- Infection control file, logs and analysis
- Injury risk management file
- Material safety data sheets
- Meeting minutes for staff and residents/relatives
- Newsletters
- Occupational therapy care plans
- Pain assessments
- Pain management file
- Performance appraisal matrix
- Physiotherapy care plans
- Police clearance matrix
- Policy and procedure manual
- Resident care review file
- Resident handbook
- Resident observation file
- Resident weights file.
- Resource reference file
- Roster
- Service monitoring and improvement meeting file
- Skin integrity monitoring log
- Social, religious, cultural assessment file
- Staff education and training file
- Staff handbook
- Standardised recipes and dietary obligations file
- Supplement drinks procedure chart file
- Therapy attendance statistics

- Training needs analysis
- Wound care file

Observations

- Internal and external living environment
- Activities in progress
- Interactions between staff and residents
- Equipment and supply storage areas
- Storage of medications
- Noticeboards and posted information situated in offices and corridors

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 recommendation
Does comply

Mechanisms are in place for staff, residents and representatives to provide their comments and suggestions through the continuous improvement logs, complaints process, surveys and meetings. Scheduled audits and monitoring of clinical indicator data (resident accident and incident reports, medication errors, skin tears, wounds and infection) are used to identify possible trends and opportunities for improvement. Results and feedback from these processes are reviewed and actioned as necessary by management at the home and by the quality committee. Management and staff interviewed were able to describe the process for continuous improvement. Residents and representatives are aware of the formal and informal mechanisms in place for identifying opportunities for improvement and reported they choose to use mainly informal methods.

The home has initiated or planned continuous improvement activities in relation to Standard One, which include those described below.

- An internal audit identified the need for all facility managers within the organisation to be provided with training on quality improvement. Quality system training was delivered in March 2008 and feedback was positive.
- The quality systems manager advised that Regis policies are planned for introduction in 18 months. Existing policies will be utilised and updated on an individual basis as needed.

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 recommendation
Does comply

Management reported that residents, representatives and staff are informed of any changes to legislation, regulations, professional standards, and guidelines through meetings, memos, general correspondence, newsletters, discussions and training sessions. Key legislation, professional standards and guidelines have been identified by management, and are accessible to staff. Policy and procedure manuals are available to guide staff practice. Staff are informed of regulatory requirements specific to their roles at commencement of employment, and as changes occur. Staff demonstrated a general awareness of some of the relevant legislation, professional standards, and guidelines that are relevant to their roles and responsibilities.

An example relevant to this Standard is that all staff have a current police clearance.

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 recommendation
Does comply

There are selection, recruitment and orientation processes in place to ensure that staff have the knowledge and skills that are required to perform their roles effectively. Staff training needs are identified, and their knowledge and skills are monitored, by way of reviewing results of audits and surveys, accident/incident and hazard reports, observation of staff practices, and in the course of performance appraisal interviews. Mandatory education includes training in fire safety, infection control, injury risk management, chemical safety and food safe training, and these are to be undertaken annually. Attendance at education sessions is tracked, and staff are monitored to ensure they are up to date with mandatory training. Staff interviewed were satisfied with the type and amount of available education. Residents and representatives interviewed stated that staff are knowledgeable and carry out their roles competently.

Examples of education and staff development provided or planned relevant to Standard One are listed below.
- Quality improvement and quality systems
- Aged Care Funding Instrument

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 recommendation
Does comply

The home has internal and external complaints mechanisms that are accessible to residents and representatives, and other interested parties. Residents and representatives receive information about the home's comments and complaints mechanisms through the resident handbook, improvement logs and discussions at resident and relative meetings. Brochures from the external complaints mechanism are on display at the home, and are readily available to residents and their representatives. The team noted that any issues raised were addressed promptly. Residents and representatives generally reported using informal discussions with staff and management as ways of resolving any issues, and were satisfied with the outcomes obtained.

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 recommendation
Does comply

The organisation's mission statement is documented and displayed in the main reception area of the home. The mission statement and outline of the organisation's objectives are included in key management documents, the resident and staff handbooks, and they are covered in the orientation process for new staff.

