



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Arcare Knox

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

The Agency has decided that the period of accreditation of Arcare Knox is three years until 10 March 2014.

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:		Arcare Knox			
RACS ID:		4052			
Number of beds:		120	Number of high care residents:		60
Special needs group catered for:			<ul style="list-style-type: none"> • Sensitive care unit 		
Street:		478 Burwood Highway			
City:	Wantirna South	State:	Victoria	Postcode:	3152
Phone:		03 8805 2000		Facsimile:	03 8805 2150
Email address:		manager.knox@arcare.com.au			
Approved provider					
Approved provider:		Arcare Pty Ltd			
Assessment team					
Team leader:		Darren Bain			
Team members:		Christine Brodrick			
		Mary (Emily) Norman			
Dates of audit:		7 December 2010 to 8 December 2010			

Executive summary of assessment team’s report

Accreditation decision

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

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
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Executive summary of assessment team's report

Accreditation decision

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

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

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
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	Arcare Knox
RACS ID	4052

Executive summary

This is the report of a site audit of Arcare Knox 4052 478 Burwood Highway WANTIRNA SOUTH VIC from 7 December 2010 to 8 December 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd. 10 December 2010.

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**

The assessment team considers the information obtained through the audit of the home indicates the home does not comply with the following expected outcomes:

- Nil

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Arcare Knox.

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 7 December 2010 to 8 December 2010

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of three 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:	Darren Bain
Team members:	Christine Brodrick
	Mary Norman

Approved provider details

Approved provider:	Arcare Pty Ltd
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Details of home

Name of home:	Arcare Knox
RACS ID:	4052

Total number of allocated places:	120
Number of residents during site audit:	99
Number of high care residents during site audit:	60
Special needs catered for:	Sensitive care unit

Street:	478 Burwood Highway	State:	Victoria
City:	Wantirna South	Postcode:	3152
Phone number:	03 8805 2000	Facsimile:	03 8805 2150
E-mail address:	manager.knox@arcare.com.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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Assessment team's reasons for recommendations

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

Audit trail

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

Chief operations officer	1	Residents/representatives	11
National quality manager	1	Physiotherapist	1
Facility manager	1	Lifestyle staff	2
General services manager	1	Administration staff	1
Liaison officer	1	Catering management (external)	2
Human resource manager	1	Chef	1
ACFI coordinator	1	Catering staff	1
Registered nurse division one	2	Café attendant	1
Unit managers	4	Laundry staff	1
Enrolled nurses	2	Cleaning staff	3
Care staff	7	Maintenance staff	1

Sampled documents

	Number		Number
Residents' files	10	Medication charts	16
Lifestyle assessments	10	Medication competencies	3
Diabetic care plans	6	Deceased resident files	2
Resident agreements	11	Personnel files	10

Other documents reviewed

The team also reviewed:

- Agency staff folder
- Annual prudential statement
- Audit reports
- Audit schedule
- Blood glucose chart folder

- Bond register
- Bowel charts and folder
- Call bell audits
- Care directives
- Catheter care information
- Certificates of currency
- Chronic Pain Management folder
- Cleaning schedules
- Clinical assessments and documentation
- Comments and complaint forms
- Comments and complaints register and reports
- Continuous improvement register and reports
- Contractors agreements
- Contractors induction handbook
- Cultural care kit
- Dangerous drugs registers
- Diaries
- Dietary requirements list
- Dietitian resident register
- Duty statements
- Essential safety measure log book
- Food safety plan
- Fridge temperature registers
- Glucometer calibration register
- Handover sheet
- Hazard alerts
- Hazard register action plan
- Hazard register and action plan
- Human resource documentation
- 'Identikit' hourly checking register
- Improvement request form
- Incident reports
- Infection control folder
- Job descriptions
- Kitchen communication book
- Lifestyle calendars
- Lifestyle participation records
- Lifestyle plan review schedules
- Maintenance requests
- Mandatory reporting register
- Mandatory training list
- Material safety data sheets
- Meeting minutes
- Memoranda
- Minutes of meetings
- Notification of changes to specified care and services
- Nursing board registration register
- Observation folders
- Occupancy certificate
- Occupational health and safety workplace inspection audits
- Orientation records
- Pest control folder
- Pharmacy folders

