



Standards and Accreditation Agency Ltd

Decision to accredit 501 Respite and Care Services

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit 501 Respite and Care Services in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of 501 Respite and Care Services is three years until 11 April 2013.

The Agency has found 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 the home will undertake continuous improvement measured against the Accreditation Standards.

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since 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:	501 Respite and Care Services				
RACS ID:	5385				
Number of beds:	52	Number of high care residents:	24		
Special needs group catered for:	<ul style="list-style-type: none"> • Dementia and related conditions 				
Street/PO Box:	501 Pine Ridge Road				
City:	BIGGERA WATERS	State:	QLD	Postcode:	4216
Phone:	07 5537 4278		Facsimile:	07 5500 5026	
Email address:	nitebreeze@winshop.com.au				

Approved provider

Approved provider:	Nightbreeze Pty Ltd
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Assessment team

Team leader:	Felette Dittmer
Team member/s:	Kimberley Reed
Date/s of audit:	4 February 2010 to 5 February 2010

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply

Standard 2: Health and personal care

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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
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Does comply

Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
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Does comply

Agency findings
Does comply
Does comply
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Does comply
Does comply

Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	501 Respite and Care Services
RACS ID	5385

Executive summary

This is the report of a site audit of 501 Respite and Care Services 5385 501 Pine Ridge Road BIGGERA WATERS QLD from 4 February 2010 to 5 February 2010 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 501 Respite and Care Services.

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 4 February 2010 to 5 February 2010

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:	Felette Dittmer
Team member/s:	Kimberley Reed

Approved provider details

Approved provider:	Nightbreeze Pty Ltd
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Details of home

Name of home:	501 Respite and Care Services
RACS ID:	5385

Total number of allocated places:	52
Number of residents during site audit:	48
Number of high care residents during site audit:	24
Special needs catered for:	Dementia and related conditions

Street/PO Box:	501 Pine Ridge Road	State:	QLD
City/Town:	BIGGERA WATERS	Postcode:	4216
Phone number:	07 5537 4278	Facsimile:	07 5500 5026
E-mail address:	nitebreeze@winshop.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit 501 Respite and Care Services.

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 2 days on-site and gathered information from the following:

Interviews

	Number		Number
Catering team	3	Laundry team	1
Cleaning team	2	Lifestyle coordinator	1
Clinical coordinator	1	Personal care assistant	4
Director of care	1	Proprietor	1
Endorsed enrolled nurse	1	Resident/representative	8
Environmental supervisor	1	Workplace health and safety officer	1
Food safety supervisor	1		

Sampled documents

	Number		Number
Medication chart	15	Personnel file	6
Resident administration file	6	Resident care & clinical file	13

Other documents reviewed

The team also reviewed:

- 'Admission' assessment
- 'Ward' file
- Alternative therapies resource folder
- Annual fire declaration
- Approval of/ authority for use of seclusion
- Audits and schedule
- Authority to administer medications
- Chemical register
- Cleaning and sanitising sheet and schedule
- Comment/complaint form
- Comments, compliments and complaints file

- CI report form
- Diabetic resident list
- Dietary preference form
- Dietary request form
- Education attendance sheet
- Emergency procedure action plan
- Emergency response manual
- Evacuation diagrams
- Evacuation list - fire & emergency
- Finger food ideas (resident sheet)
- Fire and emergency folder
- Fire detection systems log book
- Fire Panel
- Fire service maintenance manual
- Food safe program updates and fact sheets folder
- Handover sheet
- Hazard log and reports
- Housekeeping book
- Incident forms and reports
- Infection surveillance form
- Inventory
- Kitchen forms and records folder
- Link nurse communications folder
- Material safety data sheets
- Meal plan
- Medication change form
- Medication incident summary
- Minutes of meetings
- Nutritional supplement list
- Observations schedules
- Policy/procedure manual
- Preferred lifestyle and leisure assessment
- Proposed monthly activities calendar
- Record of resident care needs
- Recruitment policies and procedures
- Registered nurse on call roster
- Resident 'Welcome' booklet
- Resident comment/complaint form
- Resident pain diary
- Residents' information package and surveys
- Restraint record
- Risk taking form
- Service log book (fire)
- Service report (fire)
- Special dietary needs list
- Speech pathologist request form
- Staff handbook
- Suggestions form
- Supplements folder
- Tea/coffee preference list
- Training manual and records
- Treatment list
- Work instructions folders

- Wound management folder/chart
- Yearly education planner

Observations

The team observed the following:

- Activities in progress
- Call assistance system
- Cleaner's trolley
- Comments and complaints posters
- Disposal of cytotoxic medication waste
- Emergency assembly points
- Emergency exits with signage
- Equipment and supply storage areas
- External service brochures including advocacy
- Fenced perimeter
- Fire fighting and safety equipment
- Fire panel
- Handover processes
- Interactions between staff and residents
- Internal and external living environment
- Lunch time meal service and practices
- Medication storage, security and administration practices
- Menu on display
- Mission, vision and values statements on display
- Morning and afternoon tea/beverage round
- Notice boards
- Outbreak kit
- Preparation of thickened fluids
- Proposed monthly activities calendar on display
- Residents assisted with medication
- Spill kits
- Staff care, communication and clinical practices
- Staff room and noticeboard
- Storage of resident files
- Suggestion box (locked)
- Treatment trolley

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

The home has improvement systems and processes in place. Key personnel have specific roles to support improvement activities and for monitoring outcomes, including review of audit results, incidents, accidents and hazard reports, observation of staff practice, review of clinical indicator trends and the incidence of infections. Staff and residents receive information regarding continuous improvement during orientation to the home and reported they are aware of the mechanisms available to have input, such as meetings, suggestions forms, complaints mechanisms, surveys and one-to-one interviews; feedback is provided through newsletters, memos, letters, one-to-one, notices and/or meetings. Residents and staff are satisfied that when areas for improvement have been identified, actions have been planned and completed in a timely manner.

Examples of recent improvements in management systems, staffing and organisational development include, but are not limited to:

- In response to an audit identifying deficiencies in equipment used to care for residents, the purchasing of required equipment (e.g. electric beds, specific-use slings, stainless steel benches, fall-out chairs) has commenced and will be staggered over the next financial year in accordance with prioritised need. Staff report there is adequate and suitable equipment to attend to resident cares with the new equipment enhancing resident care.
- Through staff meetings staff reported that due to an increase in the number of residents with high support needs and an increase in the level of care needed (staff numbers remained stagnant), staff felt it was difficult to maintain optimal care through safe work practices. As a result, more carers were employed and extra shifts added to the roster. Staff reported that the increase in staffing allows for them to get assistance when required to attend to resident care needs, and more time to attend to duties with the outcome being a satisfied workforce; a decrease in resident falls and skin tears; more accurate paperwork, and increased workplace health and safety.
- The management team identified that staff in the home would benefit from a formalised orientation program. A program was developed to incorporate mandatory education self-directed learning packages, facility tour, introductions and administrative requirements, and to occur over a six hour period on one day. This initiative has been evaluated as providing for a consistent approach which enables improved monitoring of the orientation and education/training in relation to who provides it and the content covered, and staff are provided with consistent-quality education/training from the beginning of their employment in the home.

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 established systems to identify and ensure compliance with a wide range of legislation, professional standards and industry guidelines; and has access to government bodies and industry sources that provide regular updates of legislative and regulatory requirements. This system is monitored by the Director of Care [DOC], in conjunction with the Proprietors and Clinical Coordinator [CC], and updates are discussed with key personnel, and actioned. Changes are communicated to staff via policy and procedure reviews, education sessions (orientation and compulsory annual training), posted on notice boards and memos. Changes are also communicated to residents and families where appropriate. Compliance with legislation is monitored through the audit process, performance appraisals and observation of staff work practices.

Examples of regulatory compliance in relation to Standard One are outlined below:

- The home has a system in place to ensure that all staff and volunteers have a current favourable criminal record check.
- All registered staff are required to provide proof of current professional registration prior to commencement of work; expiry dates are monitored by management.
- Resident fees and services are in accordance with the guidelines of the Aged Care Act 1997.
- The home has a process to inform residents and their representatives of accreditation audits.
- Changes in key personnel are reported to relevant authorities in accordance with the home’s policy which corresponds to legislative and departmental guideline reporting requirements.

1.3 Education and staff development

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

Team’s recommendation

Does comply

Required knowledge and skills for each role are specified in job descriptions; these are considered during recruitment and monitored on an ongoing basis through the performance appraisal process and competency assessments. There is a mandatory education program and an annual plan developed to ensure this education is provided. Attendance at education and training sessions is monitored, and staff are paid for their attendance time. Site specific education needs are identified through staff request, audit results, organisational feedback and development system, monitoring of indicator data and performance appraisal results. An education plan is developed based on identified needs, and processes are in place to assist staff to access external education opportunities. There is an incentive scheme to encourage staff to complete additional self directed learning packages. Education provided is relevant to the work, with staff knowledge applicable to the requirements of the various roles.