1.6 Human resource management

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

Team's recommendation
Does comply

There are processes in place that facilitate the selection, recruitment, induction, performance and ongoing management of staff. The home's staffing ratios and skills mix are maintained at levels designed to meet the residents' care needs. The factors that impact on staff rosters include residents' changing needs, results of audits and surveys, analysis of accident/incident/hazard reports, and resident and representative and staff feedback. New staff are orientated to the home's systems, receive mandatory training, and are buddied with a more experienced staff member for one or more shifts as necessary. Staff performance appraisals are scheduled annually, and management offers discussion and guidance sessions with staff relating to performance issues. Staff interviewed reported that they are able to complete their work in the time allocated.

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

Team's recommendation
Does comply

The organisation has processes to facilitate the purchase, use, storage, maintenance and management of appropriate goods and equipment required for quality service delivery. Corrective and preventative maintenance programs are in place to ensure that all equipment is regularly checked and serviced. Regular audits and environmental inspections are undertaken to ensure that goods and equipment are maintained at sufficient levels and are correctly maintained, stored and used safely and effectively. Stock items are rotated on arrival and chemicals are stored securely with the relevant material safety data sheets. Residents, representatives and staff reported satisfaction with the availability and appropriateness of goods and equipment.

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

Team's recommendation
Does comply

Systems are in place for the collection, use and storage of confidential information that observes the privacy, confidentiality and security needs of residents and staff. Computer access is protected, restricted to authorised personnel, and regularly backed up to prevent the loss of important information. Resident and staff records are systematically managed and archived, to ensure that confidentiality and privacy of information is maintained. Residents, representatives and staff receive information about the service by attending meetings, and through informal discussions with management and staff. Staff demonstrated an understanding of the legal requirements relating to the archiving and destruction of resident files, and feedback from staff indicate that they have access to sufficient information, to provide quality care and services.

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 recommendation
Does comply

A list of preferred suppliers and contractors, who have demonstrated their ability to satisfactorily meet the requirements of the organisation, and residents and staff, is in place to guide the purchasing of goods and services. Service agreements are established for suppliers and describe the responsibilities of the relevant parties, key performance measures and review mechanisms. Monitoring the quality of goods and services received is done via audits and surveys and by way of formal (via meetings) and informal feedback from staff and residents. External services

provided at the home include, but are not limited to, pharmaceutical suppliers, hairdressing, fire protection services and paper goods suppliers. Staff, residents and representatives reported satisfaction with the quality of service they receive from external service providers.

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 recommendation
Does comply

Refer to expected outcome 1.1 Continuous improvement for an overview of the continuous improvement system.

The home has initiated or planned continuous improvement activities in relation to Standard Two, which include those described below.

- An 11 week falls prevention program has resulted in a reduction in resident falls. Participants were provided with education to assist them to identify fall risk factors, and participated in exercise classes to improve mobility and dexterity. Survey results confirm that residents have improved confidence and reduced anxiety following the falls prevention program.
- In response to external audit feedback, parameter levels have been established for blood sugar level monitoring.
- An internal gap analysis identified that care plan reviews were not being undertaken in a timely manner. As a result, qualified nursing staff at the home have completed a review of all care plans.

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 recommendation
Does comply

Refer to expected outcome 1.2 Regulatory compliance for an overview of the systems in place for identifying and ensuring regulatory compliance.

An example relevant to this Standard is that staff registration/membership with relevant regulatory bodies is checked on an annual basis.

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 recommendation
Does comply

Refer to expected outcome 1.3 Education and staff development for an overview of the education and staff development system.

Examples of education and staff development provided or planned relevant to Standard Two are listed below.
- Continence
- Wound care
- Manual handling
- Working with vision impaired people

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

Team's recommendation
Does comply

The home has systems and processes in place, to ensure that all residents receive care that is appropriate to their needs and preferences. Registered staff implement an interim care plan on admission, in consultation with the resident/representative, which guides staff practice until comprehensive assessments are completed, and a full care plan implemented. Documentation reviewed indicated that processes for assessing, reviewing and evaluating care needs are undertaken in consultation with allied health professionals, nursing/care staff, and residents and representatives. Changes in treatment are reflected in the progress notes, recorded in the handover notes, and staff advised they are informed when changes take place. Registered nurses and medical practitioners are available after hours (on call), and staff have access to clinical support through the residential care line. Residents and representatives reported satisfaction with the clinical care received.

