



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Beuaraba Lodge

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

The Agency has decided that the period of accreditation of Beuaraba Lodge is two years until 29 April 2013.

The Agency has found the home complies with 43 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.

Matters of non-compliance have been referred to the Secretary, Department of Health and Ageing, in accordance with the Accreditation Grant Principles 1999.

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

ACTIONS FOLLOWING DECISION

Subsequent to the accreditation decision, the Agency has undertaken support contacts to monitor the homes progress and has found that the home has rectified the earlier identified non-compliance. This is shown in the table of Most Recent Agency Findings.

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.

MOST RECENT AGENCY FINDINGS

Since the accreditation decision the Agency has conducted a support contact. The Agency's latest findings are below.

Standard 1: Management Systems, Staffing and Organisational Development	
Expected Outcome	Agency's latest findings
1.1 Continuous improvement	Compliant
1.2 Regulatory compliance	Compliant
1.3 Education and staff development	Compliant
1.4 Comments and complaints	Compliant
1.5 Planning and leadership	Compliant
1.6 Human resource management	Compliant
1.7 Inventory and equipment	Compliant
1.8 Information systems	Compliant
1.9 External services	Compliant
Standard 2: Health and Personal Care	
Expected Outcome	Agency's latest findings
2.1 Continuous improvement	Compliant
2.2 Regulatory compliance	Compliant
2.3 Education and staff development	Compliant
2.4 Clinical care	Compliant
2.5 Specialised nursing care needs	Compliant
2.6 Other health and related services	Compliant
2.7 Medication management	Compliant
2.8 Pain management	Compliant
2.9 Palliative care	Compliant
2.10 Nutrition and hydration	Compliant
2.11 Skin care	Compliant
2.12 Continence management	Compliant
2.13 Behavioural management	Compliant
2.14 Mobility, dexterity and rehabilitation	Compliant
2.15 Oral and dental care	Compliant
2.16 Sensory loss	Compliant
2.17 Sleep	Compliant

Standard 3: Resident Lifestyle	
Expected Outcome	Agency's latest findings
3.1 Continuous improvement	Compliant
3.2 Regulatory compliance	Compliant
3.3 Education and staff development	Compliant
3.4 Emotional support	Compliant
3.5 Independence	Compliant
3.6 Privacy and dignity	Compliant
3.7 Leisure interests and activities	Compliant
3.8 Cultural and spiritual life	Compliant
3.9 Choice and decision-making	Compliant
3.10 Resident security of tenure and responsibilities	Compliant
Standard 4: Physical Environment and Safe Systems	
Expected Outcome	Agency's latest findings
4.1 Continuous improvement	Compliant
4.2 Regulatory compliance	Compliant
4.3 Education and staff development	Compliant
4.4 Living environment	Compliant
4.5 Occupational health and safety	Compliant
4.6 Fire, security and other emergencies	Compliant
4.7 Infection control	Compliant
4.8 Catering, cleaning and laundry services	Compliant

Home and approved provider details					
Details of the home					
Home's name:		Beauaraba Lodge			
RACS ID:		5043			
Number of beds:		80	Number of high care residents:		54
Special needs group catered for:			<ul style="list-style-type: none"> • Conditions requiring a secured environment 		
Street/PO Box:		10 Weale Street			
City:	PITTSWORTH	State:	QLD	Postcode:	4356
Phone:		07 4619 8480		Facsimile:	07 4619 8488
Email address:		Wayne.Lester@beauarabaliving.org.au			
Approved provider					
Approved provider:		The Pittsworth & District Hospital Friendly Society Ltd			
Assessment team					
Team leader:		Felette Dittmer			
Team member/s:		Sophia Adams			
Date/s of audit:		22 February 2011 to 23 February 2011			

Executive summary of assessment team's report	
Standard 1: Management systems, staffing and organisational development	
Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
Standard 2: Health and personal care	
Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does not comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

Agency findings
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Agency findings
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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
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Agency findings
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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	Beuaraba Lodge
RACS ID	5043

Executive summary

This is the report of a site audit of Beuaraba Lodge 5043 10 Weale Street PITTSWORTH QLD from 22 February 2011 to 23 February 2011 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 43 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:

- 2.7 – Medication Management

Assessment team's recommendation regarding accreditation

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

The assessment team recommends the period of accreditation be 3 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 22 February 2011 to 23 February 2011.

