



Aged Care
Standards and Accreditation Agency Ltd

Wommin Bay Village

Approved provider: Wommin Bay Hostels Ltd

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 18 August 2014. We made the decision on 22 June 2011.

The audit was conducted on 10 May 2011 to 11 May 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:		Wommin Bay Village			
RACS ID:		0278			
Number of beds:		70	Number of high care residents:		26
Special needs group catered for:			<ul style="list-style-type: none"> Residents with dementia and related disorders 		
Street/PO Box:		McKissock Drive			
City:	KINGSCLIFF	State:	NSW	Postcode:	2487
Phone:		02 6674 4177		Facsimile:	02 6674 4171
Email address:		helengrant@womminbayhostels.com.au			
Approved provider					
Approved provider:		Wommin Bay Hostels Ltd			
Assessment team					
Team leader:		Mary Allen			
Team member/s:		Sandra Henry			
Date/s of audit:		10 May 2011 to 11 May 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

Name of home	Wommin Bay Village
RACS ID	0278

Executive summary

This is the report of a site audit of Wommin Bay Village 0278 McKissock Drive KINGSCLIFF NSW from 10 May 2011 to 11 May 2011 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers 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 the Aged Care Standards and Accreditation Agency Ltd accredit Wommin Bay Village.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 10 May 2011 to 11 May 2011.

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:	Mary Allen
Team member/s:	Sandra Henry

Approved provider details

Approved provider:	Wommin Bay Hostels Ltd
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Details of home

Name of home:	Wommin Bay Village
RACS ID:	0278

Total number of allocated places:	70
Number of residents during site audit:	64
Number of high care residents during site audit:	26
Special needs catered for:	Residents with dementia and related disorders

Street/PO Box:	McKissock Drive	State:	NSW
City/Town:	KINGSCLIFF	Postcode:	2487
Phone number:	02 6674 4177	Facsimile:	02 6674 4171
E-mail address:	helengrant@womminbayhostels.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Wommin Bay Village.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

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

Interviews

	Number		Number
Chief Executive Officer	1	Residents	7
Area Manager (Cleaning/Laundry)	1	Representatives	1
Residential Clinical Coordinator	1	Volunteers	3
Registered nurses	2	Diversional therapists	2
Clinical Nurse Educator	1	Laundry staff	1
Care staff	5	Cleaning staff	1
Catering staff	2	Maintenance staff	1
Physiotherapist	1		

Sampled documents

	Number		Number
Residents' files	8	Medication charts	12
Residential agreements	6	Personnel files	6

Other documents reviewed

The team also reviewed:

- Activity attendance records
- Activity evaluation forms
- Activity record form
- Annual fire safety statement
- Appliance temperature records
- Audits
- Behaviour management charts
- Chemical inventory
- Chemical storage

- Cleaning and laundry client information folder
- Cleaning inspection reports
- Cleaning schedules
- Confidentiality agreements
- Cooking and post cooking/chilling temperature records
- Cross infection control systems
- Daily menu
- Daily preoperational hygiene monitoring records
- Dietary book
- Dietary requirements
- Discretionary and mandatory abuse folder
- Drug register
- Employee handbook
- Employment package
- External service agreements
- Fire safety equipment records of service
- First aid, fire fighting, emergency response, evacuation procedures
- Food safety program
- Handover sheets
- Hazard alerts
- Hazard and incident reporting
- Health care procedure record
- Incident reports
- Infection control guidelines
- Infection control statistics
- Infection tracking
- Maintenance cleaning specifications
- Maintenance procedures
- Medication chart audits
- Medication refrigerator logs
- Minutes of meetings
- NSW Food Authority Licence and audit report
- Organisational flow chart
- Organisational vision, mission statement, values and core business
- Pest control treatment records
- Pest sighting sheets
- Police checks
- Policies and procedures
- Position descriptions
- Product receivable records
- Register of aged care residents who have received influenza/pneumococcal vaccine
- Registrations of registered nurses and visiting professionals
- Resident birthday list
- Resident handbook
- Resident information package
- Resident list
- Residents' continence management plan
- Residents' monthly incident summary
- Staff handbook
- Staff meetings (agendas and minutes)
- Staff memos
- Staff orientation program and checklist
- Staff roster

- Staff training attendance sheets
- Strategic plan
- Summary of care requirements for residents
- Technical service call reports
- Toolbox training schedule
- Workplace skills assessment checklist

Observations

The team observed the following:

- Activities in progress
- Activity calendar on display
- Assembly areas
- Aviary
- Chapel
- Complaints, compliments and suggestion forms
- Equipment and supply storage areas
- Evacuation maps
- Fire fighting equipment
- Hand washing stations
- Interactions between staff and residents
- Internal and external environments
- Laundry days
- Meal service
- Medication round
- Menus displayed
- Mobile book library
- Notice boards
- Pan rooms
- Personal protective equipment in use
- Residents being assisted to access bus outing
- Residents' meetings schedules
- Security coded entrances to pan rooms
- Shift handover processes
- Spills kits and outbreak kits
- Staff room
- Storage of medications
- Suggestion box
- The Charter of Residents' Rights and Responsibilities

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

Wommin Bay Village (the home) actively pursues continuous improvement in the four accreditation standards by providing opportunities for the identification, implementation, and evaluation of improvement activities. The improvement plan captures suggestions for improvement from stakeholders using a range of avenues including comments, complaints, meeting minutes, incidents and feedback forms. The Chief Executive Officer (CEO) monitors the quality improvement system and provides feedback to initiators of suggestions for improvement; progress with improvement is monitored on a monthly basis. Improvements are discussed at staff and resident meetings where feedback on progress is provided.

Examples of improvements achieved in Standard One include, but are not limited to:

- Following a review of the residents’ care needs, including increased numbers of high care residents, carer shifts have been increased by one hour in the mornings and two hours in the evenings. Following the implementation of the additional hours, carers provided positive feedback at the next carers’ staff meeting.
- In order to manage the increased number of specialised diets rostered hours allocated for kitchen workers have been increased. Kitchen staff have provided positive feedback relating to the increased hours and their ability to meet the dietary requirements of residents.
- Identification of each of the ‘houses’ at the home has recently been enhanced by the installation of signage in large letters on an outside wall. This improvement was undertaken to ensure ambulance personnel are able to locate the relevant house, particularly at night.
- Whiteboards have been installed to display notices for residents in common areas of the home; residents are now able to easily identify activities in which they wish to participate. The boards have also enabled staff to more easily maintain currency of daily messages.
- In addition to undertaking the theory element of training sessions; workbooks have been developed to be completed by staff as part of successfully completing training sessions. On completion of the workbooks, written feedback from the Clinical Nurse Educator is provided for individual staff members. Positive staff feedback has resulted from this improvement.

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

The home has systems in place to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The home is a member of peak organisations which monitor changes to legislation, regulations and standards and ensures the home is aware of changes. Relevant documentation is updated when changes occur. The home monitors compliance with legislative and regulatory changes by undertaking audits, monitoring staff performance and taking action where necessary. Staff are informed of regulatory compliance requirements through the home's orientation process, mandatory and other training. Staff demonstrated awareness of how regulatory changes are communicated, and have appropriate knowledge of the home's policies and procedures. There is a system in place to ensure staff, volunteers and relevant contractors have current criminal record checks.

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

The home ensures management and staff have appropriate knowledge and skills to perform their roles effectively by providing ongoing education and staff development. The training needs of staff are identified through monitoring of staff practice, from staff performance appraisals and interest shown by staff in attending external training sessions. Education and training records are maintained for individual staff members; attendance and evaluation records are maintained for training sessions; the organisation provides support for staff to participate in external training opportunities. Staff are informed of available education opportunities and learning packages are available on a range of topics. The effectiveness of training is monitored through staff feedback and evaluation.

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

Residents/representatives and interested parties have access to internal and external mechanisms to raise issues at the home without fear of retribution. The CEO responds to initiators of comments, complaints and compliments and where appropriate issues are logged in the home's improvement plan. Residents/representatives are able to raise issues with management; issues can be raised using feedback forms and at meetings and residents reported they are familiar with the mechanisms to raise complaints and that issues are resolved in a timely manner. Residents receive information in relation to comments and complaints mechanisms on entry to the home and a locked suggestion box is available for comments and complaints forms. Residents/representatives expressed satisfaction with the comments and complaints system.

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 home has documented the residential care service's mission, vision values and core business through displays in the home and documentation in resident and staff handbooks and information packages. The home's policies, procedures, and quality management system are consistent with its guiding principles, philosophy and strategic directions. When appointed and during the orientation process new staff become familiar with the organisation's commitment to the quality of care provided for residents.