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 a comments and complaints system, managed and monitored by Director of Care, which captures compliments and complaints from residents, representatives, staff and other interested parties. Residents are informed about internal and external avenues of complaint via the resident handbook, newsletters, notices and brochures displayed in the home, and through one-to-one discussions with management and staff. Feedback forms are available and accessible to residents, and a secure box is located in the reception area for those who wish to lodge a confidential complaint. The Director of Care registers, delegates and acts upon all complaints received, and monitors progress toward resolution via this register. Feedback is provided to residents/representatives either verbally or in writing. Residents/representatives are familiar with various ways to initiate a suggestion, and feel comfortable in expressing any issues of concern.

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's mission, vision and values statement is documented and on display within the home. This information is also provided to staff through the orientation process and staff handbook, and to residents through the resident handbook.

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

Systems and processes are in place to ensure appropriately qualified, skilled and sufficient numbers of staff are available to meet the needs of the residents; the selection of staff is based on experience, qualifications, ability of applicants to meet residents' care needs and the possession of a police clearance. An orientation program is in place, staff are accompanied by experienced staff members for initial shifts, and are required to complete competencies - there is a six month probationary period. Absences are filled with existing staff or through the use of casual employees and staff skills are monitored through supervision, observation, competencies and performance appraisals. Staff know the requirements of their position and are provided with sufficient time to meet the needs of residents, and to complete tasks relevant to their role. A registered nurse is available to supervise the delivery of care to residents. Residents/representatives are satisfied with the quality of care and services provided by staff at the home and the availability of staff when they require assistance.

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

Staff and residents/representatives are satisfied with the availability of goods and equipment at the home and that the equipment is well maintained. The home has an imprest system for some medical and care goods with quality checked on delivery, and stocks of goods are stored in line with food safety, infection control and workplace health and safety requirements. Processes are in place to monitor the condition of equipment and to repair or replace as required. New equipment is tested prior to purchase to ensure that it is appropriate to the needs of the home. Equipment is maintained according to the existing maintenance schedules or in response to a maintenance request from staff or residents/representatives.

1.8 Information systems

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

Team's recommendation

Does comply

The home has processes in place to ensure effective information management. An electronic management system is used in tandem with a clinical and lifestyle documentation system. Staff who require it have computer access (appropriate for their role) which is password protected. Resident and staff confidential information is stored in locked areas; is archived regularly, and retrievable when required. Staff receive information through policy manuals, written communication, handover, individual direction, meetings and meeting minutes. Residents/representatives have meetings, noticeboards and other written correspondence to keep them informed. Data is collected for trending and analysis and this provides staff and management with information to assist with planning and review of services. Staff and residents/representatives are satisfied with the level of communication and information they receive.

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

Systems and processes are in place to ensure that all externally contracted services are provided to meet residents' needs. Service agreements outline the organisation's quality requirements, expectations and the provision of services, which includes special conditions such as police checks. A service provider listing is available for staff reference if repairs to equipment is required after hours or over the weekend; a maintenance officer is available weekdays with external maintenance agencies on-call 24 hours a day, seven days a week. External service contractors providing service at the home are required to sign-in/out and must report to senior staff prior to commencing work at the home. Performance is regularly evaluated through observation and resident feedback. Residents and staff are satisfied with the quality of services provided by 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

The home actively pursues continuous improvement with an established continuous quality improvement framework deployed at the home. Management, staff and residents use the system's mechanisms to identify opportunities for improvement; to implement improvement initiatives, and to monitor the home's performance.

Examples of recent improvements in health and personal care include but are not limited to:

- It was identified through medication error analysis that care staff were not consistent with noting changes to residents' medications. A medication change form was developed and trialled over a period that captured three visits by the residents' medical officers. On review, the new form and associated process was found to be not as effective as envisaged prompting an extra column for signing to be added to the form. The new form provides for easy reference of medication changes, and improved management of resident medications.
- Following some weekend emergency hospitalisation of residents, carers expressed a desire to have registered staff on site over weekends. As a result, there is an endorsed enrolled nurse on site for 12 hours each Saturday and Sunday coupled with a registered nurse on call 24 hours each day. This initiative has not been fully evaluated; however, to date, staff report they feel more confident knowing there is qualified staff on site as well as available via phone contact - the overall outcome being increased care of residents.

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's management has implemented systems to identify regulatory requirements and systems to ensure compliance. Personnel at the home are notified of changes to relevant legislation, regulations, standards and guidelines by their networks and external service providers; information is also available through the home's communication systems. The orientation program and mandatory education sessions reinforce relevant regulatory requirements. Systems are in place to monitor and ensure compliance with relevant regulatory requirements; nursing services are provided as per the Quality of Care Principles 1997 and medications are administered according to relevant protocols.