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

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

Assessment team

Team leader:	Felette Dittmer
Team member/s:	Sophia Adams

Approved provider details

Approved provider:	The Pittsworth & District Hospital Friendly Society Ltd
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Details of home

Name of home:	Beuaraba Lodge
RACS ID:	5043

Total number of allocated places:	80
Number of residents during site audit:	74
Number of high care residents during site audit:	54
Special needs catered for:	Conditions requiring a secured environment

Street/PO Box:	10 Weale Street	State:	QLD
City/Town:	PITTSWORTH	Postcode:	4356
Phone number:	07 4619 8480	Facsimile:	07 4619 8488
E-mail address:	Wayne.Lester@beuarabaliving.org.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

Interviews

	Number		Number
Acting Director of Nursing	1	Hospitality services	3
Activities staff	3	Maintenance staff	1
Activity Officer/Dementia Consultant	1	Registered Nurse	1
Assistant nurses	7	Residents/representatives	12
Clinical Nurse	1	Systems/Quality Manager	1
Enrolled Nurse	2	Workplace Health & Safety Officer/Fire Safety Advisor	1
General Manager	1		

Sampled documents

	Number		Number
Medication charts	17	Residents' administration files	3
Personnel files	5	Residents' care and clinical files	17

Other documents reviewed

The team also reviewed:

- Annual prudential compliance sheet
- Assessments
- Audits and survey schedule, tools, results and action plans
- Background to entry into secure unit table
- Change to dietary requirements form
- Chemical register
- Cleaning schedules
- Clinical incidents graphics folder
- Comments and complaints register
- Computerised care and clinical management system

- Continuous improvement action plan
- Criminal history checks
- Dietary needs assessment form
- Duties lists
- Education and meeting planner
- Education attendance matrix
- Emergency procedures manual
- Employee qualifications
- Employees' handbook
- Environmental and workplace health and safety condition reports
- Equipment inventory
- Equipment temperature checklist
- Evacuation diagrams
- External provider service contracts
- Feedback forms
- Fire and emergency equipment - services and checks records
- Fire fighting equipment inspection tags
- Fire training matrix
- Fixed assets and depreciation schedule
- Food safety matters booklet
- Food safety plan
- Hazard/incident form
- Infection control management folder
- Internal maintenance planner
- Main fire indicator panel
- Maintenance request book
- Maintenance service log
- Mandatory reporting register
- Material safety data sheets
- Memos
- Menu program (4 week cycle)
- Mimic fire panels
- Minutes of meetings
- Monthly newsletter
- On entry catering form
- Organisational structure
- Pest control log
- Policies and procedures
- Position descriptions
- Preferred suppliers list
- Pressure area care and restraint monitoring form
- Preventative maintenance schedule
- Process control plans
- Recipe books
- Residents' administration files
- Resident care and clinical management system (electronic)
- Resident bed occupancy information sheet
- Residential aged care agreement
- Residents' handbook
- Restraint authorisations
- Risk assessments
- Rosters
- Strategic plan

- Temperature logs
- Training folder and planner

Observations

The team observed the following:

- Activities in progress
- Activity calendar on display
- Call assistance system
- Cleaner's trolley
- Clinical and personal care equipment and supplies
- Emergency assembly points
- Emergency exits with signage
- Equipment and supply storage areas
- External service brochures including advocacy
- Fire fighting and safety equipment
- Hand washing areas
- Interactions between staff and residents
- Internal and external living environment
- Maintenance working area, supplies, equipment and storage
- Medication storage, security and administration practices
- Menu on display
- Midday meal settings, service and practices
- Morning and afternoon tea/beverage round
- Residents' charter of rights and responsibilities on display
- Secure external environment
- Staff care, communication and clinical practices
- Storage of resident files
- Suggestion box
- Vision, purpose and values statements on display
- Wall mounted hand sanitiser dispensers
- Waste management bins
- Whiteboard in kitchen with dietary requirements

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

Beuaraba Lodge (the home) has a continuous quality improvement program which is managed and monitored by the Executive. Opportunities for improvement are identified primarily through residents/representatives, staff and other interested parties completing ‘Continuous improvement process forms (CIP)’ or ‘Feedback forms’; through audits, clinical indicators, policy and procedure changes, staff observation, resident and staff meetings; through the comments and complaints process, and one-to-one discussions with staff, management and residents/representatives. Urgent issues are immediately addressed and acted upon as required. Improvements are logged into a register, with actions and results being fed back to staff and residents at regular staff and resident meetings; further review and evaluation takes place if appropriate before closure. Residents/representatives and staff are satisfied that improvements continue to be implemented at the home and that their suggestions are considered and result in action.