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

The home uses a formal recruitment system that includes advertising, interviewing, appointment and orientation of staff. Police checks, evidence of qualifications, reference and registration checks form part of the recruitment process. Residents' changing care needs, staff availability and skill mix are monitored and form the basis for each shift. Employment contracts, position descriptions, working supernumerary shifts and participating in education sessions ensure new staff members are aware of the requirements of their positions. A range of strategies are used to manage staff performance and include probationary period reviews, annual performance appraisals, competency checks and supervision of staff. Residents/representatives are satisfied with the responsiveness of staff and the care they receive.

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 home has systems and processes in place to ensure stocks of appropriate goods and equipment are available for residents and staff. Relevant stakeholders have input into the purchase of goods and equipment and the home uses preferred suppliers to provide goods and services. Preventative and reactive maintenance programs are in place and equipment is maintained and serviced in accordance with manufacturers' recommendations. Maintenance requests are able to be logged using the maintenance books which are checked daily and action taken is recorded. Perishable goods are rotated and monitored for expiry; goods that do not meet the needs of the home are returned to suppliers. Staff reported there is sufficient equipment and supplies to enable them to meet resident needs.

1.8 Information systems

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

Team's recommendation

Does comply

The home has effective information management systems in place and management and staff have access to accurate and appropriate information to help them perform their roles. Staff are able to access information via minutes of meetings, memos, case conferencing, handover notes and notice boards. Dedicated handover time between shifts ensures appropriate information is able to be exchanged between staff. The home has protected access levels in place to log onto computers and access to information records and storage sites is restricted to relevant stakeholders. The home has a system in place to securely store archived information and to destroy information when it is no longer required. Residents/representatives and staff are satisfied that the home's communication processes keep them informed about care being provided and about the current and future activities of the home.

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

External services are sourced in a way that meets the home's needs and quality goals. The home signs service agreements with external service providers and their performance is routinely evaluated by the home to ensure the home's requirements are being met. The evaluation process also includes resident/representative and staff feedback. Agreements with external service providers incorporate the home's quality and service expectations and legislative requirements to be met by the service provider. Where appropriate external providers visiting the home have police checks, sign in and out and meet relevant safety standards. Residents and staff confirm they are satisfied with the provision of external services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home actively pursues continuous improvement in the four accreditation standards by providing opportunities for the identification, implementation, and evaluation of improvement activities. The improvement plan captures suggestions for improvement from stakeholders using a range of avenues including comments, complaints, meeting minutes, incidents and feedback forms. The CEO monitors the quality improvement system and provides feedback to initiators of suggestions for improvement; progress with improvement is monitored on a monthly basis. Improvements are discussed at staff and resident meetings where feedback on progress is provided.

Examples of improvements achieved in Standard Two include, but are not limited to:

- The home has purchased additional air mattresses to provide increased comfort for frail residents. Staff and residents have provided positive feedback relating to the acquisition of these mattresses.
- Weigh chairs have been purchased to replace stand up scales to enhance the safety of frail residents when being weighed. The weigh chairs are located in each of the 'houses' to enable easy access by staff. Management reported that in addition to increased safety use of the weigh chairs has also improved the accuracy of the weights being recorded.
- Regular doctors' clinics have been introduced at the home with nurses being assigned to work with individual doctors. Following the introduction of this system, management reported that positive feedback has been received from residents and family members.

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

The home has systems in place to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The home is a member of peak organisations which monitor changes to legislation, regulations, and standards and ensures the home is aware of changes. Relevant documentation is updated when changes occur. The home monitors compliance with legislative and regulatory changes by undertaking audits, monitoring staff performance and taking action where necessary. Staff are informed of regulatory compliance requirements through the home's orientation process, mandatory and other training. Staff demonstrated awareness of how regulatory changes are communicated, and have appropriate knowledge of the home's policies and procedures. There is a system in place to ensure qualified staff provide clinical and specialised nursing care.

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

The home ensures management and staff have appropriate knowledge and skills to perform their roles effectively by providing ongoing education and staff development. The training needs of staff are identified through monitoring of staff practice, from staff performance appraisals and interest shown by staff in attending external training sessions. Education and training records are maintained for individual staff members; attendance and evaluation records are maintained for training sessions. Staff are informed of available education opportunities and learning packages are available on a range of topics. The effectiveness of training is monitored through staff feedback and evaluation. Education and training provided by the home ensures staff have the knowledge and skills required for effective performance of health and personal care for residents.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has a process whereby residents’ clinical care needs are initially assessed through a pre-admission clinic conducted by the Residential Clinical Coordinator and this information is utilised to develop an interim care plan. On entry to the home, additional assessments are conducted as the resident settles into their new environment. This information is used as the basis to develop individualised care plans in consultation with residents and their representatives and these are reviewed on a three monthly basis or when there are significant changes to residents’ health care status. Care staff also have access to summary care plans as a guide for residents’ daily clinical care needs. Shift handover processes, communication books and progress note entries provide details about residents’ changing care needs. Four local medical practitioners visit the home on a regular basis and registered nurses attend these visits; some residents are assisted to attend their medical practitioners of choice either off site or during requested visits to the home. Monitoring of clinical care is undertaken through a review of clinical incident data. Residents/representatives are satisfied with clinical care services provided.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

