



Standards and Accreditation Agency Ltd

Decision to Accredit Advantaged Care at Georges Manor

The Aged Care Standards and Accreditation Agency Ltd has decided to Accredit Advantaged Care at Georges Manor in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Advantaged Care at Georges Manor is 3 years until 23 April 2012.

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 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: Advantaged Care at Georges Manor

RACS ID: 0822

Number of beds: 85 Number of high care residents: 25

Special needs group catered for:

- Dementia

Street/PO Box: 111 Bellevue Avenue

City: Georges Hall State: NSW Postcode: 2198

Phone: 02 9790 3444 Facsimile: 02 9328 7277

Email address: cstreit@advantagedcare.com.au

Approved provider

Approved provider: Advantaged Care Pty Ltd

Assessment team

Team leader: Caroline Baker

Team member/s: Colleen Fox

Date/s of audit: 9 February 2009 to 10 February 2009

Executive summary of assessment team's report
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Accreditation decision

Standard 1: Management systems, staffing and organisational development
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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

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

Agency findings
Does comply
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Does comply
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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
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Agency findings
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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	Advantaged Care at Georges Manor
RACS ID	0822

Executive summary

This is the report of a site audit of Advantaged Care at Georges Manor 0822 111 Bellevue Avenue Georges Hall NSW from 9 February 2009 to 10 February 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd on 24th February 2009.

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 Advantaged Care at Georges Manor.

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 9 February 2009 to 10 February 2009.

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:	Caroline Baker
Team member/s:	Colleen Fox

Approved provider details

Approved provider:	Advantaged Care Pty Ltd
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Details of home

Name of home:	Advantaged Care at Georges Manor
RACS ID:	0822

Total number of allocated places:	85
Number of residents during site audit:	32
Number of high care residents during site audit:	25
Special need catered for:	Dementia

Street/PO Box:	111 Bellevue Avenue	State:	NSW
City/Town:	Georges Hall	Postcode:	2198
Phone number:	02 9790 3444	Facsimile:	02 9328 7277
E-mail address:	Nil		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Advantaged Care at Georges Manor.

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.

The assessment team recommends there should be one support contacts during the period of accreditation and the first should be within six months.

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
Executive Manager	1	Residents	7
General Manager	1	Representatives	3
Director of Care	1	Maintenance officer	1
Registered nurses	1	Chef	1
Assistants in nursing	9	Catering staff	2
Recreational activity officer	1	Laundry staff	1
Pharmacist	1	Cleaning staff	1
Physiotherapist	1	Administration assistant	1

Sampled documents

	Number		Number
Residents' clinical files (including assessments, care plans/reviews, admission databases and progress notes)	15	Resident weight records	11
Resident wound care charts	16	Pain assessments & management charts	6
Medication charts	15	Medication charts	20

Other documents reviewed

The team also reviewed:

- Application for accreditation
- Plan for continuous improvement
- Accident/incident statistics 2008-2009
- Audit reports: clinical, medication, complaints
- Comment/complaint/compliment forms
- Suggestions/opportunities for improvement forms
- Continuous quality improvement plan 2009
- Continuous quality improvement plan audits
- Monthly statistics: clinical care
- Correspondence to residents
- Compulsory reporting register
- Hazard/near miss report
- Employee selection test administration manual
- Online training program schedules
- Staff and allied health registration register
- Staff memo folder
- Staff orientation package
- Staff performance objectives and targets assessment
- Staff rosters
- Policies and procedures, hardcopy and online
- Preventative maintenance program
- Property services request for maintenance
- Quality improvement register
- Training records and evaluation
- Workplace safety inspection checklists
- Medication incident reports
- Medication manuals
- Schedule 8 registers
- Nurse initiated PRN list
- Medication Review Reports
- Refrigerator temperature records
- Policy and procedural manuals
- Duty lists
- Police certificate register
- Doctors' folder
- Communication diary
- Resident and staff hand book
- Resident evacuation lists
- Site plan
- Medical practitioner & other health professionals documentation
- Pathology records
- Wound care charts
- Physiotherapy assessments and review records
- Wound care poster
- A large range of clinical assessments including but not limited to physiotherapy, pain , skin integrity, medication needs, communication, dietary needs & behavioural management
- Resident food preference charts
- Bedside manual handling code
- Manual handling manual
- Activity schedules