- Physiotherapy folders
- Podiatry documents
- Police and statutory declaration register
- Policies and procedures
- Recruitment policies and procedures
- Refrigerator temperature check records
- Resident newsletter
- Residents' information handbook
- Restraint authorisation
- Risk assessments
- Staff handbook
- Staff roster
- Staff signatures lists
- Supplements lists
- Third party audits
- Training calendar
- Training evaluations and attendance records
- Training spread sheets and records
- Weight folders
- Wound charts folders
- Wound register on line

Observations

The team observed the following:

- Activities in progress
- Archive area
- Bird aviary
- Café
- Chapel/cinema
- Communication books
- Continence supplies
- Documentation rooms
- Emergency equipment
- Equipment and supply storage areas
- Fire and emergency equipment
- First aid kits
- Gastro outbreak kits
- Hand washing equipment
- Interactions between staff and residents
- Lifting equipment
- Living environment, internal and external
- Meal preparation and service
- Meal service
- Medical equipment
- Occupational health and safety notice board
- Oxygen concentrators
- Oxygen signs
- Resident rooms
- Sanitiser rooms
- Sensitive care unit
- Snoezelen room
- Spill kits
- Staff and resident notice boards

- Storage of medications
- Storage of schedule eight medications
- Wheel chairs
- Wound trolleys

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

Arcare Knox has quality programs which are directed and supported by broader corporate systems. These quality programs are reported to department and executive meetings, where departmental and quality reports are reviewed on a regular basis. The home’s quality systems are supported by a comprehensive quality management framework, where audits and trending analysis on reports is considered. The home conducts regular staff and resident/relative meetings, where quality improvement issues are discussed, and feedback and improvement requests are tabled. The home keeps feedback forms which are serialised and entered into the database under a two stage (monthly and ongoing) quality plan. Staff interviews revealed that they are aware of the processes used relating to continuous improvement and said that they are encouraged to provide feedback. Residents/representatives commented they are aware of feedback forms and improvement systems and express satisfaction with their ability to report feedback to management.

The home is able to demonstrate many recent improvements; however improvements are mainly associated with start up and operational needs due to the home having opened in May of this year. Some of these recent improvements to standard one include:

- A new roster system has been established to ensure appropriately qualified and trained staff are in place to meet residents’ needs. An audit system has also been put in place to ensure staff compliance against legislative requirements.
- A new training and orientation register for staff has been implemented to ensure staff are supported in meeting key policy and operational requirements.
- In September 2009, the home put out tenders for essential services and hospitality services, pharmacy and allied health professionals. As of February 2010 the home has finalised all approved external contractors and linked them into the home’s electronic contract management system.
- A resident, visitor and contractor sign in book and tag system has been implemented to ensure resident safety and assist with both monitoring and emergency management processes.
- A contractor induction process has been implemented to ensure contractors and service personnel visiting the home are orientated the home’s policies, and are aware of the key aspects of the home’s procedures relating to environment and safety.
- Equipment instructions in ‘plain language’ for staff to use when operating equipment has been organised to ensure staff are able to use equipment safely and in the way it is intended.

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's overarching management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home's organisation is supported by legal support and receives current legislation updates and legislative alerts. The home's management are informed of updates by corporate office, which also alerts management to review policies and procedures to reflect the changes in legislation. Staff are informed of changes to the legislation and updates of policies and procedures through memoranda, newsletters and staff meetings. A police check register which includes statutory declarations is maintained for all staff and volunteers, with an established contract system in place to manage external contractors' police checks.