Residents’ specialised nursing care needs are identified either on entry to the home or when residents’ health status changes; specific focus assessments are initiated where more information is required to plan and direct care. Whilst a registered nurse is on call, to provide consultation and clinical oversight at all times, the home’s current staffing establishment does not provide for a registered nurse on site overnight or after hours over the weekend. Therefore should residents require specialised nursing care needs on a continuing basis at these times, the resident and their family are supported and assisted to facilitate transfer to another residential aged care facility. Registered nurses currently assess, plan, monitor and

evaluate specialised nursing care requirements for residents requiring specific pain management regimes (including the application of narcotic patches) and complex wound management regimes. Education/training updates are available should staff be unfamiliar with aspects of specialised nursing care needs. Feedback from residents/representatives currently in receipt of specialised nursing care indicates satisfaction with the ongoing care provided.

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 are referred to appropriate health services when a need for particular services is identified. Appointments are arranged and where allied health professionals visit the home they have access to the resident’s clinical file and information relating to current care strategies. Should residents be required to access external health services, staff will assist with referral arrangements. Details of assessments, investigations and recommendations regarding ongoing management are filed in resident clinical care notes. Implementation of any recommended care strategies is monitored and the effectiveness of ongoing care is evaluated. Residents/representatives are satisfied with the timely referral to external health specialists and the follow up care provided on recommendation of the health specialists.

2.7 Medication management

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

Team’s recommendation

Does comply

The home has policies and guidelines in place to ensure that residents’ medication is managed safely and correctly by appropriately qualified and/or competency assessed care staff. Medication summary and signing sheets record medications prescribed by the resident’s medical practitioner. Those residents who self medicate undertake an assessment and are monitored regularly for their continuing ability to safely self-medicate and their medications are stored safely in their room. Other medications are stored according to legislation and manufacturer’s instructions in locked medication trolleys, cupboards, safes (schedule 8 medications) and designated medication refrigerators. The effectiveness of the medication management system is monitored through the completion of medication chart audits and pharmaceutical reviews. Staff assisting residents with their medications demonstrated awareness of their responsibilities. Medication incidents are analysed in relation to contributing factors and remedial actions taken to prevent future occurrences. Residents are satisfied with the management of their medications and staff assistance available.

2.8 Pain management

This expected outcome requires that “all residents are as free as possible from pain”.

Team’s recommendation

Does comply

Consultation occurs with residents as part of the initial assessment process in relation to history and identified triggers for pain and previous remedial actions. Re-assessment and

monitoring occurs when residents experience new/acute pain and focus tools are also available to assist in the identification of non-verbal cues to pain. Strategies to manage pain are detailed in care plans and include both pharmacological and non-pharmacological interventions such as massage, re-positioning and gentle exercise. The resident's medical officer regularly reviews and evaluates the response of residents to pain management strategies. Residents are satisfied that their pain is managed effectively and that staff are responsive to the event that they do experience pain or discomfort.

2.9 Palliative care

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

Team's recommendation

Does comply

The home has processes in place to provide appropriate care and comfort for terminally ill residents. Residents' end of life wishes are discussed with the resident and/or their representatives on entry to the home, or when there is a change in the residents' health status. Residents are supported to remain in the home during the palliative phase of care, through the provision of pain management strategies and care needs are managed in consultation with residents and/or representatives, their medical practitioners, allied health specialists and pastoral care representation as required. If residents' care needs require after hours continuing re-assessment of pain and interventions, the family and resident are assisted to transfer to a nearby high care facility which is able to provide continual registered nurse oversight and pain management interventions. Staff have an awareness of the care needs and measures required to provide comfort and dignity for terminally ill residents and support for their families. Residents/representatives commented staff are caring and attentive and respect residents' need for comfort and dignity in all aspects of care.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Residents' nutrition and hydration requirements are assessed on entry to the home and needs and preferences are documented. Communication processes between nursing and kitchen staff ensures updated resident dietary profiles are current and residents receive the appropriate textures and diets. Residents are routinely weighed on a monthly basis, significant weight variances are reported to the resident's doctor and referrals may be initiated to a speech pathologist and or dietitian. Care plans and guidelines are modified and interventions (including supplements, and textured or modified diets) are implemented and regularly evaluated. Residents/representatives expressed satisfaction with the quantity and quality of food and fluid received and those receiving supplements indicated that the supplements were assisting them to either gain or maintain weight.