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

- In response to staff feedback, shift times have been altered to allow for better work flow – e.g. Hotel Services have been allocated an extra weekly cleaning shift in the kitchen. Following the request response, staff are more engaged in their roles and the home; improves infection control, and it has improved the balance of the workload leading to more efficient and effective practices.
- Four assistant nurses are currently undergoing Enrolled Nurse training - they will be absorbed into the home’s workforce on completion of their course. The home actively supports these staff through time off to attend classes and for study as well as offering mentoring when on site. By actively encouraging staff to further their education, the home improves the career pathway for its staff leading to improved cares of residents.
- In line with the home’s education drive, self directed learning packages on various topics are available for all staff regardless of shift times. In the six months since this program commenced they have covered topics related to workplace health and safety, food safety, managing residents with complex behaviours, nutrition and hydration. These packages with corresponding competencies have been evaluated as increasing education opportunities for staff, and doing so at times suitable to staff

1.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has established systems to identify and ensure compliance with a wide range of legislation, professional standards and industry guidelines; has access to government bodies and industry sources that provide regular updates of legislative and regulatory requirements. This system is monitored by the General Manager, in conjunction with the Board, Acting Director of Nursing and the Quality Manager, and updates are discussed with key personnel, and actioned at management meetings. Changes are communicated to staff via policy and procedure reviews, education sessions (toolbox, orientation and mandatory annual training), posted on notice boards, memos and through email. Changes are also communicated to residents and families where appropriate. Compliance with legislation is monitored through the audit process, and observation of staff work practices.

1.3 Education and staff development:

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

Team's recommendation

Does comply

Required knowledge and skills for each role are specified in job descriptions; these are considered during recruitment and monitored on an ongoing basis through the performance appraisal process and competency assessments. There is a mandatory education program and an annual plan developed to ensure this education is provided. Attendance at education and training sessions is monitored. Education needs are identified through staff request, audit results, home's feedback and development system, monitoring of indicator data and performance appraisal results. An education plan is developed based on identified needs and requirements, and processes are in place to assist staff to access self-directed learning packages as well as external education opportunities. Management monitors the skills and knowledge of staff through audits, competency assessments and observation of staff practice. Management and staff demonstrated knowledge and skills specific to their roles.

1.4 Comments and complaints

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

Team's recommendation

Does comply

Residents/representatives have access to the home's internal comments and complaint system and to external complaints mechanisms. The home provides relevant information to residents, their representatives and other stakeholders through a variety of communication channels including resident entry processes, residential care agreements, the organisation's resident handbook, meetings, and via brochures about external complaints management processes. Residents are invited to raise issues at resident meetings and/or privately with management and staff. Residents have access to confidential suggestion/comments boxes, and processes are in place for the regular retrieval of suggestion/complaint forms from assigned receptacles. A process is in place to manage informal and formal comments and

complaints. There are processes in place to provide feedback whilst maintaining confidentiality. Residents and staff are familiar with the mechanisms available to initiate a suggestion or raise a concern and report that management is responsive to their suggestions and responds to their requests in a timely manner.

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

1.6 Human resource management

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

Team's recommendation

Does comply

The home has systems and processes to recruit appropriately skilled and qualified staff. The home has recruitment and selection processes in place which includes a full day's orientation program and buddy shifts for all new staff. Staff must have a current criminal history clearance prior to commencement of work or Statutory Declaration and receipt; staff are notified when criminal history clearance certificates are due to expire. Department heads manage the home's rosters to meet the residents' needs and shifts are filled with permanent staff; a pool of casual or nursing agency staff are accessed to manage planned and unplanned leave of permanent staff. Position descriptions are provided to staff prior to commencement of work; work instructions are detailed on duty lists appropriate to the shift and job role, and are available to staff. Staff practice is monitored and performance appraisals are conducted annually. Residents/representatives are satisfied that the home maintains sufficient appropriately skilled and qualified staff to provide care and services to residents.

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 generally has processes and personnel in place to monitor and maintain goods and equipment for the delivery of care and services to residents. Faulty equipment and other maintenance issues are identified through completed maintenance requests, regular audits, process improvement or feedback forms and hazard/incident reports. The maintenance team, or external contractors, complete preventative and routine maintenance work at the home to ensure the safety and useability of equipment; an equipment preventative maintenance planner is in place to guide the regular maintenance of goods and equipment

and the maintenance officer ensures that work completed by external contractors meets the home's requirements. Staff are trained in the use of new equipment where required; stock levels are monitored, maintained and rotated by key personnel to ensure availability of goods to meet the care needs of residents, environmental and hospitality service requirements of the home. Residents/representatives and staff are satisfied with the availability and appropriateness of the goods and equipment provided.

