



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Cumberland Manor

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

The Agency has decided that the period of accreditation of Cumberland Manor is three years until 20 October 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor 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:	Cumberland Manor				
RACS ID:	4297				
Number of beds:	74	Number of high care residents:	53		
Special needs group catered for:	Nil				
Street/PO Box:	Cnr Wiltshire & Cumberland Sts				
City:	SUNSHINE	State:	VIC	Postcode:	3020
Phone:	03 9311 7079		Facsimile:	03 9311 7048	
Email address:	manager_cumberlandmanor@netspace.net.au				

Approved provider

Approved provider:	Runwell Services Pty Ltd
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Assessment team

Team leader:	Jill Packham
Team member:	Michelle Benson
Dates of audit:	19 August 2009 to 20 August 2009

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

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

Standard 2: Health and personal care

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

Accreditation decision

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

Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Cumberland Manor
RACS ID	4297

Executive summary

This is the report of a site audit of Cumberland Manor 4297, Cnr Wiltshire & Cumberland Sts, SUNSHINE VIC 3020 from 19 August 2009 to 20 August 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd on 26 August 2009.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Cumberland Manor.

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 19 August 2009 to 20 August 2009.

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

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

Assessment team

Team leader:	Jill Packham
Team member:	Michelle Benson

Approved provider details

Approved provider:	Runwell Services Pty Ltd
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Details of home

Name of home:	Cumberland Manor
RACS ID:	4297

Total number of allocated places:	74
Number of residents during site audit:	60
Number of high care residents during site audit:	53
Special needs catered for:	

Street/PO Box:	Cnr Wiltshire & Cumberland Sts	State:	VIC
City/Town:	SUNSHINE	Postcode:	3020
Phone number:	03 9311 7079	Facsimile:	03 9311 7048
E-mail address:	manager_cumberlandmanor@netspace.net.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:

Interviews

	Number		Number
Facility Manager	1	Lifestyle Co-ordinator	1
Assistant manager	1	Physiotherapist	1
Clinical care co-ordinator	1	Residents/representatives	10
Registered nurses	3	Catering staff	3
Care staff	5	Laundry staff	1
		Cleaning staff	2

Sampled documents

	Number		Number
Residents' files	11	Medication charts	15
		Personnel files	4

Other documents reviewed

The team also reviewed:

- "QuickEd" education worksheets
- Activity calendar August 2009
- Agency staff orientation checklist
- Appraisal schedule
- Audit Schedule 2009
- Building certification
- Business Plan 2008 – 2010
- Care coordinators' manual
- Charter of residents' rights
- Cleaning schedules
- Comments and complaints analysis 2009
- Comments and complaints log
- Cultural care kit resource folder
- Diabetic management folders

- Dietician reviews
- Education calendar
- Emergency control and management procedures (manual from external contractor)
- Employee handbook
- Evacuation pack booklet
- Evidence folders by the four standards
- Exercise regimes
- External contractors' maintenance records
- External service providers' orientation checklist
- External services providers information folder
- Fire security and other emergencies audit June 2009
- Food safety assessments
- Food safety plan
- Infection control manuals
- Infection control reports
- Language and cue cards resource
- Lifestyle evaluations 2009
- Lifestyle evidence folder 2009
- Maintenance Folder
- Maintenance issues graph June 2009
- Managers Manual
- Material safety data sheets
- Medication dangerous drug register
- Medication management procedures
- Menu
- Mission and vision statement
- Monthly audit results folder
- OH&S Housekeeping audit June 2009
- Opportunity to improve forms
- Organisation chart
- Police check and staff signatory folder
- Policies and procedures folders
- Preventative maintenance schedule July-Dec 2009
- Procedures flowcharts
- Quality improvement log
- Quality Plan
- Resident activity attendance records 2009
- Resident and relative meeting minutes
- Resident handbook
- Resident newsletter autumn edition 2009
- Residents' and relatives information folder
- Residents' surveys June 2009
- Roster
- Staff and residents' surveys comparison 2008 / 2009
- Staff communication folder
- Staff education sessions attendance list
- Staff memorandum
- Staff orientation checklist
- Staff performance appraisals
- Staff survey
- Washer dryer instructions
- Wound Management folders
- Yearly meeting calendar