2.11 Skin care

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

Team’s recommendation

Does comply

Residents’ skin integrity is assessed on entry to the home and planned interventions are included in the resident’s care plan to guide staff. The potential for compromised skin integrity is also assessed and preventative strategies implemented as appropriate, including the use of pressure reducing/relieving devices, regular re-positioning and pressure area care, and assistance with personal hygiene. Residents are able to access the services of a podiatrist on a monthly basis. Guidelines are in place to manage skin tears and the incidence of injury/skin tears is captured on incident reports and analysed for trends/triggers; interventions are then implemented as appropriate. Wounds and treatments are monitored via wound charts and healing rates are evaluated on an ongoing basis. Residents are satisfied with the support provided to maintain their skin integrity.

2.12 Contenance management

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

Team’s recommendation

Does comply

Residents’ continence status is assessed on entry, urinary flow and bowel charts are commenced to identify patterns and trends. This information is analysed by a registered nurse and appropriate interventions are implemented including regular toileting programs, continence aids allocation, medication and dietary reviews. Designated staff monitor ongoing continence needs of residents and initiate re-assessment, if necessary. Care staff receive regular update training in the management of residents’ continence and have access to registered nursing staff for advice as to the ongoing management of individual residents. Bowel management programs are in place and staff respond to any concerns regarding constipation by increase in dietary fibre at breakfast, additional fluids and prescribed aperients. Residents are satisfied with the level of assistance received to maintain their independence and to manage their continence needs.

2.13 Behavioural management

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

Team’s recommendation

Does comply

If residents have a history of challenging behaviours, an assessment is undertaken at the time of meeting residents prior to their admission to aid in the determination of possible triggers for the behaviours and also to identify any interventions that were previously found to be effective in preventing or alleviating the behaviours. A secure unit is offered for residents who wander to provide them with a safe environment and freedom of movement. Staff have received training in the management of challenging behaviours and the home utilises both care and activity staff to implement strategies and to prevent and/or minimize the occurrence of challenging behaviours and also to provide emotional support for those residents who may experience anxiety or depression. Residents/representatives are satisfied with the way challenging behaviours are managed and report that staff are discreet and supportive in their interventions.

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' level of mobility, dexterity and risk of falls are assessed on entry to the home by the physiotherapist. An individual care plan is developed and provides care staff with information regarding how best to support residents' mobility and dexterity during the course of activities of daily living; exercise programs may be devised according to residents' individual needs. The physiotherapist also conducts Tai Chi classes on a weekly basis to assist residents in maintaining their strength and balance; mobility aids such as walking frames and wheelchairs are made available for resident use. The environment is monitored to reduce the incidence of any trip hazards and equipment is in place to assist in the reduction of falls. Falls are reported as incidents and the data obtained from these reports is collated and analysed for possible trends and to assist in implementing preventative measures for future falls. Residents/representatives are satisfied with the level of support and assistance provided to maintain optimum levels of mobility and dexterity.

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 status is identified on entry to the home and the level of assistance required to maintain oral and dental hygiene is determined. This information is included in the resident's care plan to guide staff. Where a need for ongoing dental services is established, appointments are made with dentists or dental technicians and residents are assisted to access these services. Care staff have received education in assisting residents with the management of the hygiene of their natural teeth, as well as the cleaning and fitting of dentures. Residents are satisfied with the level of support provided to assist them with the maintenance of oral hygiene and their access to dental health services.

2.16 Sensory loss

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

Team's recommendation

Does comply

All incoming residents receive a comprehensive assessment to determine any sensory impairment. Information to support residents with sensory loss is then included in the resident care plan and includes reference to the use of assistive devices as appropriate. Hearing and optical services are accessed as required to identify and address identified concerns. Care and diversional therapy staff implement various strategies that may include modification of the resident's environment, routines and/or activities and assistance with activities of daily living. Residents/representatives are satisfied that staff are sensitive to their sensory losses and support and assist them as required.