- Activity reviews
- Activity attendance records
- Activity implementation plans (Dementia unit manual)
- Birthday, Hairdresser & bus lists
- Leisure & interests survey
- Social, family, routines & other lifestyle assessments
- Lifestyle treatment plan
- Observation charts
- Supra Pubic Catheter (SPC) management protocol
- Catheter observation charts
- Wound care charts
- Clinical procedures
- Resident nutrition data
- Activities participation charts
- Activities program
- Resident activities officers meeting minutes
- Emergency manual
- Emergency procedures flipchart
- Occupational health and safety (OH&S) plan and audits
- External service provider's review
- Food safety program
- Summary of kitchen cleaning tasks
- Infection control manual, plan, audits and statistics
- Job descriptions
- Laundry policy and procedure manual
- Maintenance reports
- Recruitment policies and procedures
- Resident agreement for an extra service place
- Resident enquiry information for extra services
- Resident meeting minutes
- Resident/relative handbook
- Residents' information package and surveys
- Service agreement

Observations

The team observed the following:

- Activities in progress – e.g. exercise program, celebrity heads
- Activities tools –i.e. games , puzzles, books etc
- Comments and complaints information on display
- Comments and complaints box
- Mail box
- Dining room during lunch
- Entry and exit of visitors and residents to the home
- Living environment including cinema and hairdressing salon
- Notice boards
- Staff practices and courteous interactions with residents, visitors and other staff
- Policy and procedure documentation on display
- Secure storage of residents records
- Mobilisation equipment in use
- Mobilisation tools
- Residents assisted in mobilising
- Air mattresses and other pressure relieving devices
- Leg protectors in use

- Wound care trolley
- Residents state of dress including hair, finger nails and glasses
- Heat packs and analgesia given for pain relief
- Water jugs in all residents' rooms
- Medication round
- Medication storage, including refrigerated items, emergency supplies and those in their original packaging
- Storage of dressing trolley & associated solutions
- Oxygen and clinical emergency equipment
- Call bell system in use
- Security system
- Living environment Equipment and supply storage areas
- Staff notice boards

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 in place an effective system for actively pursuing continuous improvement across all four Accreditation Standards. A continuous improvement program includes activities to monitor, assess, action, review and evaluate the home’s processes, practices, service delivery and management. Enhanced information systems provide added capability in monitoring systems and processes. Suggestions and ideas for improvement are initiated by staff, incident reports, resident meetings, verbal discussion and feedback forms. Supporting quality activities include regular management meetings and internal audits with trend identification and analyses. Stakeholders are provided with feedback on improvement actions taken as appropriate. Some recent improvements undertaken in the home in relation to Standard One include:

- Low care and dementia specific staff have been recruited to ensure adequate staffing levels for increased numbers of residents with the recent opening of low care and specific dementia wings. These staff recruitments are in addition to cleaning and catering services, and clinical and care staff in a previous month.
- A service agreement has been signed with an external pest management service which will ensure appropriate services will be provided to reduce pest infestation.

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

Interviews with management and a review of documentation indicate 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 a peak body and is supported by head office to monitor and receive updates of all legislation and regulations. Staff are informed by the staff handbook, education sessions at orientation and annual compulsory sessions, updated policies and procedures in hard copy and online, and job descriptions, and updated information is communicated by electronic messaging systems, informal staff meetings and memos. A system is in place to inform residents/representatives about accreditation audits. Monitoring of compliance includes internal audits and observation of staff practices. Interviews with staff demonstrate awareness of regulatory compliance. Examples of compliance relating to Standard One include:

- All staff and allied health staff criminal history record checks are monitored and stored.

- Compulsory training for mandatory reporting is conducted during staff orientation and at least annually. The team noted that policies and procedures are available for abuse of elder people and mandatory reportable incidents, and for recent changes in legislation in regard to missing persons. A compulsory reporting register is in place.

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

Documentation, observation and staff interviews confirm the home has systems in place to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. Staff are encouraged and supported in attending education programs which cover the four Accreditation Standards. Initial assessment of staff competencies occurs during orientation and staff practices are monitored regularly. An annual education program is developed based on clinical and personal care needs, legislative requirements and changes, and specialised care needs and the program is modified as required. Education sessions are offered online, in small groups and one-on-one and all training is evaluated, attendance records kept, and results filed. External product suppliers provide education sessions for staff. All residents interviewed state that staff provide appropriate care for their needs. Education and training over the past year in relation to Standard One includes computerised care management system, orientation, aged care funding instrument (ACFI), compulsory education such as mandatory reporting and accreditation standards.