1.8 Information systems

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

Team's recommendation

Does comply

There are systems in place to enable staff and management to generally access sufficient and reliable information for appropriate decision making. Policies, procedures and forms are monitored by the home's Executive team. Confidential information is stored securely on computer files or in locked cabinets or the fireproof strong room and can be accessed by those staff with the authority and need to do so. Password protection is in place as well as back-up systems for computer records with access to residents' and staff records being restricted. Information necessary for staff to perform their roles is available and regular briefings, distribution lists and electronic and paper based memorandum/emails keep staff informed. Meetings are held regularly for residents, staff and key groups to support information sharing. Case conferences, satisfaction surveys and auditing processes are in place to monitor effectiveness; notice boards, newsletters and announcements by the Activity Team are used to inform residents of daily activities. The archiving process is managed by one of the home's administration support officers with archived records stored securely at the home for a set period then held securely offsite. Staff and residents are satisfied that communication of information is timely and management regularly correspond with residents/representatives to seek their input into improving communication systems.

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

Residents/representatives and staff are satisfied with the quality of services provided by external suppliers. The organisation and home have service agreements with regular external service providers to specify and establish service and performance criteria. Processes are generally in place to monitor and evaluate services provided. Contractors who work on site sign in and out; wear a visitor's badge and/or wear company uniform or display their company identification and those contractors who work without being accompanied by a staff member are required to have a current criminal history check.

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

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

- Part of the renovated wing of the home is leased as a private health centre with medical officers on site for the home's residents and community members. This initiative has been evaluated as providing ready access to the residents' medical officers and in a timely manner enabling optimal clinical care.
- A 'controlled drug' safe (and S8 register) has been installed in the Lodge in response to a review of controlled drug management coupled with the increasing usage of and care needs of Lodge residents. This additional safe and its location has been evaluated as increasing workplace safety; reduced the number of medication errors thereby increasing safety of medication management, and enabling efficient delivery of clinical care.
- Following management review, Clinical Care teams were established with a focus on specific clinical specialities. Management report the teams meet regularly to discuss best practice initiatives and implementation strategy into the facility's care provision. Staff report these forums are effective in meeting the changing needs for residents.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

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

2.3 Education and staff development

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

Team’s recommendation

Does comply

Required knowledge and skills for each role are specified in job descriptions; these are considered during recruitment and monitored on an ongoing basis through the performance appraisal process and competency assessments. There is a mandatory education program and an annual plan developed to ensure this education is provided. Attendance at education and training sessions is monitored. Education needs are generally identified through staff request, audit results, home’s feedback and development system, monitoring of indicator data and performance appraisal results. An education plan is developed based on identified needs and requirements, and processes are in place to assist staff to access self-directed learning packages as well as external education opportunities. Management monitors the skills and knowledge of staff through audits, competency assessments and observation of staff practice. Management and staff demonstrated knowledge and skills specific to their roles.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has systems and processes in place to assess residents’ clinical care needs and preferences. An Interim care plan is developed upon entry and an individualised care plan is prepared at the end of the assessment period by the Clinical Nurse (RN). Assistant nurses and enrolled nurses provide clinical care needs under the supervision of registered nursing staff. Staff have knowledge of individualised residents’ requirements, and this information is consistent with the care plans. Changes in care needs and care strategies are reflected in progress notes. Residents/ representatives are satisfied with the clinical care provided and their involvement in care decisions.

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 with specialised nursing care needs are identified through the assessment period. Referrals are made to consultants and allied health professionals, when specific interventions are required. The registered nurse supervises the provision of specialised nursing care needs. Specialised nursing care interventions are developed and recorded on resident care plans. Staff receive education and have access to resources and equipment to enable residents’ specialised nursing care needs to be met. Resident outcomes are evaluated in consultation with the residents/representatives and external consultants. Equipment and supplies required to deliver specialised nursing care are available. Residents/ representatives are satisfied with the specialised nursing care provided.