2.17 Sleep

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

Team’s recommendation

Does comply

A history of usual sleep patterns, including past habits and routines, or aids/rituals that have previously been of assistance to achieve natural sleep is obtained on entry; this information is included in the resident’s care plan to guide the provision of care. Staff monitor any changes or unsettled periods and this is followed up with a plan of intervention and/or discussion with the resident’s medical officer. Residents are offered warm drinks and preferred settling and rising times are supported. Night time sedation is available as prescribed by the resident’s medical officer; however it is used only where non-pharmacological interventions have been ineffective. Residents/representatives are satisfied with the support received to establish 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 recommendation

Does comply

The home actively pursues continuous improvement in the four accreditation standards by providing opportunities for the identification, implementation, and evaluation of improvement activities. The improvement plan captures suggestions for improvement from stakeholders using a range of avenues including comments, complaints, meeting minutes, incidents and feedback forms. The CEO monitors the quality improvement system and provides feedback to initiators of suggestions for improvement; progress with improvement is monitored on a monthly basis. Improvements are discussed at staff and resident meetings where feedback on progress is provided.

Examples of improvements achieved in Standard Three include but are not limited to:

- In order to encourage increased socialisation between residents and based on a suggestion from activities staff, monthly barbecues have been introduced for residents. Staff reported that positive feedback has been received from residents and staff have also observed increased interactions between residents.
- In order to enhance the privacy and dignity of residents and based on staff suggestions, small washable overnight bags have been purchased for residents to take with them when they go to hospital.
- A men’s discussion group has been established by activities staff in order to enhance the number and range of activities which specifically appeal to men. Activity staff report that a number of the men appreciate the opportunity to discuss areas of common interest and that activities/trips are currently being planned specifically for this group.

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

The home has systems in place to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The home is a member of peak organisations which monitor changes to legislation, regulations, and standards and ensures the home is aware of changes. Relevant documentation is updated when changes occur. The home monitors compliance with legislative and regulatory changes by undertaking audits, monitoring staff performance and taking action where necessary. Staff are informed of regulatory compliance requirements through the home’s orientation process, mandatory and other training. Staff demonstrated awareness of how regulatory changes are communicated, and have appropriate knowledge of the home’s policies and procedures.

There is a system in place to ensure compliance with relevant legislative, regulatory requirements and professional standards relating to resident lifestyle.

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

The home ensures management and staff have appropriate knowledge and skills to perform their roles effectively by providing ongoing education and staff development. The training needs of staff are identified through monitoring of staff practice, from staff performance appraisals and interest shown by staff in attending external training sessions. Education and training records are maintained for individual staff members; attendance and evaluation records are maintained for training sessions. Staff are informed of available education opportunities and learning packages are available on a range of topics. The effectiveness of training is monitored through staff feedback and evaluation. Education and training provided by the home ensures staff have the knowledge and skills required to effectively support residents' lifestyle.

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

Residents/representatives are provided with an orientation to the environment, staff and routines to ease their transition into the home and assessments are conducted to identify the potential for further emotional support. Initial interviews with residents and their family members provides for individual needs to be identified and allow routine cares to be tailored to support residents' emotional needs. The diversional therapy staff spend extra time inviting and accompanying new residents to daily events where they are introduced to other residents. Pastoral volunteers as well as community groups are available to provide assistance to both residents and residents/representatives. Residents/representatives are satisfied with the emotional support provided.

3.5 Independence

This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's recommendation

Does comply

Each resident's level of independence in relation to meeting health and personal care needs is assessed on entry and on an ongoing basis and care interventions reflect and promote a resident's capacity for continuing independence. Needs and preferences are documented in the resident's care plan and updated if needs change. Residents' independence is promoted during care and leisure activities and information within the progress notes and observation showed staff and volunteers support residents to be independent. Communication and interaction with the local community is encouraged and residents also are assisted to

participate in regular visits to other residential aged care facilities. Residents' feedback indicates they are encouraged and assisted to maintain contact with their family, friends and community networks.

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

Residents' preferences in relation to their preferred name, cultural beliefs and lifestyle choices are identified upon entry and documented in care plans. Residents' clinical and administrative/financial records are stored in locked filing cabinets and cupboards, only accessible to relevant care and administrative staff in recognition of the confidentiality of the information. Residents reside in single rooms, consultations with staff and visiting health professionals are either conducted within their rooms or a designated consulting room. Residents/representatives are satisfied that staff respect their privacy and treat them with dignity in resident/staff interactions.