1.4 Comments and complaints

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

Team's recommendation

Does comply

The home has internal and external mechanisms for feedback and complaints accessible and available to all residents/representatives in the home and outlined in the resident agreement and handbook. Centrally located are feedback forms, complaints brochures, and a locked suggestion box. The manager has an 'open door' policy and welcomes feedback. Regular resident meetings are conducted and these include updates from management on actions taken in relation to resident initiated issues. Management and staff interviews demonstrate that they are aware of complaints procedures and indicate that many issues are addressed through verbal discussion. Documentation review indicates that complaints are acknowledged, followed up by staff, and feedback is given to residents/representatives. All complaints are handled confidentially. Analysis of complaints identifies areas for improvements for logging in the continuous improvement action plan. Residents/representatives state they are confident in raising any issues or concerns with staff and believe appropriate action is, or would be, taken.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The organisation has documented values, vision and philosophy, and an organisational chart communicated to all stakeholders in the home in documentation. Management and staff practices and a review of documentation, such as policies and procedures confirm a commitment to quality throughout the home. This commitment is also included on the corporate website and in the resident and staff handbooks which are given to residents/representatives and staff on entry to the home, or commencement of employment, as applicable. The manager states that regular consultation occurs between senior management regarding the home's operations.

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

A review of documentation and interviews with staff and residents demonstrates that the home has skilled and qualified staff sufficient to ensure delivery of appropriate levels of care to residents. As resident numbers increase in the home additional staff are recruited with consideration given to the values of the home and the needs of residents. An extensive employee selection process is in place and on commencement of employment staff attend an orientation program which includes a 'buddy' system. Staff registration renewals and police checks are monitored and recorded. Policies, procedures, job descriptions, and duty lists inform staff of expected levels of care. Competency assessments are conducted during orientation and annually, or as necessary, and annual staff performance appraisals are conducted. Staff development is encouraged and staff incentive programs are present in the home. Permanent part-time staff cover occurrences of staff leave and interviews with staff indicate they are satisfied with available resources and rosters, enjoy working at the home, and appreciate support given for their development. All residents expressed satisfaction with the care given by staff.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has systems in place to order and have available, stocks of goods and equipment appropriate for quality service delivery. Currently stock levels are managed, maintained and ordered either by staff in the home or by supplier representatives. An external provider manages and maintains chemical stocks and provides education in their use. Equipment purchases are decided through consultation with staff and management, and as all equipment is new, service warranties are in place. Equipment suppliers provide education for staff prior to use and maintain equipment as required. All storage areas reviewed indicate that there are adequate supplies and there is a stock rotation policy. The team noted items are stored appropriately in locked storage areas. Staff and resident interviews indicate that adequate supplies of goods and equipment are available and the team notes that extra equipment has been purchased as resident numbers have increased in the home.

1.8 Information systems

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

Team's recommendation

Does comply

Interviews, documentation review and observations confirm that the home has effective information systems in place to provide access to current information to all stakeholders and that practices are in place for storage, archiving and destruction of both hard copy and electronic documentation. Staff sign a confidentiality statement and the team noted that all confidential files are securely stored. A staff handbook, online and hard copy policies and procedures, job descriptions and duty lists provide staff access to information on all aspects of care in the home. All staff have individual login access to relevant online systems for management, messaging and care management processes. Care staff report they are informed by updated resident notes, handover, memos, verbal and email communication, communication diaries and informal staff meetings. A resident agreement and resident handbook inform residents of care and services available and updated information is provided through resident meetings, correspondence and verbal communication, and residents report they are informed regularly of changes within the home. Audited reports inform staff in all areas. A document control system and document review policy, ensure policies, procedures and documentation is current. A secure archive room is available and computerised files are backed up daily and stored off site.

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

There are effective systems and processes to ensure external services are provided to meet the care service needs of residents. As the home is newly constructed most services are currently under a builder's contract and management have over the previous months reviewed services in regard to quality. The home is now prepared to commence the negotiation process with preferred suppliers to establish service agreements. Agreements stating the organisation's expectations are signed and services are monitored and reviewed by management and maintenance staff. External contractors have criminal history record checks as required. Changes are made when services received do not meet the needs of residents or the home and a tendering process is used for service agreements and renewals. Staff and residents/representatives indicate they are satisfied with the quality of services provided by external suppliers in meeting residents' needs.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Some recent improvements undertaken in the home in relation to Standard Two include:

- Heat therapy packs with temperature gauges have been purchased to provide an additional pain management tool for residents and to eliminate burn risks.
- Four additional wheelchairs have been purchased to provide increased equipment to assist with resident mobility in all areas of the home.
- To reduce falls from high risk residents', five air chairs have been purchased.
- Wheelchair footplate protectors and shin protectors have been purchased to minimise skin tears and maintain skin integrity.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

Refer to expected outcome 1.2 Regulatory compliance for information regarding the organisation's systems to ensure that the home complies with legislation and regulations in regard to health and personal care. Examples of regulatory compliance with Standard Two include:

- The home has a system to monitor and record that all professional and allied health staff have current authorities to practice.
- Medication management practices are monitored and reviewed for compliance.

2.3 Education and staff development

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

Team's recommendation

Does comply

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. Most care staff hold a minimum certificate three qualification and the team verified that a range of programs have been attended in relation to health and personal care. Some of these include continence management, falls prevention, moving residents in bed, and dementia/wandering in the elderly.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home draws upon a broad range of assessments to identify residents’ desires, preferences and needs in setting appropriate goals and implementing strategies to meet these needs and ensure appropriate clinical care is provided. A system is in place to re-evaluate the care needs of each resident on a three monthly basis or when the resident’s condition changes. Review of documentation (including computerised data) demonstrated that the care plans are kept up to date and reflect the changes in their condition. The home has suitably qualified staff to implement the identified care strategies. To provide appropriate ongoing care a comprehensive education program is in place. The clinical staff demonstrated an awareness of strategies used to provide good clinical care. Through the review of documentation, interviews conducted with residents/representatives, observation of resident/staff interactions, the team confirmed that residents’ receive appropriate clinical care. The team noted that several residents demonstrated a significant improvement in their condition since entering the home. Residents and their representatives were positive in their evaluation of the staff, with comments such as “They take an interest in you” and “glowing” (of their assessment of the home).

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’s care planning system and the provision of day to day care needs by skilled staff ensures residents’ specialised nursing care needs are identified and met. The home has a minimum of one registered nurse on each shift who attends to issues such as complex wounds, pain management and management of diabetes. The team reviewed documentation which demonstrated these residents’ care is always managed by a RN and evaluated every three months and when the resident’s need changes. At the time of the teams visit the home had residents with complex wounds and diabetes. The team noted that the home uses external specialists and health care providers when appropriate. The team’s observations revealed that there is sufficient equipment and supplies to provide specialised nursing care, whilst interviews conducted with staff and residents and review of documentation confirmed that residents’ specialised nursing care needs are met.

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 a method in place to ensure that residents are referred to appropriate health specialists in accordance with their needs and preferences. The home has arrangements with some professionals to visit the service on a regular basis and employs a physiotherapist eight hours a week. The team viewed progress notes which demonstrate that residents have used services such as a wound care clinic and

orthopaedic surgeon. The staff assist in facilitating the making of external appointments and arrange resident's representatives to transport the resident to and from the appointment when appropriate. Interviews conducted with residents and staff, the review of clinical documentation confirmed that the home arranges referrals, escort and transportation to referrals as necessary and has an effective system to enable residents to access appropriate health specialists and complimentary therapies.

2.7 Medication management

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

Team's recommendation

Does comply

The home has processes such as, a medication procedure manual, incident reporting, and monthly review of medication management practices by the pharmaceutical provider to strive for best practice in its management of medications. The home is currently in the process of setting up a Medication Advisory Committee (MAC) to review and guide practices to ensure the residents' medication is managed safely and correctly. All medications reviewed by the team were in date and stored securely and appropriately. Endorsed Assistants in Nursing (AIN) administer the tablets from medication blister packs provided from pharmacy. The team observed safe medication administration and staff displayed an understanding of the home's medication management system, policies and procedures. Residents and their representatives interviewed by the team advised that they were satisfied with the management of their medications. The team observed the RN checking out a schedule 8 medications and using the mandatory schedule 8 administration practices. In reviewing the medication charts and orders, registers and the policies and practices within the home the team concluded that the home meets the regulatory guidelines and is safe in its management of medication.

2.8 Pain management

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

Team's recommendation

Does comply

The home has a system to assess and manage residents' pain and the team observed staff to be quick to identify residents increase in pain and the consequent notification to the doctor. Review of progress notes, pain management plans interventions and reviews were current and reflected ongoing changes in the residents' conditions. Interviews with residents/representatives and staff confirmed that residents' pain is managed appropriately and that strategies developed for pain management are multifaceted, utilising massage, heat packs, repositioning and distraction techniques and analgesia. Throughout their visit the team observed residents to be relaxed in appearance and noted the staff to respond quickly to one resident's complaints of pain.