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 recommendation
Does comply

Processes are established to ensure that all residents are assessed on admission and reviewed on an ongoing basis to identify their specialised care needs. Specialised nursing care plans are developed in consultation with the resident/representative, the medical practitioner and or other specialised services and are available to guide staff. Registered nursing staff assess, implement strategies and monitor residents with special needs, including complex wound care

and pain management as required. Care staff interviewed demonstrated awareness of reporting clinical incidents or events that they observe to the registered nurse for further intervention and follow up. Feedback from residents and representatives, and documentation reviewed by the team, indicated that residents receive the specialised nursing care they require.

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 recommendation
Does comply

Residents can access their preferred health specialists in consultation with their medical practitioner and clinical and care staff as required. There are established referral processes in place for residents to be visited in the home by other health specialists such as podiatrists, speech pathologists and mental health specialists. Documentation review confirmed that these systems and processes are used effectively. Residents and representatives reported that issues that require specialist input are identified and that residents are referred in accordance with their needs and preferences.

2.7 Medication management
This expected outcome requires that "residents' medication is managed safely and correctly".

Team's recommendation
Does comply

Provision is made for all medications, including controlled medications, to be securely stored and safely disposed of. Processes are established to ensure that the pharmacist and medical practitioner regularly review residents' medications. Care staff deemed competent administer medications via pre-packed dosage sachets, and the registered nurse administers schedule eight patches and suppositories. Staff described the medication management process, including administering medication and reporting medication errors. Audits are regularly conducted to identify gaps in the medication management systems including signature, dose omissions, and pharmacy errors. Medication incidents are analysed for staffing and environmental trends, appropriate action is taken as required. The team noted that residents' medication was administered in a timely manner and as prescribed. Staff demonstrated a holistic approach to the investigation of residents' incidents, routinely reviewing medications following falls and episodes of challenging behaviour. There is a process to assess residents' ability to self medicate, including ongoing care reviews by general practitioners. Residents and representatives confirmed they are satisfied with how their medications are managed and administered.

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

Team's recommendation
Does comply

There are processes in place to assess residents' initial and ongoing needs and preferences in relation to pain management. The team noted the comprehensive pain assessment tool identifies the possible cause, location, severity and the resident's acceptable level of pain, and non-verbal cues to determine pain in residents with dementia, or those with communication deficits. Documentation review of progress notes identified all medication pain relief interventions and outcomes are recorded to ensure pain is managed. Staff described the processes in place for responding to residents who have pain, including prescribed analgesia, repositioning and rest, passive exercise programs, and the provision and use of comfort devices such as cushions, air mattresses, heat packs and specialised chairs. Residents and representatives expressed satisfaction with the assistance residents receive in the management of pain.

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

Team's recommendation
Does comply

Information about residents' and representatives' preferences regarding terminal care wishes is documented on admission, or when appropriate according to the resident/representative wishes, and the information is revisited during family case conferences, or in accordance with changes in residents' health care status. Clinical care needs and pain management issues are addressed by qualified staff, with support from the general practitioner. Palliative care within the home includes resources such as aromatherapy, music selections and pastoral support. Staff interviewed confirmed the emotional support that is available for them, and that residents are treated in a dignified manner.

2.10 Nutrition and hydration
This expected outcome requires that "residents receive adequate nourishment and hydration".

Team's recommendation
Does comply

Residents' needs and preferences in relation to nutrition and hydration are assessed on admission, and the information is reviewed periodically or when residents' needs change. There are processes in place to communicate residents' needs and preferences to care staff via care plans, and catering staff by the completion of a daily menu choice card the day before service. Residents' weights are monitored monthly, and there are processes in place to action variances accordingly, including commencement of supplements and referral to health

professionals. Modified eating utensils are provided as required to support residents in maintaining their independence. Feedback from residents and representatives indicated that they are satisfied with the food and fluids received at the home.

2.11 Skin care

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

Team's recommendation
Does comply

An initial skin assessment and risk assessment is conducted on admission to identify residents with actual or potential skin conditions. Residents at risk have care plans to guide staff in preventative measures to promote optimal skin integrity. Registered staff manage all complex wounds, and competent care staff manage minor wounds such as simple skin tears. Staff described the wound care protocol of reporting all incidents. Wound statistics are collated monthly by the clinical manager, and analysed to identify trends, healing times and contributing factors such as mobility, general health and medications. Consultation with external wound care specialists is sought as required to support the management of residents' skin integrity. A range of pressure-relieving devices and interventions are utilised, in consultation with residents/representatives and therapy staff. Staff demonstrated an understanding of the strategies, resources and equipment available to prevent pressure areas and other skin conditions for residents at risk. Residents advised the team that they are satisfied with the skin care they receive.