1.3 Education and staff development:

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

Team's recommendation

Does comply

Staff at the home have access to an education program to ensure they have the required knowledge and skills to perform their roles effectively. The liaison officer and management at the home conduct a training needs analysis using information gained from staff performance appraisals, incident reports, audits, resident needs, staff meetings and surveys. Information on upcoming education sessions is available to all staff via memoranda and on the education calendar which is on the staff notice board. The home has a compulsory training program in place and staff attendance records are completed to ensure staff have attended these sessions throughout the year. Staff are able to access education through a number of sources including self-directed learning, toolbox sessions and face to face training. Examples of recent education provided for staff under standard one include:

- Roster management
- Communication systems training
- Electronic care planning system
- ACFI
- Positive communication and effective teamwork

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 comments and complaints process is detailed as part of the resident entry process, and is further outlined in the resident handbook. Comment feedback forms are made available at main office and stations throughout the home. Residents and or their representatives are encouraged to comment on the home's processes and services at resident and relatives meetings, and the home has mechanisms in place to ensure comments are reviewed and actioned. Documents indicate that resident concerns are recorded, and trended along side improvement and suggestion requests in a timely and regular basis. Residents and or their

representatives confirm their knowledge of their right to complain, and report that they feel comfortable raising concerns with staff and management.

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 vision statement and philosophy of wellbeing are on display in the home. The home, as part of a wider group, has a strategic plan in place that is communicated to all stakeholders. The continuous improvement system and management structure supports the home's dedication to its vision and philosophy. Staff confirm their commitment to providing quality care and upholding the vision of the home.

1.6 Human resource management

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

Team's recommendation

Does comply

The home has appropriately skilled staff to deliver all services. Staff selection is linked to specific criteria and a structured orientation program is in place. All staff files reviewed contain resume, police check information, position description, letter of offer, contract, orientation checklist, signed confidentiality agreement and current qualifications and registration where appropriate. Staff confirm that they have been orientated to their positions, are satisfied with training opportunities provided, have adequate time to complete their duties and are supported by management. Residents confirm that staff are attentive to their individual needs.

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

Sufficient stock is available and equipment is fit for the intended purpose and provided to meet residents' needs. New equipment is trialled prior to purchase and where appropriate training is delivered. Supplies are ordered on a regular basis and there is a list of preferred suppliers. Catering stock rotation is managed by the chef and other supplies are monitored and ordered according to delegated authority. A preventative maintenance program is in place to monitor equipment, and repairs and servicing is conducted as per manufacturers' guidelines. Records indicate that maintenance issues are handled quickly and in an appropriate manner. Staff, residents and relatives confirm that adequate and appropriate supplies of goods and equipment are available.

1.8 Information systems

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

Team's recommendation

Does comply

The home has information systems in place to ensure that appropriate data is collected, documented and maintained securely. Staff have password protected access to computer information relevant to their role. Resident and staff noticeboards contain information on activities, education opportunities and results of audits. Regular audits and surveys are undertaken to monitor the level of satisfaction with information provided and effectiveness of systems in place. Staff, residents and relatives confirm their satisfaction with the information provided and feedback mechanisms in place. The networked computer system is regularly backed up, and confidential staff and resident information is stored in secure areas of the home. Processes are in place for archiving documents and document destruction as appropriate. Discussion with staff and residents confirm that they are provided with relevant information via meetings, informal discussion, memoranda and noticeboards.

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

The home has contracted service arrangements for the provision of external services to meet care and service goals. An external contract and service agreement file is maintained electronically and the team viewed the contractors induction log. Evaluation of external contractors is undertaken through risk assessment, job safety analysis and feedback from residents and staff. The agreements for external contractors contain a performance clause which clearly outlines the organisation's expectations. A number of external contractors provide training and education to staff as part of their service agreement. Residents confirm satisfaction with external contractors related to their care.

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 has a system for reviewing and identifying opportunities for improvement in residents' clinical and personal care. Management conduct a systematic evaluation of health and personal care, with regular audits identifying trends and issues which are then placed on an improvement action plan. Corporate based audits, trends and benchmarking systems are used to record medication errors, incidents, behavioural issues and other clinical indicators to monitor performance and identify trends. Management monitor improvements and discuss results in relevant staff and management meetings. Clinical staff confirm they have input and are kept informed on issues relating to their requests and other planned improvements and changes in the home.