2.9 Palliative care

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

Team's recommendation

Does comply

The home has a system in place to ensure that the comfort and dignity of terminally ill residents is maintained. All residents are cared for in a single room which facilitates the privacy of friends and family through their time of grief. The home identifies, and

documents the resident's end of life needs and adheres to these wishes in their care of the resident and representatives. From review of documentation and interviews with staff and residents and observation of the care provided the team were satisfied that the home has supportive processes in place and that residents and their representatives are treated with care and dignity.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Residents receive adequate nourishment and hydration. Dietary information is gathered on the resident's entry into the home which details special needs in relation to health, allergies, culture, likes and dislikes and specialised eating equipment. A quick reference list, which outlines the type of diet and allergies, is kept in the kitchen and kitchenettes. Residents' weights are recorded on entry into the home and monitored by staff monthly or more frequently when necessary; special diets and food supplements are provided to those residents' requiring them. The team observed that residents were provided the appropriate meal type, utensils and assistance for their needs. Fluid was readily available in each of the residents' rooms which residents are encouraged to drink. Residents and their representatives expressed satisfaction with the quality, range, temperature, consistency and size of the food and fluids provided.

2.11 Skin care

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

Team's recommendation

Does comply

The home has processes in place to ensure the residents' skin integrity is consistent with their general health Activities tools –i.e. games , puzzles, books etc; on entry into the home residents are assessed and plan of care is formulated and reviewed three monthly (or earlier if required). The nurses evaluate resident's skin integrity on a daily basis and report any concerns to the RN on duty who assesses the skin, implements a plan of treatment. The team observed preventative skin integrity equipment such as air mattresses, shin guards and water chairs. Skin tears and wounds are reported and collated as part of the clinical indicators the home collects on a monthly basis. The team reviewed documentation which supports that wounds are treated appropriately and noted several complex wounds which have markedly improved. The team observed the residents skin integrity was in keeping with their general health. Residents interviewed by the team were satisfied with the care provided and confirmed that cream is applied by staff after showers and when needed.

2.12 Contenance management

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

Team's recommendation

Does comply

All residents and their representatives and staff interviewed by the team indicated that residents' continence is managed in an effective and dignified manner. The home carries out a thorough continence assessment on all residents on entering the home. An individualised continence management plan is implemented for each resident, which includes scheduled toileting and the use of continence aids. Staff indicated that

they adjust the incontinence aids used for each resident on an as needs basis. There is a system in place to ensure adequate supply of continence aids is maintained at all times and a continence aid manufacturing company attends the home regularly to assist the home in the stock management, education and resources available for effective continence management. Bowel management programs are in place and monitored and recorded daily. The team noted the home to be odour free and observed that there were adequate supplies at the time of the teams visit.

2.13 Behavioural management

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

Team's recommendation

Does comply

The home ensures that the needs of residents with challenging behaviours are managed effectively. A sound knowledge of behavioural issues is ascertained from conducting a range of assessments on all residents when entering the home. Care plans are formulated from this information and are available to staff with strategies to assist with behavioural issues. External specialists such as psycho geriatricians will be used to provide assessment, medication or other interventions when required. Residents with wandering tendencies are able to do so within the safety of a locked unit which includes outdoor areas. The team observed staff utilising appropriate behaviour management strategies and noted a calm relaxed atmosphere within the home. The home is a restraint free facility and the review of documentation and medication charts demonstrated that the homes usage of psychotropic medications is kept to a minimum.

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

Systems are in place at the home to ensure optimum levels of mobility and dexterity are achieved for all residents. The system includes initial and ongoing assessment of residents' mobility, dexterity and rehabilitation needs by the physiotherapist who is employed eight hours a week. The information from the assessments is used to formulate an individualised plan of care to maximise each resident's mobility and dexterity. The team observed a range of devices to aid mobilisation and dexterity including walkers, wheel chairs and specialised cutlery. A universal incident reporting system is in place, which includes analysis of incidents to identify trends and the implementation of strategies to reduce falls. The team observed staff to assist residents mobilise with a range of mobilisation aids and using best practice manual handling techniques. Residents and their representatives interviewed by the team voiced satisfaction with the residents' involvement in exercise.