Examples of regulatory compliance in relation to Standard Two are outlined below:

- Medication administration and storage practices are in line with current regulatory and legislative requirements.
- The home has a policy in place with regards to the reporting of residents' unexplained absences.

- Notifiable infections are reported to relevant authorities in accordance with the home's policy which corresponds to legislative reporting requirements.

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

Required knowledge and skills for each role are specified in job descriptions; these are considered during recruitment and monitored on an ongoing basis through the performance appraisal process and competency assessments. There is a mandatory education program and an annual plan developed to ensure this education is provided. Attendance at education and training sessions is monitored, and staff are paid for their attendance time. Site specific education needs are identified through staff request, audit results, monitoring of indicator data and performance appraisal results. An education plan is developed based on identified needs, and processes are in place to assist staff to access external education opportunities. Education provided is relevant to the work, with staff knowledge applicable to the requirements of the various roles.

2.4 Clinical care

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

Team's recommendation

Does comply

Residents' clinical needs are assessed on entry to the home through interviews with residents/representatives, and discharge summaries as provided. Interim care plans derived from an assessment (on entry to the home) completed by the Clinical Coordinator guide staff practice until individualised care plans are established following information collated from appropriate clinical assessments and nursing histories. Care plans are reviewed regularly and as residents' care needs change, by the registered staff overseen by the Director of Care with input from care staff across all shifts. Care staff are knowledgeable of individualised resident's requirements, and their knowledge is consistent with care plans. Information relating to residents' health status is discussed at shift handover and recorded in progress notes and communication diaries. Reassessment occurs if indicated; changes are actioned, and care plans are amended as required. Residents/representatives are satisfied with the clinical care that is provided by staff.

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

The home has systems in place to support the specialised nursing care needs of residents. The home is currently providing care such as diabetes management, oxygen therapy, anti-coagulant therapy, wound management, cytotoxic drug therapy, catheter management, pain management and palliative care. The registered staff, overseen by the DOC, assesses the initial and ongoing specialised nursing care needs, and solicits residents' preferences. Care plans are developed to guide staff practice, care guidelines and treatment schedules are in

place to support specific care needs and interventions are evaluated regularly or as required. Registered nurses are contactable 24 hours a day and oversee and assess specific care requirements. Where care needs exceed the knowledge and skill of staff, external education is sourced from specialised health care services to support care delivery and provide training to staff. Residents/representatives are satisfied with the quality of care provided at the home and the support received with specialised care needs.

2.6 Other health and related services

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

Team’s recommendation

Does comply

The home has processes in place to support referral to other health and related services where residents’ health needs dictate. Residents’ needs and preferences are assessed on entry to the home and on an ongoing basis. Residents are supported and encouraged to access other health professionals and health services including optometry, audiology, podiatry, dietetics, physiotherapy, mental health, pathology, dental care, wound care, palliative care and speech pathology. Some services are provided on site and assistance for residents to attend external appointments is facilitated when necessary. Specialists’ reports are received, information is documented in progress notes and changes made to care plans as required. Residents/representatives are satisfied with the range of and access to allied health specialists.

2.7 Medication management

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

Team’s recommendation

Does comply

Residents’ medication needs are assessed on entry to the home and on an ongoing basis. Medications are managed using a packaged system and individually dispensed items for medications that are unable to be packed. Residents are assisted with their medication by personal care assistants and registered staff administer narcotic analgesic patches, cytotoxic drugs and injections. Policies and procedures guide staff in ensuring residents’ medication is managed safely and correctly. Staff complete medication competencies annually and as required. Residents who prefer to self administer their medication have been deemed competent through regular assessment. Medications are stored securely and records of controlled medication are maintained in accordance with State regulatory requirements; those medications required to be stored at specific temperatures are stored within refrigerated confines. Medication incidents generally capture information related to medication errors and staff practice is reviewed following incidents. Residents’ medication charts are reviewed by their medical officer and pharmacist regularly. Residents/representatives receive their medication in a timely manner and are satisfied with the support they receive in relation to medications.