Recent examples of improvements at the home include:

- Management are presently reviewing the medication system, and intend to review electronic systems to reflect new processes in line with Government guidelines.
- Management have sent letters to pharmacy providers to create dates to meet and discuss involvement in the delivery of services to residents, ensuring processes are in place to provide uninterrupted service delivery.
- Contact has been made with local hospitals to support the home in providing optimal care in relation to pain management for residents.
- Contact has been made with external palliative care providers to ensure staff have information to support the appropriate handling and care of residents and their families.
- A medication advisory committee has been established. Several meetings have already taken place assisting in supporting the ongoing safe management of medication.
- An imprest system for medications has been implemented, ensuring medications are stored and appropriately managed.
- The home is presently looking to source further training for staff in managing residents with dementia. Management anticipate this training will be offered to staff in February 2011.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has systems in place to ensure compliance with legislative and regulatory requirements, professional standards and guidelines regarding health and personal care and all compliance issues which relate to Standard two. Annual nursing registrations are managed by corporate office and the home's director of nursing. Policies and procedures are in place and staff are made aware of changes through meeting minutes and memoranda. Registered and enrolled nurses oversee residents' clinical care needs. Medications are stored and administered according to legislated processes. Competencies in clinical care

and medication management are presently in the process of being reviewed. Staff confirm they are kept informed about legislative and regulatory 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

Staff at the home have access to an education program to ensure they have the required knowledge and skills to perform their roles effectively. Staff state they feel confident to perform their roles effectively as a result of the training and residents confirm their satisfaction with the level of skill and knowledge displayed by staff. Recent education provided for staff under standard two includes:

- Challenging behaviours
- Person centred care
- Continence management
- Pain management
- Nutritional supplements
- Skin care and hygiene
- Sensory loss
- Palliative care
- Wound management
- Hearing
- Medications

See Expected outcome 1.3 Education and staff development.

2.4 Clinical care

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

Team’s recommendation

Does comply

Residents’ clinical care and preferences are assessed on entry to the home and reviewed three monthly and when the resident’s health and well being needs change. The registered nurse reviews all high care residents’ care plans and updates are documented in the care plan. The review of documentation and staff feedback confirms that recommendations from medical doctors as well as allied health professionals are included in the care planning process. Staff feedback indicates that they are aware of the processes to follow to ensure residents receive appropriate care. To support registered nurses, an out of hours nursing supervisor and on call medical service is available. Positive feedback from residents and representatives confirm that staff do respond to their ongoing needs and inform them of any changes.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

Residents’ specialised nursing care needs are provided by appropriately qualified staff. Enrolled nurses supported by registered nurses oversee the provision of specialised care such as wound management, diabetes management, catheter care, stoma care and oxygen therapy. The review of documentation indicates that health care professionals are accessed

when required to further improve clinical outcomes. Staff feedback indicates that education is provided and that resources are available to support staff in the delivery of specialised care. The team observed that there is sufficient equipment and supplies available to meet specialised care needs. Emergency equipment including oxygen, resuscitation equipment as well as first aid kits are available on each floor and easily accessed.

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 access to a range of health specialists to meet the needs of the residents. Through the assessment process, staff observation and care reviews, residents are referred to appropriate health professionals in accordance with their needs and preferences. The review of documentation together with staff, resident and representatives’ feedback indicates that collaboration occurs with allied health teams to improve resident outcomes. Documentation demonstrates that referrals to specialists such as pathology services, medical specialists, optometrists, physiotherapists, podiatrist, dietitians, dentists, speech pathologists, mental health teams, palliative care, and wound consultants have occurred. Residents state they are aware of specialist services available.

2.7 Medication management

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

Team’s recommendation

Does comply

The home has systems in place to ensure that medications are managed securely, safely and in accordance with legislation. Medications are administered by registered nurses in high care units and in the low care unit by medication endorsed enrolled nurses and personal carers. Medication auditing of signatures occurs each shift to monitor staff practices and staff have access to pharmacological resources. Systems are in place for monitoring residents who self medicate. Medication charts contained appropriate information and were authorised and signed as required. A medication advisory committee meets regularly to discuss work practices including medication errors. The team observed that staff adhere to the home’s procedures when administering and checking medications. Medications are securely stored and in accordance with their relevant schedule rating. Residents state that they receive medications on time.