2.15 Oral and dental care

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

Team's recommendation

Does comply

The home has methods in place to ensure the oral and dental health of residents' is maintained including the use of an oral assessment collected on entry into the home and review on a three monthly basis and when needed. The team saw statements in

the progress notes which demonstrated the recognition of some dental hygiene concerns which had appropriate intervention plans formulated and implemented. Residents/representatives confirmed that they are reminded or assisted with their oral hygiene at least twice a day and they are able to access dental health specialists. Residents are assisted to visit the dentist of their choice when they desire and when is necessary.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Sensory losses of residents’ within the home are identified and managed effectively. Sensory assessments are carried out on entry to the home and a plan of care is formulated, implemented and reviewed three monthly and on an as needs basis. Staff are responsible for ensuring that hearing aids and spectacles are cleaned and the residents are assisted with the insertion and removal of hearing aids. The team observed that residents with a significant, but not total, hearing loss had appropriate interventions such as the use of hearing aid, being seated close to the source of the sound and utilisation of clear talking techniques. Interviews with residents and their representatives demonstrated that residents’ sensory losses are managed effectively during their residency.

2.17 Sleep

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

Team’s recommendation

Does comply

Social history information, progress notes, and other documentation demonstrated to the team that the home’s processes utilised in sleep management are consultative and involve implementing a variety of strategies including; pain management, toileting times, repositioning and heat packs. The team noted the use of sedation is minimal. Residents’ are encouraged to follow their normal sleep patterns and rise at their preferred time. To minimise disturbance of sleep patterns noise is kept to a minimum at night. Residents/representatives interviewed by the team stated that they are able to sleep well and it is not noisy at night time.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Some recent improvements undertaken in relation to Standard Three include:

- The home has installed menu boards in the residents’ dining areas to enable resident awareness of the daily menu.
- Large daily calendars have been installed in the home’s dining rooms so that residents are able to see what day, date, month and year it is.
- To enable access and use of an outdoor garden area for low care residents, additional outdoor furniture and umbrella have been purchased.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

Refer to expected outcome 1.2 Regulatory compliance for information regarding the organisation’s system to ensure that the home complies with legislation and regulations in regard to resident lifestyle. Examples of regulatory compliance with Standard Three include:

- New residents receive a resident agreement which includes information provided in accordance with regulatory compliance, such as security of tenure, accommodation fees and residency rights and obligations.
- All staff sign a privacy and confidentiality agreement in relation to resident information.

3.3 Education and staff development

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

Team’s recommendation

Does comply

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. The team verified a range of programs have been attended in relation to resident lifestyle and some of these include on-the-job training with the recreational activity officer, resident privacy, confidentiality, dignity, and complaints.

3.4 Emotional support

This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".

Team's recommendation

Does comply

The home has systems in place to identify residents' emotional needs and supports residents in the adjustment process when entering the home. The team observed staff resident interactions to be appropriate, warm and responsive. Visiting hours are unrestricted and family are encouraged to visit or take residents out on day or weekend outings. Staff interviewed displayed an insight into the residents' emotional needs and demonstrated a genuine caring manner with residents. Residents representatives' interviewed, were all very appreciative of staff's care and made statements such as "I find them wonderful".

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 demonstrates that it recognises and supports residents to achieve optimal independence and maintain their relationships they have developed prior to entering the home. The home's admission and care planning processes identify residents' personal preferences and social, physical and cognitive needs with personal preferences being respected. The home encourages family and friends presence and residents/representative feedback indicated satisfaction with family involvement in the home. Staff promote residents' independence in encouraging resident participation in activities of daily living such as clothes choice, assisting or attending to own shower when practicable, provision of mobilisation equipment. Residents verified that they get to choose their clothes and are encouraged to do what they are capable of doing. One representative stated "They encourage her to do as much as she can do very gently".

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

The home demonstrates that each resident's right to privacy, dignity and confidentiality is recognised and respected. The requirement for confidentiality is discussed with all employees through the orientation process and a privacy statement is signed by all new staff. All residents are provided a copy of the resident hand book which outlines the homes commitment to privacy. Residents' records are stored securely, with access by authorised staff only. The home has single bedrooms with en-suite's, which ensures each resident has adequate privacy; each resident may have a key to their door to keep their belongings secure. Staff interviewed by the team demonstrated sound understanding of privacy, dignity and confidentiality issues. The team observed that staff speak to residents in a respectful and dignified manner and address residents by their preferred name and residents and their representatives interviewed by the team confirmed this.