2.8 Pain management

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

Team's recommendation

Does comply

The pain management needs of residents are identified through initial assessments on entry to the home using focus tools with provisions for non-verbal assessments as required. Pain strategies are implemented as required and include medication, repositioning and pressure relieving devices. Pharmacological measures include regular prescribed oral analgesia and topical slow-release narcotic patches. The use of analgesia is monitored for effectiveness and 'as required' analgesia is recorded and monitored for frequency of use. Pain diaries are commenced on residents identified as requiring regular 'as required' analgesia or experiencing acute pain. Pain management strategies are reviewed regularly, and as required, to ensure the interventions for pain are current and changes are communicated to staff as required. Residents are as free from pain as possible and are satisfied with the care they receive to minimise 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

Palliative care strategies and wishes are discussed with residents/representatives on entry to the home, during case conferences and when palliative needs are required. Information such as enduring power of attorney and advanced health directives are located in the resident records. The home is supported by local hospital and palliative services and specific care instructions are communicated to staff using care plans, one-to-one instruction, handover processes and progress notes. Staff have access to palliative care resources such as pressure relieving mattresses and narcotic analgesia to ensure appropriate care provision. Staff are aware of the care needs and measures to provide comfort and dignity for terminally ill residents.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Residents' dietary needs, allergies, likes and dislikes are identified on entry to the home and on an ongoing basis. Nutrition and hydration requirements, special diets and preferences are reflected in care plans to guide staff practice. Residents' dietary requirements are reviewed regularly and as required. Catering staff are alerted to changes in resident diets and fluid requirements. Residents are weighed in accordance to their individual requirements and changes in weight are monitored by the registered staff to support changes in diet and/or referral to the Dietitian and Speech Pathologist if required. Strategies implemented to assist residents to maintain adequate nourishment and hydration include assistance with meals, modified eating and drinking utensils, provision of textured modified diet and fluids and dietary supplements. Residents/representatives are satisfied with the quantity of food and fluid received.

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 residents’ care plan to guide staff practice. The potential for compromised skin integrity is also assessed and preventative strategies implemented as appropriate, including pressure relieving devices, moisturisers, pressure area care protocols, and assistance with personal hygiene. Skin care needs are reviewed during hygiene routines, reassessed regularly and changes communicated in daily handover reports, care plans and progress notes. Wound care is managed by registered staff guided by treatment schedules co-ordinated by the Clinical Coordinator. The home receives support and education from external wound specialist services if required. Staff have an understanding of factors associated with risks to residents’ skin integrity. The incidence of injury/skin tears is captured on incident reports and interventions are implemented as appropriate. The home has sufficient supplies of wound and skin care products to ensure effective skin care management when required. Residents/representatives are satisfied with the management of their skin.

2.12 Continence management

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

Team’s recommendation

Does comply

Residents’ continence needs are assessed on entry to the home and on an ongoing basis. Residents’ individual continence programs are assessed and developed by the registered staff in consultation with care staff trained in continence management. Care plans and care guidelines direct staff practice and ensure individual residents’ preferences are met. Staff have an understanding of continence promotion strategies such as the use of aids and toileting programs. Staff monitor and record urinary and bowel patterns; care plans are reviewed every regularly and as required. Individualised bowel management programs are developed and include pharmacological and non-pharmacological interventions with bowel patterns monitored on a daily basis by care staff. Residents are satisfied with the assistance by staff to maintain their continence.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Residents are assessed on entry to the home and actual or potential indicators for challenging behaviours are identified. Care staff monitor and chart challenging behaviour to enable assessment by the Clinical Coordinator and the development of care plans that identify risks, triggers and the effectiveness of interventions. A range of individualised strategies are documented and utilised; staff are knowledgeable of individual resident needs and risks. The Lifestyle Team and care staff support residents in maintaining their abilities and interests as well as providing distraction and one-on-one support when they are unsettled. Staff receive ongoing training in dementia care and recognising challenging

behaviours and the effectiveness of strategies used by various staff members is discussed during handover processes and communicated in progress notes. Residents/representatives are satisfied with the way challenging behaviours are managed - 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' mobility, transfer and dexterity needs and falls risks are identified on entry to the home. Referral to physiotherapy services occurs if a need is identified. Care plans are developed and reviewed regularly and as required. Care staff and diversional therapy staff provide assistance to residents with exercises and range of movement activities. Mobility aids such as hoists, wheelchairs and walk belts are provided. Incident forms are utilised to record the incidence of falls and actions are taken including the use of height adjustable beds and walking aids to reduce the risk of further falls. Staff are provided with mandatory training in manual handling techniques. Residents/representatives are satisfied with the assistance provided to maintain mobility and maximise independence.