2.12 Continence management

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

Team's recommendation
Does comply

A continence link person oversees the continence program in the home, including the ordering of stock, trialling of aids and providing education and resource support to staff. A three day continence assessment is completed on all residents on admission to identify baseline continence function, voiding patterns and appropriateness of any continence aids. Continence needs are assessed annually or when required, with the consultation of the resident/representative. Residents who require specialised support are referred to health specialists, including the continence nurse and general practitioner. The effectiveness of continence management is evaluated through assessments, observations and staff and resident feedback. Residents and representatives interviewed by the team are satisfied with the assistance they receive in managing any continence issue.

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

Team's recommendation
Does comply

Processes are established to identify the needs of residents, manage their challenging behaviours, and ensure their safety and comfort. Referrals to specialist services, including psycho-geriatric and mental health services, are made as required. The team noted a holistic, multi-disciplinary approach to managing behaviours of concern, resulting in favourable outcomes for residents and effective minimisation of difficult behaviours. Staff interviewed described the strategies for managing episodes of challenging behaviours, including physical and verbal aggression. Documentation reviewed indicated consistent liaison with representatives for care planning of residents' behavioural needs. Feedback from residents and representatives indicated that they are satisfied with the way staff manage residents with challenging behaviours.

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

Team's recommendation
Does comply

Residents' mobility, dexterity and rehabilitation needs are assessed on admission and annually thereafter, including a falls risk assessment. Specific mobility needs are documented on the care plan, including aids required, fall risk alerts and specialist instructions. The physiotherapist reviews residents as required and an individual exercise program is put in place. Residents are encouraged to maintain their mobility and dexterity by participating in the home's activity program, which offers group exercises such as balloon and chair aerobics, as well as activities that focus on fine motor skills. Assistive equipment such as walking aids, wheelchairs and modified crockery and cutlery are provided to maximise the residents' mobility, dexterity and independence. Residents' falls are documented and reviewed for trends, and residents identified as at risk are referred to the physiotherapist for further review. Residents and representatives expressed satisfaction with the way residents' mobility, dexterity and rehabilitation needs are identified and promoted.

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

Team's recommendation
Does comply

Residents' oral and dental care needs are assessed on admission to the home, and annually thereafter. Documentation review of care plans identified strategies to promote optimum dental and oral health such as prompting independence and/or assisting with the cleaning of teeth/dentures. Staff interviewed described oral and

dental care, including observation for oral problems, pain, and the investigation of ill-fitting dentures. Residents have access to the annual visit by the government dentist and residents/representatives indicated they are satisfied with the assistance provided by staff to maintain residents' oral and dental health.

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

Team's recommendation
Does comply

Residents' sensory losses are identified on admission and strategies are implemented to manage these effectively and maximise each residents' independence, and interaction in activities of daily living, lifestyle and leisure. Specific care relevant to the residents' needs is documented on care plans to guide staff in care provision. Staff interviewed demonstrated knowledge in identifying sensory loss by observation and resident feedback, and care interventions such as caring for spectacles and hearing aids. The team noted assistive devices such as talking books, large print library books and videos are available. Residents advised the team that staff take appropriate measures to assist them when requested.

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

Team's recommendation
Does comply

A three-day sleep assessment is completed during each resident's settling in period, to assess their baseline sleeping pattern. The team noted that the sleep care plan identified environmental, medical and emotional issues that may be contributing factors to disturbed sleep, and strategies to support the resident such as providing food and drinks, which are available to residents at all times. Residents and representatives interviewed stated that staff are responsive during the night, and that they are satisfied with the quality and quantity of sleep residents achieve.

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 recommendation
Does comply

Refer to expected outcome 1.1 Continuous improvement for an overview of the continuous improvement system.

The home has initiated or planned continuous improvement activities in relation to Standard Three, which include those described below.
- Following a request from residents at the home, a raised garden bed has been established and is maintained by residents. Feedback for this initiative was positive.
- Residents at the home are now able to access the co-located day centre, which has provided them with increased opportunities to socialise as a community. The occupational therapy staff are currently investigating which events residents are particularly interested for future event planning.