2.6 Other health and related services

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

Team’s recommendation

Does comply

Residents have access to a range of allied health and specialist services including dietician, speech pathology, dentist, mental health, podiatry, and physiotherapy. Allied health professionals visit the home or alternatively internal arrangements are facilitated to enable residents to access specialist treatment of their choice in the community as required. Referral to appropriate health specialists is timely and is initiated by the registered nurse or the treating medical officer and in consultation with the residents/representatives. Feedback from health specialists is documented in progress notes and care plans revised to reflect changes. Residents’/representatives’ feedback indicated satisfaction with access to health specialists and other related services in accordance with their needs and preferences.

2.7 Medication management

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

Team’s recommendation

Does not comply

Residents’ medication is not managed safely and correctly. Whilst a system exists for the safe management of medications, processes for ensuring residents’ medications are correctly identified, labelled and stored have not been maintained. Monitoring of the medication system to ensure compliance with the home’s policy and procedures are not effective in alerting management of service deficiencies. Incident reporting specific to medication packaging errors are not effective in alerting the home’s management team of deficits.

2.8 Pain management

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

Team’s recommendation

Does comply

On entry each resident’s history of pain is assessed. Strategies to effectively manage pain are documented in the resident’s care plan. As required (PRN) medications are administered for pain relief and alternative approaches such as massage, heat therapy, aromatherapy and repositioning are also used. Residents/representatives reported satisfaction with the options provided to manage or minimise pain.

2.9 Palliative care

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

Team’s recommendation

Does comply

The end of life care needs and wishes of residents are identified on entry and include the development of a specific care plan. Emotional support is provided to residents and their families by pastoral care, volunteers and nursing staff. Staff receive education and utilise the

home's and external community resources to ensure the comfort and dignity of terminally ill residents. Residents/representatives stated that they felt confident their individual wishes would be respected in regards to end of life care.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Residents' nutrition and hydration requirements are identified through the initial and ongoing assessment and review processes. Care plans are developed to reflect resident's dietary needs and preferences. Residents' body weight is monitored and weight loss or gain is recorded with referrals made to the medical officer, speech pathologist and dietician. Strategies recommended are implemented and include assistance with meals, provision of textured modified diets, dietary supplements and increased monitoring. The home's menu is reviewed by a dietician and provides options, variety and accommodates resident's personal preferences. Residents/representatives reported satisfaction with the quantity and quality of food and fluid received.

2.11 Skin care

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

Team's recommendation

Does comply

The registered nurse identifies the skin care needs of residents during assessment and reassessment processes and develop care plans to guide staff practice. Wound and skin care products are utilised and equipment such as pressure reducing mattresses and regular position changes help to maintain, protect or improve residents' skin. Manual handling equipment is provided to support safe transfer and mobility of residents and staff are provided with education in maintaining skin integrity and manual handling. Residents/representatives are satisfied with the care received in relation to skin integrity.

2.12 Continence management

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

Team's recommendation

Does comply

The continence needs and preferences of residents are identified through assessment and reassessment processes. Interventions are identified and documented in the resident care plans to guide staff practice and include strategies such as programmed toileting, bowel management, dietary modifications and use of continence aides. Staff demonstrated awareness of the individual resident's specific requirements and have access to a specially trained link nurse as a resource. Residents/representatives reported that staff respect their privacy and dignity when providing continence care and residents confirmed their continence needs are met.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Residents identified with challenging behaviours are assessed on entry or when needs change and a care plan is developed. Residents authorised for restraint receive a medical review and staff observe, monitor and release restraint as scheduled. Staff demonstrated knowledge of residents’ individual routines, preferences and strategies to promote positive care outcomes. The team observed staff interacting with residents in a calm manner that supported their dignity and individuality.

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 for assessing all residents in relation to their mobility, dexterity and rehabilitation needs. Residents’ mobility and falls risk is assessed by a physiotherapist. Individual physiotherapy care plans are developed and include exercise to assist in maintaining and or enhancing the resident’s mobility and dexterity. Care plans are reviewed and updated regularly and resident falls monitored. The home provides mobility aides and equipment to minimise the risk of falls to residents. Individual and group exercise programs are provided by care staff. Care staff receive annual training in assisting residents to safely mobilise and transfer using appropriate mobility aides and equipment. Residents/representatives reported satisfaction with the support provided by staff to achieve their optimal mobility and dexterity within and around the home.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