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

Information about residents' previous lifestyle, social background, both past and present, capabilities, significant relationships and wishes is collected on admission and updated as residents' needs change. In consultation with the resident, a plan of care is developed which includes varying levels of participation in the activity program and takes account of any physical limitations and preferred level of participation. The program is developed in consultation with residents through provided information, resident meetings, other informal interactions and evaluation of past attendance records and feedback from residents. The program supports both group and individualised activities; care staff and catering services are made aware of upcoming resident activities and any specific requirements. Regular outings are facilitated through the use of the home's own bus and community groups are invited to visit the facility. Residents/representatives are satisfied with both the group and individualised activities offered at the home and report that they are supported and encouraged to participate.

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

Information about the cultural and spiritual needs of residents is collected on entry to the home and communicated to staff through care plans, progress notes, shift handover processes and communication diaries. Cultural and spiritual based activities are included in the home's activity program throughout the year and include Easter, Christmas, Mothers Day, Fathers Day and Australia Day; all residents and their representatives are encouraged

to participate. Church services are hosted in the chapel and pastoral care workers also visit the home to provide spiritual support. Residents' individual birthdays are celebrated and a cake is provided by the catering services for the occasion. Residents are also encouraged and supported to attend cultural and spiritual activities of significance to them, in the greater community. Residents are satisfied that their cultural and spiritual needs are supported at the home.

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

Residents are encouraged and supported to make decisions about their care and routines and information is provided to residents/representatives on entry outlining their rights. Input and feedback is sought from residents/representatives throughout their tenure through resident interviews, case conferences, one on one discussion with key personnel and care staff and comments and complaints forms and resident surveys. Should a resident not be able to make an informed decision, an authorised decision-maker is identified and a copy of the enduring power of attorney document is kept on file. All staff provide opportunities for choice and utilise strategies to incorporate choice into residents' daily routines. Residents/representatives are satisfied that they are able to exercise choice in various aspects of care and service provision.

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

Prior to admission to the home, residents/representatives are provided with an information pack which details the care and services provided at the home. On entry, each resident is offered a residential care agreement and this information is discussed before residents/representatives sign the residential agreement. Residents/representatives are advised that should their care needs necessitate a re-location to another 'house' within the facility, this will only occur following consultation with the resident and/or their representatives. Similarly, if changes in a resident's health status results in clinical care needs that cannot be met by current staffing levels at the home, assistance and support will be provided to relocate to another residential aged care facility. The home's comments and complaints processes are explained to residents and their representatives and they are encouraged to raise concerns regarding services with management. Residents are satisfied they have secure tenure within the home and are aware of their rights and responsibilities.

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

The home actively pursues continuous improvement in the four accreditation standards by providing opportunities for the identification, implementation, and evaluation of improvement activities. The improvement plan captures suggestions for improvement from stakeholders using a range of avenues including comments, complaints, meeting minutes, incidents and feedback forms. The CEO monitors the quality improvement system and provides feedback to initiators of suggestions for improvement; progress with improvement is monitored on a monthly basis. Improvements are discussed at staff and resident meetings where feedback on progress is provided.

Examples of improvements achieved in Standard Four include but are not limited to:

- Due to the isolation of the home and in order to increase security, particularly in the evenings, closed circuit television has been installed with 14 cameras located indoors and outdoors. The recent installation has enabled staff to monitor visitor and resident movements and residents expressed satisfaction with the increased security provided by the system.
- Following a suggestion resulting from a support contact visit, an additional column to capture resident allergies has been added to the dietary profile which is developed when residents enter the home. Kitchen staff reported that locating all the information in the one place has helped to ensure residents receive the correct diet and staff are able to access information more easily.
- In order to improve equipment storage and enhance the safety of residents mobilising in the home, a shed for electric scooters has been constructed adjacent to the main entrance to the home. Scooters are stored in the shed and electricity outlets enable residents to recharge the scooters while they are stored.
- Infection control has been added as a standing agenda item for the regular occupational health and safety committee meetings. Senior staff report this improvement has resulted in staff from across the service areas in the home being involved in detailed discussions and review of practice and infection control measures.
- As a means of enhancing infection control measures, five new pan rooms have been installed at the home. Single use disposable items are being used in conjunction with the pan rooms and management reported that since the implementation of the rooms there have not been any facility wide infectious outbreaks.
- In order to enhance infection control measures the home has introduced a protocol of room care of between 24 and 72 hours for residents entering the home from another facility or hospital. Clinical staff reported that this measure has reduced the spread of infections carried by residents entering the facility.