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 recommendation
Does comply

Refer to expected outcome 1.2 Regulatory compliance for an overview of the systems in place for identifying and ensuring regulatory compliance.

An example relevant to this Standard is that all residents are offered a resident agreement document on admission.

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 recommendation
Does comply

Refer to expected outcome 1.3 Education and staff development for an overview of the education and staff development system.

Examples of education and staff development provided or planned relevant to Standard Three are listed below.

- Privacy and dignity
- Positive dementia care

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 recommendation
Does comply

The home's admission process ensures that all residents and their representatives are welcomed and orientated to the home. Residents are assessed during the settling in period, which assists in identifying emotional support needs. A care plan is developed to inform staff of specific interventions and strategies to provide emotional support to residents during the settling-in phase, on an ongoing basis, and during times of crisis. The team noted that residents are encouraged to personalise their rooms, and visiting by residents' families and friends is welcomed and encouraged. Attendance at individual and group therapy sessions and activities is monitored monthly, to identify residents at risk of social isolation or withdrawal. The team observed, and residents and representatives interviewed confirmed, that staff provide effective emotional support to residents and their families.

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 recommendation
Does comply

On admission, a social profile is recorded in consultation with the resident and their representatives to identify past and current interests, abilities, needs and preferences. Consideration is given to any identified sensory, physical and cognitive deficits, environmental factors and the risk to residents, in determining how best to promote resident independence. Staff demonstrated strategies used to assist residents to remain as independent as possible in all aspects of their day-to-day life, including encouraging and assisting them to maintain friendships and involvement in the community. The team noted that each resident's room had fridges and tea/coffee making facilities. Residents and representatives interviewed confirmed that they were encouraged to be independent and could use the service kitchens, and quiet areas to entertain their family and friends.

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 recommendation
Does comply

There are systems and processes in place to ensure each resident's right to privacy, dignity and confidentiality is respected. Staff described practices such as staff signing confidentially agreements, knocking before entering residents' rooms, maintaining security and confidentiality around residents' information, and treating residents with respect and dignity during care interventions. The team noted that all documentation is securely stored, and staff communicate with residents and their family sensitively and compassionately, and ensure that residents with impaired cognition are assisted to preserve their social and personal dignity. Feedback from residents and representatives indicated that each resident's right to privacy and dignity is recognised and respected.

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 recommendation
Does comply

Residents' social history, including current interests and hobbies, are documented on admission to the home and the information is used to complete individual therapy profiles. There is a monthly activity program developed by the occupational therapy assistants in consultation with the occupational therapist as required. The program includes a range of cognitive, sensory and social activities delivered as a group and/or as individual sessions. The program is regularly reviewed and updated in response to resident feedback. Attendance is recorded and analysed monthly to identify residents at risk of social isolation, or the need to review residents' interests and preferences in relation to the activities program. Residents and representatives confirmed satisfaction with the variety of activities on offer, and the assistance received from staff to facilitate participation.

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 recommendation
Does comply

Residents' individual interests, customs, beliefs and preferences related to their cultural and spiritual life are documented on admission to the home, reviewed as required, and communicated to staff via care plans, resident profiles and assessments. Residents and staff have access to the village chaplain, and various religious services held regularly in the home, including communion services. The team noted the delivery of parish newsletters, and staff demonstrated practices that foster and value residents' specific needs, including assisting residents to

access community groups and pastoral care. Residents' birthdays, days of significance, and cultural days are celebrated in the home. Resident and representative interviews indicated satisfaction with the support they receive to meet their cultural needs and preferences.

3.9 Choice and decision-making

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

Team's recommendation
Does comply

The home assists and empowers residents and representatives to participate in decision making about care and service delivery through care conferencing, resident and representative surveys and meetings, improvement logs, and an open-door policy for access to management. Residents' and representatives' input is sought during care planning to accommodate individual needs and preferences, including choice of health professionals, personal care arrangements, dietary requests and activities. The staff access external advocacy services as required, and complaint forms and brochures for accessing the external complaints mechanism are displayed within the home. Residents and representatives reported satisfaction that residents' choices and decisions are respected, and that they have control over their lifestyle appropriate to their needs.