The oral and dental care needs and preferences of residents are assessed on entry and when residents needs change. Information to guide care staff in the care of resident’s oral and dental care are identified in the individual care plan and include the residents’ special dietary considerations. Referrals to external oral and dental care providers are identified and facilitated and a dental service visits the home as requested. Staff have access to appropriate equipment and supplies for the management of residents’ oral and dental care needs. Residents/representatives reported satisfaction with the assistance provided by staff maintaining dentures and oral and dental hygiene.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Information about each resident’s sensory losses such as hearing, vision, speech, and communication is collected through the entry and assessment processes and is incorporated into the resident’s care plan. Residents are referred to external services such as audiologists and optical services for assessment as required. The Diversional therapy program caters for the needs of residents with sensory impairments and include the use of specialised resources such as large print cue cards. Staff demonstrated awareness of these strategies, and processes are in place to ensure correct use and maintenance of hearing aids. Residents with sensory loss indicated satisfaction with the assistance and support they received from the staff to maintain their optimal sensory function.

2.17 Sleep

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

Team’s recommendation

Does comply

Initial information about residents’ usual sleep patterns is collected on entry and reviewed by the registered nurse. Strategies to promote adequate sleep and rest are developed by the registered nurse and documented in the individual care plan for staff to follow. The care plans include non-pharmacological interventions such as positional changes, massage, toileting assistance, warm drinks and snacks. Staff report disturbed sleep through a process of exceptional reporting and prolonged sleep disturbances are referred to the registered nurse and then to the medical officer. Residents are satisfied with the home’s approach to maintaining their natural sleep and rest patterns and with the assistance received from staff during times of sleep disturbances.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

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

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

- Through observation, feedback and evaluation, the home identified that male residents were not engaging in activities and were reluctant to socialise. In response, associated items were sourced, and in September 2010 a Men’s Club was established providing an opportunity for the men to meet - some of the activities include viewing of farm machinery from their past, and playing cards and pool (the maintenance staff often join in after work). This initiative has been evaluated as increasing mobility and socialisation; enabling friendships to form and enhanced engagement with life.
- Following a review by management a dementia consultant was employed specifically to work with staff working in the dementia care unit. Staff report the additional expertise to this area has increased their knowledge and understanding of caring for a person with dementia. Representatives report the environment within the unit has improved and residents present as calm and happy.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

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

3.3 Education and staff development

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

Team's recommendation

Does comply

Required knowledge and skills for each role are specified in job descriptions; these are considered during recruitment and monitored on an ongoing basis through the performance appraisal process and competency assessments. There is a mandatory education program and an annual plan developed to ensure this education is provided. Attendance at education and training sessions is monitored. Education needs are identified through staff request, audit results, home's feedback and development system, monitoring of indicator data and performance appraisal results. An education plan is developed based on identified needs and requirements, and processes are in place to assist staff to access self-directed learning packages as well as external education opportunities. Management monitors the skills and knowledge of staff through audits, competency assessments and observation of staff practice. Management and staff demonstrated knowledge and skills specific to their roles.

3.4 Emotional support

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

Team's recommendation

Does comply

Processes are in place to identify residents' emotional support needs on entry to the home and on an ongoing basis. Residents are provided with a resident handbook on relocation to the home and are orientated to the environment, services, staff and other residents. Regular review processes identify changes or concerns expressed by residents and current strategies used to support residents are discussed. Care staff, the Activities staff, relatives, friends, volunteers, visiting ministers, pastoral care services and management provide initial and ongoing social and emotional support to residents. Residents confirmed satisfaction with the emotional support provided in adjusting to life in the new environment and on an ongoing basis.

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

Residents' current lifestyle preferences, interests and abilities are identified during entry to the home to assist with the development of social/family and clinical care plans that maximise individual resident's independence. Staff promote and support resident's independence within their capacity in relation to personal care and activities of daily living and appropriate equipment such as mobility and incontinence aids are provided to support independence. Activities staff assist residents to participate in a variety of leisure activities and to maintain links within the community, as well as with family and friends. Resident individualised case conferences and resident forums/meetings provide opportunities for residents to discuss issues and voice suggestions or concerns; concerns can also be

addressed through the comments and complaints process. Residents are satisfied with the support provided to enable them to maintain an optimal level of 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 maintains policies and processes to protect residents' privacy and dignity. On entry to the home, residents are provided with information about privacy and confidentiality which is contained in the resident handbook. Staff and management demonstrated awareness of the privacy and confidentiality considerations when providing shift handover and attending to resident care needs. Resident personal, clinical and financial information is stored in a secure manner that protects the confidentiality of residents. Residents/representatives are satisfied their privacy needs are respected and that staff ensure their dignity is maintained.