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

The home has systems in place to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The home is a member of peak organisations which monitor changes to legislation, regulations, and standards and ensures the home is aware of changes. Relevant documentation is updated when changes occur. The home monitors compliance with legislative and regulatory changes by undertaking audits, monitoring staff performance and taking action where necessary. Staff are informed of regulatory compliance requirements through the home's orientation process, mandatory and other training. Staff demonstrated awareness of how regulatory changes are communicated, and have appropriate knowledge of the home's policies and procedures. There is a process in place to ensure staff, volunteers and contractors comply with relevant legislation and regulatory requirements relating occupational health and safety, the physical environment and safe systems.

4.3 Education and staff development

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

Team's recommendation

Does comply

The home ensures management and staff have appropriate knowledge and skills to perform their roles effectively by providing ongoing education and staff development. The training needs of staff are identified through monitoring of staff practice, from staff performance appraisals and interest shown by staff in attending external training sessions. Education and training records are maintained for individual staff members; attendance and evaluation records are maintained for training sessions. Staff are informed of available education opportunities and learning packages are available on a range of topics. The effectiveness of training is monitored through staff feedback and evaluation. Education and staff development provided by the home ensures staff have the knowledge and skills required for effective performance in relation to physical environment and safe systems.

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

The home is actively working to provide a safe and comfortable environment to meet the residents' care needs. Residents have brought items and furnishings to the home to personalise their rooms, communal and activity areas have appropriate furniture and handrails and graded walkways are provided throughout the home to assist with mobility. Regular cleaning processes, environmental assessments, hazard and reporting processes minimise risk/potential risks for residents. The uncluttered environment enables the residents to independently and safely mobilise between their rooms, outdoor and communal areas; a

nurse alert system is available to residents for staff assistance; staff store mobility aids and other equipment safely and authorisation for the use of restraints is recorded. Residents confirm they are satisfied with the safety and comfort of the living environment at the home.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

Management actively works to provide a safe environment that meets regulatory requirements. Policies and procedures are in place to guide workplace health and safety practices; staff receive training in manual handling and chemical handling. Staff are provided with training prior to using chemicals and new equipment; the home's grounds, equipment and buildings are subject to routine and preventative maintenance. The occupational health and safety committee meets on a regular basis and takes an active role in identifying hazards and risks and proposing solutions. Safety issues are addressed in a timely manner; staff are aware and demonstrate knowledge of their responsibility to report hazards and incidents promoting a safe working environment. Staff performance is monitored by observation and supervision and staff confirm they are satisfied management is active in providing a safe working environment.

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

Management and staff at the home actively work to provide a safe environment that minimises fire, security and emergency risks. Mandatory fire safety training and evacuation are carried out in accordance with legislative requirements. Evacuation maps are located throughout the home and exits are obstruction free and clearly marked. External providers maintain fire systems, emergency lighting, equipment and signage. Security patrols and closed circuit television are in place to protect the safety of residents, visitors and staff. The home has a sign in/out register for residents/visitors and lists identifying resident occupancy and mobility. Staff and residents demonstrated knowledge of the home's fire and emergency procedures and their role in the event of an evacuation.

4.7 Infection control

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

Team's recommendation

Does comply

The home has a process in place to provide an effective infection control program that is overseen by the Registered Nurse/Educator at the home. The surveillance system includes regular clinical data collection and analysis to identify trends. This information is evaluated and discussed at staff meetings. Staff are provided with regular infection control training; hand washing/sanitizing facilities are located throughout the facility; staff have access to personal protective equipment and hospitality services and care staff demonstrated understanding the principles of infection control. Safe food storage practices are evident in

the kitchen; laundry is sorted and washed using temperature and chemical appropriate wash cycles. Facilities and equipment such as single use clinical products, gloves, aprons, sharps containers, waste receptacles and storage areas are provided to enable infection control practices to be implemented and staff are familiar with barrier nursing and outbreak procedures. Cleaning schedules are in place to guide general cleaning and regular pest controls are conducted.

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

The home has a system in place to provide hospitality services that enhance residents' quality of life and the staffs' working environment and respond to the changing needs of residents. Residents' special dietary requirements/changes are recorded and communicated to the kitchen and residents' suggestions and feedback relating to the menus is encouraged through residents' meetings and one on one discussion. A five day a week laundry service operates at the home and residents' personal items are collected and returned by the home's laundry in a timely manner. The home has a system to ensure cleaning of residents' rooms and common areas is undertaken regularly and there is provision for ad hoc cleaning if required. The effectiveness of the catering, cleaning and laundry services is monitored by the home using audits, the feedback system and meeting minutes. Residents expressed satisfaction with catering, cleaning and laundry services.