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 recommendation
Does comply

Residents and representatives are provided with appropriate information on admission to the home via the resident handbook, resident agreement and conditions of occupancy, which outline security of tenure and their rights and responsibilities. Appropriate liaison with residents and representatives is undertaken regarding room transfers within the home and changes to the provision of services. Residents and representatives generally indicated that residents understand their rights and responsibilities, and are satisfied that they have security of tenure within the scope of care provided at the home.

Standard 4 – Physical environment and safe systems
Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

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

Team's recommendation
Does comply

Refer to expected outcome 1.1 Continuous improvement for an overview of the continuous improvement system.

The home has initiated or planned continuous improvement activities in relation to Standard Four, which include those described below.
- An internal audit identified the need for the employment of an external rehabilitation provider, to assist staff who have sustained workplace injuries with their return to work. An external provider has been appointed.
- Appointment of a new chef and catering manager in January 2008 has resulted in improved resident satisfaction with food services at 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 recommendation
Does comply

Refer to expected outcome 1.2 Regulatory compliance for an overview of the systems in place for identifying and ensuring regulatory compliance.

An example relevant to this Standard is maintaining and tracking of food temperature records in accordance with food safe regulations.

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 recommendation
Does comply

Refer to expected outcome 1.3 Education and staff development for an overview of the education and staff development system.

Examples of education and staff development provided or planned relevant to Standard Four are listed below.
- Fire safety

- Infection control
- Chemical safety

4.4 Living environment

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

Team's recommendation
Does comply

Residents are accommodated in single rooms with en-suite facilities, and the team observed that residents' rooms are furnished with personal belongings and mementos. There is a communal dining area, several smaller lounge areas as well as sufficient space in residents' rooms, to allow them to visit privately with their family and friends. Call bells are installed in residents' rooms, en-suites and public areas. Comfortable ambient temperature is maintained at the home. Environmental audits are conducted to identify and eliminate hazards, and there is a system in place for corrective and preventative maintenance of the building and equipment. Residents and their representatives advised that they are satisfied with the safety and comfort of the living environment.

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 recommendation
Does comply

The home has systems in place to provide a safe working environment, such as regular assessing and monitoring of potential hazards, to identify and reduce any risks, and provide feedback to staff. Environmental audits are used to monitor the safety of the living and working environment and ensure that regulatory requirements are met. Staff and resident accidents and incidents are recorded, investigated and analysed for developing trends with appropriate corrective and preventative actions taken, to address issues as they are identified. Staff demonstrated awareness of safety management processes, and understand their responsibilities regarding hazard identification and management. Staff expressed satisfaction with the way in which safety issues are identified and managed.

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 recommendation
Does comply

Processes for identifying, managing and minimising fire, safety and security risks are in place. Fire fighting equipment, including extinguishers, blankets and hose

reels are readily available and identified with signage. A program of scheduled maintenance of all fire and emergency equipment is established and up to date. Fire and emergency training is provided to staff and attendance at these sessions is monitored. Chemicals are appropriately stored, and material safety data sheets are available for all chemicals on site. Staff are aware of emergency procedures and actions they should take in the event of a fire.

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

Team's recommendation
Does comply

There are processes in place for identifying, managing and minimising actual or potential infection control risks. Staff are provided with infection control information at orientation, and infection control is an annual mandatory training component. Use of personal protective equipment and access to hand-washing facilities enable staff to minimise the risk of infection transmission. Compliance monitoring occurs through environmental audits and analysis of the incidence of infections. Staff demonstrated awareness of, and competence in, infection control procedures. Residents and representatives reported satisfaction with the actions taken by staff to control the risk of cross-infection.

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 recommendation
Does comply

There are documented procedures and guidelines for catering, cleaning and laundry services in place to ensure services are provided in a way that enhances residents' quality of life. A four week rotating menu is available, with residents having the option of substituting meals with salad and sandwiches as desired. All meals are prepared in the kitchen of the co-located facility, and are transferred to the hostel via a hot box. Systems are in place to ensure residents' dietary preferences and dislikes are assessed on admission and on an ongoing basis. Food storage and serving temperatures are monitored. Cleaning staff use colour-coded equipment and follow documented cleaning schedules. All linen, including residents' personal clothing is laundered off site and returned promptly. All hospitality services are provided in accordance with health and hygiene standards, and infection control requirements. Residents and representatives reported that they are satisfied with the catering, cleaning and laundry services provided by the home.