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 entry to the home and care strategies are developed including consideration for resident preferences. The level of assistance required maintaining oral and dental hygiene is determined and this information is included in the resident's care plan to guide staff practice. The effectiveness of care plans are reviewed regularly and as care needs change. External dental services have visited the home, and assistance is provided to access resident's preferred dental provider when required. Resources such as mouth care products are utilised to meet residents' oral hygiene needs. Residents/representatives are satisfied with the assistance given by staff to maintain 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' care needs in relation to senses such as hearing, vision, speech, tactile, smell and communication are assessed on entry to the home, reassessed regularly and when care needs change. Care plans are developed to guide staff practice and strategies are in place to address identified needs and personal preferences including reference to the use of assistive devices. The diversional therapy program includes activities to stimulate residents' senses such as musical activities. Audiology and optical specialists are accessed as required to identify and address identified concerns and/or provide ongoing management. The environment at the home supports the needs of residents with sensory loss by the use of

specific storage areas with adequate egress. Staff assist residents to clean and fit sensory aids. Residents/representatives are satisfied with the care and support offered to minimise the impact of any sensory loss.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents’ preferred sleep and rest patterns are identified on entry to the home. Focus tools are utilised by staff to monitor sleep patterns and triggers for sleep disturbances such as pain or toileting needs are identified. This information is recorded on care plans including a range of interventions to assist residents to sleep or to resettle after waking such as position changes, warm drinks, pain relief and sedatives. Staff at the home maintain a quiet, serene environment to assist residents to settle and remain asleep. Residents’ medical officers are consulted if interventions are considered to be ineffective. Residents/representatives are satisfied with the interventions by staff to assist them to achieve their desired sleep and rest patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The home actively pursues continuous improvement with an established continuous quality improvement framework deployed at the home. Management, staff and residents use the system’s mechanisms to identify opportunities for improvement; to implement improvement initiatives, and to monitor the home’s performance.

Examples of recent improvements relating to resident lifestyle include but are not limited to:

- Through conversations with individual residents, staff identified a gap in resident recognition of the cultures of some residents. In the interest of further promoting and celebrating the varied cultures of residents, monthly culturally themed days are held with corresponding foods, activities and decorations and an opportunity for the resident of the ‘culture of the day’ to give an informal presentation.
- In response to some men in a residents’ meeting expressing an interest in spending designated “bloke time”, a ‘men’s club’ was established to facilitate regular participation in activities such as going to a local hotel to play pool, and at the home, getting together for a beer and a chat. This initiative is proving popular with the men as demonstrated through the participation rates and expressions of enjoyment.

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’s management has implemented systems to identify regulatory requirements and systems to ensure compliance. Personnel at the home are notified of changes to relevant legislation, regulations, standards and guidelines by their networks and external service providers; information is also available through the home’s communication systems. The orientation program and mandatory education sessions reinforce relevant regulatory requirements. Systems are in place to monitor and ensure compliance with relevant regulatory requirements; there is a system in place to manage the mandatory reporting of assaults and absconding, and to ensure residents’ privacy, dignity and security of tenure.

Examples of regulatory compliance in relation to Standard Three are outlined below:

- The home has a system in place to manage the reporting of assaults to the police and relevant departments in accordance with regulatory requirements.
- A register of allegations or suspicions of reportable assaults is maintained by the home.
- The Charter of Residents’ Rights and Responsibilities is contained within the residents’ handbook and care agreement.
- Resident fees and services are in accordance with the guidelines of the Aged Care Act 1997.

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

Required knowledge and skills for each role are specified in job descriptions; these are considered during recruitment and monitored on an ongoing basis through the performance appraisal process and competency assessments. There is a mandatory education program and an annual plan developed to ensure this education is provided. Attendance at education and training sessions is monitored, and staff are paid for their attendance time. Site specific education needs are identified through staff request, audit results, monitoring of indicator data and performance appraisal results. An education plan is developed based on identified needs, and processes are in place to assist staff to access external education opportunities. Education provided is relevant to the work, with staff knowledge applicable to the requirements of the various roles.

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 entry process at the home includes gathering information from the resident and/or their representative to identify residents' lifestyle background, personality traits, likes, dislikes, current abilities and assessment of emotional needs for the development of care plans. This knowledge enables staff to provide support in a manner that minimises the adjustments necessary for residents settling into communal living accommodation. Pastoral care is available to support residents' emotional needs and residents are given the choice of continued visitation. Clinical staff use assessment tools to assist in the early detection of residents with depression and referrals and support systems are implemented as necessary. Feedback from residents/representatives is gained during individual case conferences, written correspondence, thank you cards, resident meetings and one to one conversations. Residents/representatives are satisfied with the emotional support provided by the staff.

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

The home has systems in place to ensure that residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Residents are assisted to maximise their independence through health care interventions and are encouraged to be independent by participating in outings within the local community. Residents' independence is also fostered by providing individualised mobility aids, eating utensils, assistance to vote if desired, and the opportunity to have telephones, televisions, computers and radios in their room. Social functions and interaction with friends and family is promoted within the home environment. Staff practices promote and support residents' independence within their capacity in relation to personal care and

activities of daily living. Residents are satisfied with the level of independence afforded to them.