2.8 Pain management

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

Team’s recommendation

Does comply

Residents’ pain levels and management strategies are assessed on entry to the home and then on an ongoing basis. Care plans indicate when residents can not verbalise pain and the signs for staff to observe. Pain is managed with pharmacological and non pharmacological methods as well as exercise programs. The physiotherapist has implemented programs for residents with chronic pain and interventions include massage, heat therapy and trans-cutaneous electrical nerve stimulation (TENS) therapy. The review of documentation and interviews with staff indicates that interventions are taken to ensure residents remain as free from pain as possible. Residents state they are satisfied with the methods used to manage 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

Residents who may require palliative care are assessed to identify their individual preferences. Residents’ terminal wishes are obtained prior to the implementation of palliative care. External palliative care specialists are consulted as required to provide expertise and support throughout this time. The review of a resident file currently receiving palliation and a past resident’s file indicates that staff are guided in the provision of care by palliative care specialists. Documentation shows that staff provide sensitive and appropriate care together with emotional support for the resident and representatives.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Processes are in place for identifying, assessing and reviewing residents’ nutrition and hydration needs. The review of documentation confirms that resident information on dietary preferences, cultural needs, medical requirements and need for assistive devices is transferred to the kitchen. Residents are weighed monthly and those identified at high risk are provided with supplements and reviewed by their doctor or allied health professionals. The team observed that the meals are well portioned with plenty of drinks and fresh fruit available. The menu is displayed and alternative meals are offered. A café on the ground floor is well patronized by residents and representatives. Residents provide management with feedback regarding food services.

2.11 Skin care

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

Team’s recommendation

Does comply

Systems are in place for identifying residents who require additional interventions to optimise their skin integrity. Residents’ skin integrity is assessed on entry to the home using a risk rating tool and monitored through staff observation and care plan reviews. Registered nurses oversee the wound management systems. Supplements are used to assist with skin integrity for those residents with wounds. The review of documentation and interviews with staff confirms that wound consultants are accessed to improve clinical outcomes. Resources are available for staff to care for simple to complex wounds. Residents and representatives confirm and the team observed that measures are taken to improve skin integrity such as the use of cream emollients, pressure relieving equipment and skin protection devices. Manual handling equipment is available to minimise skin damage.

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 reviewed on an ongoing basis. Care plans include individualised toileting times, if aids are required and interventions to promote privacy and dignity for residents. The review of documentation and interviews with residents and representatives confirm that continence management is reviewed and interventions monitored. Preventative measures for urinary tract infections and constipation are promoted. Urinary tract infection data is collected and outcomes discussed at relevant meetings. The team observed large stocks of continence aids at the home and these are stored discreetly in resident rooms.

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 needs of residents with challenging behaviours are managed in the sensitive care secure unit. Processes are in place for identifying, assessing, and developing care plans. Residents are assessed over a seven day period and the registered nurse oversees the evaluation process of identifying triggers. The review of documentation and interviews with staff demonstrates that mental health teams have been accessed to improve care outcomes. An activity program is held in the sensitive care unit and residents are able to participate in activities held outside the unit. Staff demonstrated that there are processes for managing residents who may abscond and security systems operate throughout the home. The team observed that staff engaged with residents, redirected them when necessary and that the environment was quiet in the sensitive care unit.

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

The home has processes in place to optimize residents’ level of mobility and dexterity. Residents’ mobility and dexterity is identified and assessed on entry to the home and then reviewed regularly. The physiotherapist reviews residents and develops an exercise plan. The leisure team also provides and encourages residents to attend the daily exercise program. A falls risk assessment using a numeric rating scale identifies residents at risk and appropriate interventions are implemented to reduce the risk of falls. Falls data is discussed at relevant meetings. Residents and representatives confirm that measures are taken to maintain their mobility. Staff confirm that manual handling education has been provided. Equipment used by staff and residents to assist with mobility and transferring is in good working condition.

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s recommendation

Does comply

Processes are in place for maintaining residents’ oral and dental care needs. Resident’s oral and dental health is identified, assessed and reviewed. Documentation reviewed indicates that oral needs are maintained by staff reviewing residents and recording changes on care plans. The review of documentation and interviews with staff confirm that a mobile dental service has been accessed. Residents and representatives confirm that dental needs are addressed and assistance provided when external services are used.