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

The home has systems in place that encourage and support residents' participation in a wide range of activities of interest. Resident's past and current interests are identified through interview and individualised care plans. The Activities program consists of one to one and group activities. Evaluation of the program is generally monitored through evaluation reports, participation rates, observations and resident feedback. Monthly Activity programs are placed throughout the home and residents are encouraged and supported by the Activities staff, care staff, and volunteers. Residents/representatives reported satisfaction with the leisure and activity program offered.

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 specific interests, preferences, cultural and spiritual needs are identified on entry to the home and individualised care plans are developed. Provisions are made for the celebration of significant cultural and religious days and catering services are available for residents with specific dietary requirements and preferences. Spiritual support is provided from a number of religious denominations who offer services regularly, and pastoral carers visit regularly. Staff demonstrated an awareness of residents' individual beliefs and cultural backgrounds. Residents/representatives are satisfied with the home's approach in fostering and valuing their individual interests, beliefs and cultural backgrounds

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Residents are provided with opportunities to exercise choice and make decisions in the planning and provision of care and lifestyle, and are encouraged to be actively involved in decisions that affect their lives. Input and feedback is sought from residents/representatives throughout their stay at the home through case conferences, resident meetings, resident surveys, comments and complaints processes, and daily one-to-one interaction with staff. Staff utilise strategies to incorporate options and choice into resident's daily care routines and leisure interests and activities. Information for residents about internal and external complaint mechanisms are contained in the resident handbook and information displayed in the residents' communal living areas. Residents are satisfied with options offered and the ability to make choices in matters relating to their care and lifestyle with staff showing due consideration for their personal preferences and choices.

3.10 Resident security of tenure and responsibilities

This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's recommendation

Does comply

Residents/representatives are provided with information about their rights and responsibilities and security of tenure prior to relocation and on entry; this information is re-enforced during their time at the home. Information provided includes fees and charges, the reasons and processes utilised for changes to tenure, services to be provided by the home and the resident's responsibilities. Management ensures that all parties understand the terms of the agreement prior to signing the residency agreement. Further information regarding resident's rights and responsibilities is contained in the resident handbook. Ongoing information is provided through letters, newsletters and discussions at residents/representative forums as the need arises. Residents are satisfied they have secure tenure within the home and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

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

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

- In response to the increasing demand in the local district, the home increased bed numbers with a corresponding building program. Structural additions to the home included a unit for residents with conditions requiring a secured living environment, and the refurbishment of a wing accommodating residents requiring high acuity care. These newer parts of the home also provide common areas which provide opportunity for increased interaction between residents; provide for a large, comfortable area for residents in regency chairs to attend concerts, and ensures that residents requiring environmental restraint are accommodated safely and comfortably.
- As an addition to the new assistance call system Staff in the secure unit have access to a wearable duress alarm which is reported as enhancing their workplace safety, particularly at night.
- Following staff feedback on feeling uncomfortable at night in relation to the external perimeter of the home, security patrols are now conducted nightly at random times by a contracted service provider. Staff report that these patrols, coupled with the home’s standing lockup procedures and walk-around of the internal areas, has improved the staff’s sense of feeling safe during the night.
- The home is currently rolling-out the change of floor coverings from carpet to linoleum as it was assessed as easier to clean, more hygienic, made for easier movement of equipment, and adds a fresh look to the home. This initiative has been found by residents, staff and management to increase infection control; improve the ease of mobility throughout the home; increase workplace health and safety, and enhances the aesthetics of the home.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home’s management has implemented systems to identify regulatory requirements and systems to ensure compliance. The Board and personnel at the home are notified of changes to relevant legislation, regulations, standards and guidelines by their networks and external service providers; information is also available through the home’s file sharing/web browsing software. The orientation program and mandatory education sessions reinforce

relevant regulatory requirements. Systems are in place to monitor and ensure compliance with relevant regulatory requirements; the home has met building certification requirements; the home has a food safety program, and provides a safe working environment.

4.3 Education and staff development

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

Team's recommendation

Does comply

Required knowledge and skills for each role are specified in job descriptions; these are considered during recruitment and monitored on an ongoing basis through the performance appraisal process and competency assessments. There is a mandatory education program and an annual plan developed to ensure this education is provided. Attendance at education and training sessions is monitored. Education needs are identified through staff request, audit results, home's feedback and development system, monitoring of indicator data and performance appraisal results. An education plan is developed based on identified needs and requirements, and processes are in place to assist staff to access self-directed learning packages as well as external education opportunities. Management monitors the skills and knowledge of staff through audits, competency assessments and observation of staff practice. Management and staff demonstrated knowledge and skills specific to their roles.