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/representatives right to privacy, confidentiality, dignity and respect is recognised and maintained by management and staff. Information about the right to privacy and dignity is contained in the information package and handbook and explained to residents/representatives on entry to the home. Residents' administrative and care files are stored and accessed in a way that provides security and confidentiality of resident information. Information about each resident's personal preferences and needs regarding privacy and dignity are collected and specific needs are incorporated into care plans and communicated to relevant staff. Staff practices in relation to interactions with residents ensures that their privacy and dignity is maintained for example knocking on doors, addressing residents by their preferred name and closing doors when personal care is provided.

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' interests (past and present), capabilities and significant relationships is collected on entry to the home and reviewed as needs change. The Lifestyle Coordinator develops a program of activities in consultation with the residents and information about activities and outings are contained in newsletters and displayed on notice boards throughout the home. The Lifestyle Coordinator informs residents daily about the activities taking place. Volunteers who visit the home work under the direction of the Lifestyle Coordinator and assist with planned one to one and group activities. Themed days are organised and special days of significance are celebrated. The activity program is evaluated and amended based on residents' feedback from one-to-one discussion, resident meetings, surveys, residents' attendance rates and on the changing needs of the resident population. Residents are satisfied with the range of activities available to them and are encouraged and supported to attend those activities of interest to them.

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

Resident's spiritual beliefs, customs and cultural and ethnic backgrounds are assessed through consultation with the resident/representatives. Residents' specific cultural and spiritual needs and preferences are incorporated into care plans and relevant information is available for care staff members. Church services are provided; residents unable to attend

can be visited in their rooms, and residents preferring a visit from a spiritual adviser of another denomination are accommodated. Staff facilitate resident attendance as requested. Significant days, related to an event or culture, are celebrated and residents are encouraged to have cultural and/or spiritual items in their rooms. Community resources are available and can be accessed for information, advice and translation services when required. Residents are satisfied with the support and assistance they receive to maintain their cultural and spiritual 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

Residents/representatives are able to exercise choice and make decisions regarding the care and services they or their relative receive through ongoing one-to-one consultation with staff and management, surveys, resident meetings and the comments and complaints process. Residents' hygiene and grooming preferences, sleep patterns and other routines are assessed on entry to the home and on an ongoing basis. The home assesses when residents are unable to make decisions for themselves and alternative decision-makers (such as an adult guardian, enduring power of attorney, or significant other) are identified to make decisions on their behalf. Information is communicated to residents with the ability to make informed choices in written and verbal forms. Staff interactions with residents support the right of residents to make choices and provide them with the opportunity to make their own decisions, within their capacity, in relation to activities of daily living. Residents have an awareness of their rights and responsibilities and have access to information regarding advocacy services if required.

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

Each resident/representative is provided with an information package which includes a residential care agreement and a resident handbook. The information provided includes residents' rights and responsibilities, security of tenure (including the circumstances in which a resident may need to be transferred or discharged and the consultative process to be followed), fees and charges, internal and external complaint mechanisms, and the care, services and routines provided at the home. Residents/representatives are notified about changes relating to security of tenure, rights and responsibilities or fees via personal letters and one-to-one contact when required. If there is a need to relocate a resident to another room or service the home has policies and procedures in place and consultation with the resident and/or their representative occurs. Residents/representatives are aware of their rights and responsibilities and are satisfied that their tenure at the home is secure.

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 with an established continuous quality improvement framework deployed at the home. Management, staff and residents use the system’s mechanisms to identify opportunities for improvement; to implement improvement initiatives, and to monitor the home’s performance.

Examples of recent improvements in the physical environment and safe systems include but are not limited to:

- Through feedback following interviews conducted in an Agency support contact visit, it was identified that residents were not satisfied with the quality and substance of meals. An additional resident survey was conducted resulting in a revised menu which provides for a more substantial evening meal and the opportunity for residents to have their main meal of the day as lunch or dinner. This initiative has been evaluated as an improvement as resident satisfaction has been reported through resident meetings and feedback to the Lifestyle Co-ordinator.
- Following a succession of maintenance staff, the maintenance system was reviewed to ensure a consistent approach is achieved across all preventative maintenance areas. A preventative maintenance matrix was developed and the duties documentation revised. The revised maintenance program has not been fully evaluated; however, it has provided clear, comprehensive work schedules and duties enabling the recently appointed maintenance officer to carry out the role from the onset in an efficient and effective manner.