2.16 Sensory loss

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

Team’s recommendation

Does comply

The care planning process enables residents’ sensory losses to be managed effectively. Residents’ vision, hearing, communication, language spoken and food sensory needs are assessed on entry to the home. Care plans identify aids used by residents and their choice on wearing these aids. Documentation reviewed and discussions with staff indicate that referrals to audiologists and optometrists occur when required. Staff stated interpreters would be accessed if required. Residents confirm that processes are in place for improving residents’ sensory losses and preferred communication strategies are implemented. The activity program includes a sensory component such as craft work and gardening.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents’ sleep behaviours, patterns and preferences for retiring and rising are assessed on entry to the home and recorded on their care plan. Residents are assessed over two nights prior to developing their plan. Natural sleep patterns are fostered by the use of individual settling times, recording nap times, environmental considerations, reassurance, repositioning and additional food supplies. Triggers that may disturb residents’ sleep patterns such as pain and continence management is incorporated into the care planning process and reviewed regularly. Residents state that the home is quiet at night and generally they are able to sleep well.

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 can demonstrate recent improvements relating to programs and activities associated with Standard three. Management follow a system of collecting information from feedback forms, monthly resident and relative meetings and internal reviews and evaluations on care and lifestyle plans. There is an evaluation and review of improvement initiatives during scheduled meetings and collection of attendance and participation records at lifestyle events. Residents state that management and staff are responsive to feedback, and report satisfaction with the life style program.

Recent examples of improvements at the home include:

- The home has recently put in place a ‘cultural care kit’ to assist staff in ensuring residents’ cultural and spiritual needs are addressed in a manner which meets with their individual needs.
- The home has leased a new bus, allowing staff to assist residents in accessing local retail centres, social and community groups.
- A key register has been developed to assist with resident independence and security.
- Pet therapy has been established in the home, presently this includes the installation of an aviary housing several ‘love birds’.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems in place to identify and ensure compliance with all legislative and regulatory requirements relating to resident lifestyle. Residents and/or their representatives are provided with a resident agreement and resident handbook which details information relating to their security of tenure, internal and external complaints mechanisms and rights and responsibilities. Residents are provided with information regarding specified services and information relevant to privacy. Staff receive information and education on elder abuse and mandatory reporting. Residents report they are satisfied with information given by the home, are informed of their rights and responsibilities and of any relevant changes regarding regulatory compliance.

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

Management is able to demonstrate that staff have the knowledge and skills required to perform effectively in relation to the Accreditation Standards and resident lifestyle. There is evidence of mandatory training being attended by all staff. Staff complete feedback and evaluation forms in relation to specific training sessions they attend. Outcomes relating to staff attendance and trends relating to feedback are collated and followed up through the continuous improvement system or further training. Staff state that management supports them to complete appropriate training to ensure their skills remain current.

The home has been operating since May 2010 and as such has not provided training in Standard 3; however the orientation program attended by all staff contains information about culture, choice and decision making and encouraging independence. Proposed education under standard three include:

- Grief and loss (December 2010)
- Privacy and dignity (January 2011)
- Choice and decision making (February 2011)

See Expected outcome 1.3 Education and staff development.

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

Emotional needs are assessed on entry to the home and reassessed on an ongoing basis through regular monitoring of activity participation and quarterly care plan reviews. Consideration for residents' emotional needs is supervised and supported by the lifestyle coordinator, and other members of the lifestyle team and care staff. Residents are further supported by one on one contact with established residents, volunteers, and visiting clergy. Support and information packs are provided to residents and relatives ensuring a thorough orientation to the home. The team observed staff acting in a very supportive and a caring manner toward residents. Residents and representatives report that staff are caring and considerate towards their needs.

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 residents' independence is valued and supported. Management and staff support and encourage the maintenance of friendships and social engagements, in line with the interests identified in residents' assessments. The assessment and care planning system identifies residents' ability and preference for social interaction and community participation. Care staff are available to assist with resident needs regarding mobility, seating and eating aides. The home also supports residents who wish to take part in

group bus outings to external shopping and social community outings. The home assists residents with civil duties and provides in house personal wellbeing and lifestyle services, ensuring residents maintain function and independence. Residents confirm that they feel supported by the home in maintaining their independence.