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

On the residents entering the home a social history, including interests, is gathered and utilised to formulate a recreational and personal needs care plan, which is reviewed every three months and when changes occur. The home has one Resident Activities Officer five days a week and the nursing staff implement the activities program on the weekends. All residents voiced satisfaction with the activities provided seven days a week. The home is generous with purchasing items for implementing the programs. The activity program includes (but not limited to): regular entertainers, art, craft, movies, games, and celebration of special occasions. The home has a bus outing, BBQs and concerts once a month. The team observed celebrity heads, bingo, and an exercise program being conducted, all of which were well enjoyed.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's recommendation

Does comply

Residents' cultural and spiritual needs are fostered through the identification and communication of residents' individual interests, customs, religions and ethnic backgrounds during the home's assessment processes. The home has regular Catholic, Anglican and non denominational religious services and residents have access to the minister/representative of their chosen domination if they desire. The home currently has several residents which have differing cultural backgrounds and staff were aware of the strategies which were necessary to accommodate these needs and noted that one person is assisted to attend an external church service every week. Residents/representatives interviewed by the team expressed satisfaction with the provision of care for their spiritual and cultural needs.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

The home has systems in place to ensure that each resident/representative is able to participate in decisions about the care and services provided to them. Personal preferences and needs are identified on admission through an assessment process that includes consultation with the healthcare team and the residents and families. Information on resident's rights and responsibilities is included in the residents' handbook in the home. Examples of how residents exercise choice about issues that affect their daily life are; resident's choice of clothes, time of rising, attendance to activities, shower times, meal and fluid preferences and access to the doctor of their choosing. Residents confirmed that they were aware of the internal and external complaints system, were comfortable to voice their concerns with the staff and management and knew of the residents/representative meetings. Residents

interviewed were satisfied with the choices available to them and felt that staff respected their decisions; one resident stated "I can please myself as to when I want to go to bed" and "they hold up my clothes for me to choose what I will wear for the day".

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

The home has systems in place to ensure residents/representatives understand their rights and residents have security of tenure within the home. Management advised the team they meet with all residents prior to entry of the home, a tour of the building is conducted and each resident/representative is fully informed about the services provided and the fees that are payable. Documentation provided to all new residents/representatives includes the resident agreement and handbook, which details services provided, information on the home's values, vision and philosophy, resident's rights and responsibilities, financial arrangements, and consent forms. Residents/representatives interviewed expressed awareness of their rights and responsibilities and are satisfied with the manner in which the home manages security of tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Some improvements undertaken in relation to Standard Four include:

- In response to a resident suggestion, blinds have been installed on the level one dining room area which has reduced the heat and sun glare in the afternoon for residents.
- Ashtrays have been installed in dedicated smoking areas set up for staff and residents.
- A laundry trolley with individual baskets has been purchased to assist laundry staff with more effective transport and delivery of residents’ personal laundry.
- Fire systems checking identified the need for external gates to be incorporated into the electronic fire protection system to enable access to evacuation points and these have now been adjusted to automatically open with the fire alarm.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

Refer to expected outcome 1.2 Regulatory compliance for information regarding the organisation’s system to ensure that the home complies with legislation and regulations in regard to physical environment and safe systems.

Examples of regulatory compliance with Standard Four include:

- Training records indicate that staff have received compulsory training on fire safety, manual handling, infection control and these are conducted annually.
- A fire safety certification (form 15) issued under the Environment Planning and Assessment Regulations 2000 is on display and regular fire equipment maintenance reports are conducted by an external company.
- A food safety program is in place and a licence is held to comply with legislation for vulnerable persons.

4.3 Education and staff development

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

Team's recommendation

Does comply

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. The team verified that a range of programs have been attended in relation to the physical environment and safe systems and some of these include fire safety and emergency, occupational health and safety, safe use of chemicals, infection control, and manual handling.