4.4 Living environment

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

Team's recommendation

Does comply

The living environment and resident safety and comfort needs are assessed and reviewed through regular staff meetings, audits, incident/hazard reports, maintenance requests and staff observation. The home consists of single and two-bed en-suite rooms, and the environment provides safe access to clean and well maintained internal and external communal areas, with appropriate furniture sufficient for residents' needs. Handrails are in place throughout the home and walkways facilitate resident mobility outside. The maintenance team implement and oversee a preventative maintenance program on buildings, infrastructure and equipment, with external contractors being utilised as is appropriate. Restraint is utilised for some residents and appropriate authorisation and monitoring is undertaken. Staff ensure all external entrances to the home are secure in the evening; regular security rounds are undertaken, and staff have access to police and emergency telephone numbers in the event of a security breach. Residents/representatives are satisfied with the maintenance, safety and comfort of their living environment.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

Management of the home have implemented a safety system that meets regulatory requirements. The home's safety system is coordinated by an onsite workplace health and safety officer (WHSO). Effective processes are in place for the notification and control of hazards; for managing exposure to risks; for the reporting and investigation of staff incidents; for the management of chemicals; for regular safety and environmental audits, and for the rehabilitation of injured staff and to support their return to work. Staff are given education on their responsibilities in relation to workplace health and safety, and the home actively works to provide a safe working environment that meets regulatory compliance.

4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's recommendation

Does comply

Processes are in place to identify and minimise risks associated with fire, security and other emergencies through regular fire inspections and auditing of the environment as well as practices. Emergency and evacuation procedures are documented and available to guide staff practice along with sign in/out registers and resident lists. A preventative maintenance program for fire systems, equipment and signage are completed by an external provider. Internal environmental and maintenance audits are conducted to monitor emergency systems and equipment and deficiencies are actioned accordingly. Evacuation diagrams are located across the site and exits are clear of obstructions. All staff participate at orientation (and annually thereafter) in a mandatory education program and are made aware of lock up procedures for security. Staff have access to an emergency response manual and the home's management maintain links to local area disaster management groups. Residents are informed of the fire, security and emergency procedures. Procedures are in place to ensure night time security of residents and staff.

4.7 Infection control

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

Team's recommendation

Does comply

An infection control surveillance program is generally in place and infection control policy, procedures and outbreak guidelines are available for staff reference. Staff collect residents' infection data and pathology is instigated where appropriate, following notification to the medical officer. Infection information collected is reviewed and acted upon on an individual resident basis and the data is collated on a monthly basis. Infection control auditing is conducted as per the audit schedule. Staff are provided with infection control training at orientation, as part of the annual mandatory training program and other opportunities are provided as part of the staff education program or performance management. Hand washing facilities are located throughout the home and staff have access to personal protective equipment. Safe food storage practices are evident in the kitchen: temperature monitoring of foods on delivery, storage and serving is conducted and recorded. Colour coding systems

are used for laundry items and cleaning. Cleaning schedules are in place for general cleaning. Residents are satisfied with the cleanliness of the home and cares provided by the staff, and residents/representatives are satisfied with the actions of staff to control the risk of cross infection.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".

Team's recommendation

Does comply

Residents/representatives are satisfied with the standard of the catering, cleaning and laundry services provided at the home. Residents' dietary needs are assessed and along with their allergies, likes, dislikes and preferences are recorded so their needs and preferences can be met. Catering services are operated according to the home's food safety plan. A rotating four weekly seasonal menu is planned with dietetic consultation prior to implementation. Meal alternatives are provided, and specific food, drinks and snacks are provided according to resident preference and clinical need. The home's linen laundry services and residents' personal clothing items are attended to in the house laundry using specialised equipment and practices that minimise risk of cross infection and these items are folded/ironed and delivered to laundry supply cupboards and the resident's wardrobe. Cleaning services are carried out by trained staff using appropriate cleaning and waste disposal practices and according to schedules suitable to residents. Staff are directed by duty lists and complete work and cleaning schedules to ensure duties are carried out as required. Hospitality services are monitored via regular audits, observation of staff practice and through resident feedback in forums, surveys and through the compliment/complaint and feedback processes.