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 ensures that all staff, external service providers and residents respect each resident's right to privacy, dignity and confidentiality. The home conducts staff training and has an audit system in place to monitor and support the privacy, dignity and confidentiality of all residents and in accordance with residents' individual needs. The resident handbook contains information pertaining to privacy, dignity and confidentiality. With the exception of couples, residents are offered single rooms with ensuite bathrooms. Staff were observed to treat residents with respect and protect residents' privacy with screens when care was being attended. Confidential documentation is securely stored and there is a process for archiving and destruction. The home generally promotes and practices the respect, privacy and dignity of all residents. Residents and relatives confirm that staff treat them with respect and that they feel they can talk to management in confidence.

3.7 Leisure interests and activities

This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's recommendation

Does comply

Residents are assessed on admission to the home in order to identify social and activity interests. The lifestyle coordinator and team conduct quarterly reviews where lifestyle care plans are reviewed and comments are made in progress notes. The team noted that the home offers both group and personal activities, making allowances for residents with a variety of care needs. Resident lifestyle care plans are reviewed according to individual participation levels and the home records lifestyle participation records, which together with lifestyle assessments are used to inform the leisure and activities program. Residents and relatives are able to have input into the program through meetings and one on one feedback. Discussion with residents and relatives confirm that they feel supported to participate in activities and interests appropriate to their needs and preferences.

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

The home demonstrates consideration for residents' individual interests, customs, and beliefs through formal documentary system, activities and individual case assessments. The home conducts cultural and spiritual assessments which are completed by lifestyle staff on resident's entry, which enables the home to make accommodation for special dietary, care, social and spiritual needs. Special days, food and support from the Catholic and Anglican clergy and representatives from other religions were noted to be offered to residents.

Residents and representatives report they feel supported by the home in helping them observe and maintain spiritual and cultural practices.

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

There are systems in place to ensure residents or their representatives have the opportunity to participate in choice and decision-making in all aspects of their care and service delivery. The team observed decision making by residents in many areas of care and socialisation. Residents expressed satisfaction with the opportunities provided for choice and decision-making. Lifestyle care plans are developed in consultation with residents and or their representatives and include individual preferences in relation to activities of daily living, food preferences, cultural and spiritual requirements and recreational activities. Residents choose their preferred health care providers and consent for the use of photographs and the disclosure of personal information are documented. Communication is encouraged with resident and relative meetings held on a monthly basis. Improvement forms allow residents to express choice and participate in decision-making, and residents confirm their use of these forms.

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

All residents entering the home are provided with information prior to entry. On entry to the home residents are offered a residential care agreement. The residential agreement contains information on financial arrangements, security of tenure, resident's rights and responsibilities and schedule of prescribed services and other information as determined by the Aged Care Act 1997. Meetings are arranged with resident and or their representative post admission and as the need arise. Residents and their representatives stated that everything in relation to entering the home was clearly explained to them and that management was responsive to any concerns they may have.

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 monitors its performance in relation to the environment and safe systems through corporate based quality improvement, hotel services and occupational health and safety meetings. Supported by the broader corporate network, the home employs a number of key systems to monitor the home’s environment, including, safety and environmental inspections, incident and hazard reporting, surveillance monitoring (occupational health and safety audits) and feedback from staff and resident meetings.

Recent improvements include:

- The home has installed ‘residual current detectors’ (RCD) in the home to ensure all lights and power points through out the home are prevented from transferring electrical shock in the event of faults in electrical equipment.
- Management have recently nominated an occupational health and safety representative for the home, and established an occupational health and safety committee, in order to meet with regulatory compliance and support the safe practice of staff in the home.
- An infectious waste and ‘sharps’ disposal contract has been established, allowing the safe removal of contaminated and dangerous waste from the home.
- Management have achieved certification for the building in May 2010, and achieved registration for the kitchen by the local council in the same month.
- The home has put in place a wandering alert alarm in response to residents who are identified as an ‘absconding’ risk. Staff report the new ‘bracelet’ alarm system has assisted resident independence by allowing free movement throughout the home, and helps residents stay in their existing room, without having to move to the ‘secure unit’.
- A new electronic maintenance service schedule for both reactive and preventative service needs has been put in place, ensuring equipment is maintained in a safe and functional state.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems to monitor regulatory compliance with physical environment and safe systems including occupational health and safety legislation, fire, emergency and evacuation procedures, handling hazardous substances, food safety and infection prevention and control. Mandatory training sessions provide staff with the required level of training, and staff confirm they are provided with opportunity to attend training and information sessions. Staff in the home are advised of changes to legislation through staff meetings, memoranda and through direct communication with management. Legislative changes and regulatory compliance is a standing agenda item at the home’s staff meeting.