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 newly constructed and is purpose built for residential aged care. Interviews with residents and staff, and documentation reviews, demonstrate that the home has systems in place to provide a safe and comfortable environment consistent with residents' care needs. A review of the preventative maintenance program and maintenance log confirms prompt attention to requests ensuring that residents' rooms and communal areas are safe. The dementia area has keypad secure doors, a secured outside area for residents, and beds are fitted with monitoring pads. Wide corridors with hand rails exist and are lit with energy saving lighting. All residents have their own rooms with electric beds and en-suite bathrooms fitted with sensor lighting, call bells and night lights. Residents have access to outside paved garden areas and upper level shaded balconies. Maintenance staff are assisted by external suppliers for maintenance of equipment and preventative processes and staff monitor for clutter. Regular inspection, combined with planned preventative maintenance, ensure that the environment (grounds, building and equipment) is well maintained.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The home has been constructed to ensure a safe working environment consistent with regulatory requirements and systems in place assist. An occupational health and safety (OH&S) committee is soon to commence. There are systems to record, analyse and review resident and staff accidents and incidents, and the home has a comprehensive preventative maintenance program. Interviews and review of documentation show that staff identify risks and hazards. Incidents are followed up with remedial action or education as required. Workplace inspection checklists will ensure the home meets regulatory requirements and compulsory training is given on OH&S and related topics during orientation and annually. An external supplier manages chemicals within the home and provides education in safe use and personal protective equipment and

clothing is readily available to staff. The team observed safe work practices and staff members interviewed by the team indicate they attend compulsory education.

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

A state of the art fire and security monitoring system is incorporated in the newly constructed home to minimise fire, security and emergency risks. Emergency and fire evacuation procedures ensure inclusion of resident information and identification tags and ready reference flipcharts and emergency manuals are available covering all emergency situations. External contractor reviews ensure regular checks and maintenance of fire alarm systems and equipment. Checks by the team confirm fire evacuation plans are in place, fire panels exist in allocated fire protected sections and equipment is inspected regularly. A current fire statement is on display. The home has a no smoking policy and designated smoking areas are provided for residents and staff. Security measures for the home include keypad and swipe security, automated night lock-up systems, closed circuit television cameras, and outdoor lighting. Interviews with staff confirm they attend compulsory fire training and are aware of emergency evacuation policies and procedures.

4.7 Infection control

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

Team's recommendation

Does comply

The home demonstrates that it has an effective infection control program in place and this is confirmed through observation, documentation, and staff interviews. An infection control officer is responsible for infection control practices and policies, procedures and an infection control manual are available for staff. The home is informed of community infectious outbreaks through association memberships and corporate communications. Infection statistics are available daily and are analysed monthly. All staff receive compulsory infection control training in orientation and annually, and staff practices are monitored regularly. A food safety program, cleaning schedules, and onsite laundry practices are observed to follow infection control guidelines. External providers are used for waste collection and pest control services. Washbasins, sanitising hand gel, and protective clothing, are readily available and outbreak management kits, body fluid spills kits and sharps containers are accessible to staff. A vaccination programs is available for staff and residents. All staff interviews confirm they receive training and are aware of infection control processes and procedures.

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

Staff interviews and observations confirm that processes are in place at the home to ensure that hospitality services enhance the residents' quality of life and the working environment of the staff. Policies and procedures are in place for all aspects of hospitality services. Resident interviews confirm they are satisfied with the catering, cleaning and laundry services provided for them.

Catering

The on-site purpose built kitchen provides freshly cooked meals to the home. A food safety program is in place with divided clean and dirty work areas and the qualified chef monitors staff practices in safe food handling. Food is served by staff in the dining rooms of the home. Food safety measures include: fruit and vegetable sanitisation; temperature monitoring of food, fridges/freezers and dishwashers; kitchen cleaning routines. Compliance with food safety legislation is noted. A rotating menu ensures residents' food preferences, allergies, and special dietary needs are identified and communicated to staff.

Cleaning

Internal cleaning staff provide services to the home. The living environment was observed to be clean and cleaning programs ensure all residents' rooms and common areas are cleaned according to a set schedule, or as required. Cleaning staff interviewed demonstrate a working knowledge of schedules and practices of safe chemical use, and are aware of infection control procedures. The team observed colour-coded cleaning equipment in use. Observation confirms that chemicals are stored securely both on the cleaning trolley and in the cleaning room and material safety data sheets (MSDS) are available and accessible.

Laundry

An on site laundry provides services to residents and the home for all laundry requirements five days per week. Laundry clean and dirty areas are entered through separate doors and systems are in place for laundering, storage and delivery of linen, and identification, laundering and delivery of residents' personal clothing. Chemicals are auto dosed into the machines and sanitisation of the machines is part of this process. Staff interviews confirm that the laundry is operated in accordance with the home's infection control guidelines with processes in place such as colour coded trolley bags and use of alginate bags to manage contaminated laundry items. Occupational health and safety guidelines are followed and staff confirm education in safe practices.