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’s management has implemented systems to identify regulatory requirements and systems to ensure compliance. Personnel at the home are notified of changes to relevant legislation, regulations, standards and guidelines by their networks and external service providers; information is also available through the home’s communication systems. The orientation program and mandatory education sessions reinforce relevant regulatory requirements. Systems are in place to monitor and ensure compliance with relevant regulatory requirements; the home has met building certification requirements; the home has a food safety program, and provides a safe working environment.

Examples of regulatory compliance in relation to Standard Four are outlined below:

- The home has a system in place to ensure fire certification and other environmental requirements are met.
- The home has appointed a food safety supervisor and a food safety plan has been developed and is awaiting approval.

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

Required knowledge and skills for each role are specified in job descriptions; these are considered during recruitment and monitored on an ongoing basis through the performance appraisal process and competency assessments. There is a mandatory education program and an annual plan developed to ensure this education is provided. Attendance at education and training sessions is monitored, and staff are paid for their attendance time. Site specific education needs are identified through staff request, audit results, monitoring of indicator data and performance appraisal results. An education plan is developed based on identified needs, and processes are in place to assist staff to access external education opportunities. Education provided is relevant to the work, with staff knowledge applicable to the requirements of the various roles.

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 has processes in place to ensure resident safety and comfort needs are identified, actioned and reviewed. The living environment enhances residents' safety and comfort by the provision of hand rails, walkways free of trip hazards, even surfaces, security processes and the personalising of residents' rooms. The home is a graded single storey building with ramps connecting levels, air-conditioned communal areas, secure dementia unit, and various indoor and outdoor sitting areas appropriately furnished for residents to gather for activities, sit quietly or meet guests. Building and equipment is maintained in accordance with the preventative maintenance schedule, cleaning duty lists and maintenance requests. Monitoring of the living environment is conducted through the reporting and actioning of hazards; review and completion of audits and resident surveys, and investigation of incidents. Resident incidents are recorded and analysed. Residents/representatives are satisfied with the living environment and feel safe and comfortable living 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 of the home have implemented a safety system that meets regulatory requirements. The home's safety system is coordinated by a Workplace Health and Safety Officer [WHSO] in association with the home's DOC and the workplace health and safety meeting group. Effective processes are generally in place for the notification and control of hazards; for managing exposure to risks; for the reporting and investigation of staff incidents; for the management of chemicals, and for regular safety and environmental audits. Staff are given education on their responsibilities in relation to workplace health and safety, and the

home actively works to provide a safe working environment that meets regulatory compliance.

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

The home's fire safety system and installations have been assessed and they meet current building certification requirements. Records of inspection indicate that the fire detection and alarm system, sprinklers, fire doors, fire fighting equipment, hydrants and emergency lighting have been inspected and maintained in accordance with relevant standards. The home has an emergency procedure manual. Resident lists are updated when there is an entry or exit of a resident. Visitors and contractors sign in and out to assist with evacuation headcounts. Registers of hazardous substances are maintained. Fire exits and pathways to exit were free from obstacles. Staff are provided with initial and annual instruction in fire safety and evacuation procedures and have access to emergency procedures, fire fighting equipment and evacuation plans. Procedures are in place to ensure night time security.

4.7 Infection control

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

Team's recommendation

Does comply

The home has systems and processes in place to prevent and minimise infections including personal protective equipment, spill kits, sharps management equipment, an outbreak management process, and a colour coding system for laundry items. Procedures and education are in place to guide staff in the correct use of personal protective equipment, the correct disposal of infectious waste, safe food handling and correct handling of soiled linen. Individual resident infections are identified, referred to medical officers and monitored until resolved. The home has processes to deal with outbreaks of infection. Staff follow effective infection control practices in line with their areas of responsibility. Residents and representatives are satisfied with the actions of 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

Residents/representatives are satisfied with the standard of the catering, cleaning and laundry services provided at the home. Residents' dietary needs are assessed and along with their allergies, likes, dislikes and preferences are recorded so their needs and preferences can be met. Catering services are operated according to the home's food safety program. Meals are cooked fresh with alternatives provided for lunch or dinner; special items are made for individual residents on request, and specific food, drinks and snacks are provided according to resident preference and clinical need. The home's laundry services are attended to in the house laundry using specialised equipment and practices that minimise risks of cross infection, and these items are folded and delivered to laundry supply.

cupboards and the resident's wardrobe. Cleaning services are carried out by trained staff using appropriate cleaning and waste disposal practices and according to schedules suitable to residents. Staff are directed by duty lists and complete work and cleaning schedules to ensure duties are carried out as required. Hospitality services are monitored via regular audits, observation of staff practice and through resident feedback in meetings, surveys and complaints mechanisms.