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

Staff at the home have access to an education program to ensure they have the required knowledge and skills to perform their roles effectively. All staff interviewed were correctly able to advise the procedure in the event of fire, infection, absconding residents and elder abuse. The home has a dedicated occupational health and safety representative. Recent education provided for staff under standard four includes:

- Infection control
- Chemical handling
- Food safety refresher
- Fire and emergency training
- Manual handling

See Expected outcome 1.3 Education and staff development

4.4 Living environment

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

Team's recommendation

Does comply

Residents have a choice of single rooms with ensuite, double rooms with ensuite available for couples and are encouraged to bring in personal items and furniture for their rooms. A centrally controlled preventative maintenance program exists with contracts in place for all essential services. All large equipment in the home has preventative maintenance contracts and the home has a reactive ongoing maintenance system. The team observed maintenance books showing repairs with maintenance listed and completed in a timely fashion. The home has been furnished with consideration given to a safe, home like environment, maintaining consistent temperature and for the comfort of the residents. Residents were observed to be enjoying the atmosphere either in small groups or alone and confirm that the home is always clean, well maintained and that they are very happy in their home. Staff and residents confirm that the environment is safe and comfortable.

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 are actively working to ensure staff are supported to work in a safe environment. The staff orientation program includes information on manual handling and infection control. Various risk assessments have been undertaken and incident and hazard information is collated and discussed at meetings. Occupational health and safety is an agenda item at all staff and management meetings. The team observed an occupational health and safety notice board, safe chemical storage, wet floor signs and protective equipment in use. Ongoing audits, surveys and surveillance methodologies are in place and staff confirm that they are able to approach management with any issue relating to occupational health and safety.

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

There are systems in place at the home to minimise the risk of fire, security and other emergencies. Fire and emergency procedure information is located at key points around the facility and mandatory training is scheduled throughout the year. Fire systems are tested regularly and emergency exits are clearly marked and were observed to be free from obstruction. Staff confirm training and are able to accurately describe the evacuation process. Areas of the home are accessible either by swipe card or key pad and there is a wanderer alert system in place. Residents advise that they feel safe and secure at the home.

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 to ensure that there is an effective infection control program operating in the home. Staff training for clinical and non clinical staff has been provided to ensure that staff practices are consistent with relevant infection control guidelines. The unit managers on each floor are responsible for the infection control program. Data collected is monitored and discussed at relevant meetings. Effective infection prevention strategies, including anti-bacterial hand washing facilities, pest control measures, food safety program, availability of personal protective equipment and appropriate cleaning processes are in place. Staff informed the team that a vaccination program is offered to residents and staff. The team observed that hand washing signs are displayed and staff were observed implementing, standard infection control prevention measures in their workplace.

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

Resident dietary requirements and meal preferences are recorded on admission to the home with future assessments providing updates as changes occur. All food is prepared daily on site by external contractors in line with a food safety program, menu rotation and resident needs and preferences. Residents are able to provide feedback on 'green forms' and catering is discussed at resident meetings. Staff confirm they have current food handlers' certificates.

Cleaning staff perform their duties guided by schedules and wear protective equipment. Staff are able to explain procedures and residents express satisfaction with the cleanliness of their home. Cleaning staff advise they have had training in chemical usage and infection control. The team observed safe storage of chemicals and relevant material safety data sheets. Resident clothing and linen is laundered on site. Clean and dirty laundry areas are identified and washing machines have automatic detergent feed. Residents confirm satisfaction with regard to laundry services.