Observations

The team observed the following:

- Activities in progress
- Activity noticeboard
- Archive storage areas
- Brochures in other languages
- Call buttons in communal areas and corridors
- Chemical storage areas
- Cleaning in progress
- Cold drink vending machine
- Comments and complaints box in reception
- Document room
- Equipment and supply storage areas
- Evacuation packs
- Exit signs illuminated
- Fire and safety equipment tagged
- Hair dressing salon
- Hand washing stations throughout
- Interactions between staff and residents
- Keypad security
- Laundry
- Living environment
- Lunch being served
- Medical equipment stores
- Memorial photo board
- Menu on display
- Morning tea being served
- Notices in other languages on display
- Nursing station
- Opportunity to improve and feedback forms in reception
- Outside designated smoking areas
- Oxygen equipment
- Refrigerators
- Resident bedrooms and bathrooms
- Staff and resident noticeboards
- Staff room with noticeboards
- Storage of food items
- Storage of medications
- Treatment rooms
- Utility rooms
- Various dining and lounge areas
- Visitor and contractors sign in books
- Wound care products

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has an effective system in place to identify, action and evaluate continuous improvement across the four standards. Information is collected through feedback forms from staff, residents and representatives, the complaints and comments system, opportunity to improve forms, audits, surveys, data analysis, clinical indicators and regulatory changes. The facility manager logs and monitors items on the plan for continuous improvement which outlines planned actions, responsible departments, completion timeframes and outcomes for the resident or other stakeholders. Feedback is via the relevant meetings, newsletters, noticeboards, individually as appropriate and monthly updates are placed in the staff results folder. The quality activity process includes evaluation for effectiveness and the satisfaction of staff, residents and representatives. Staff confirms they use the continuous improvement forms and are satisfied with feedback and actions undertaken. Residents and representatives say they are encouraged to make suggestions and know where the feedback forms are situated in reception.

Examples of recent quality improvements in relation to standard one:

- The introduction of a self-directed education package which has been developed specifically for the site by an external contractor following low attendance at in-service sessions. The package contains a summary of the topic, a quiz to check comprehension and an evaluation at the end of each session. Topics cover all four standards and the home is currently running a staff competition with prizes for the top scorer. Staff feedback is positive saying they enjoy this type of learning and it is increasing their skills and knowledge.
- The introduction of new forms for complaints, comments and suggestions. There are now three types of forms – opportunity to improve, staff feedback and resident / representative feedback. Each form contains an action plan template on the back which clearly notes follow-up directives and who it has been allocated to for actioning/monitoring. These new forms are popular and have increased communication and improved feedback timeframes.
- There has been a review of staff recruitment and retention. Rosters have been reviewed to ensure resident care needs are met and this has resulted in the introduction of a division one supervisory role. Agency staff are now in place to cover this role until the interviewing process is complete. The role has resulted in a marked increase in the control of workflow.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems to identify relevant legislation and regulatory updates to ensure compliance across all four standards. The facility manager monitors information forwarded

from the corporate office, memberships to peak bodies, subscription to legal websites, government department notifications, scheduled audits and management meetings. These changes lead to policy and procedure reviews by the corporate office, staff education and audits on current processes and competencies. Regulatory compliance is a standing agenda item at the appropriate meetings and staff manuals are regularly updated. Residents are notified through their meetings and newsletters. All staff and external contractors are required to provide current police checks prior to employment with the corporate office maintaining a register and forwarding notices when renewals are due. Staff, residents and representatives confirm they are notified of changes.

Examples of regulatory compliance in relation to standard one:

- A police check policy is in place and ongoing
- Information systems, including resident and personnel information, is maintained as per the privacy act and medical records act
- A new policy has been developed following changes to the missing persons legislation in January 2009
- A compulsory reporting system is in place in alignment with changes in January 2009

1.3 Education and staff development

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

Team's recommendation

Does comply

The home has systems and processes in place to ensure that staff have the knowledge and skills required for effective performance in relation to the Accreditation Standards. An education calendar is developed annually from various sources such as performance appraisals, quality system results, staff surveys and requests. Mandatory training and other education opportunities are offered throughout the year with staff attendances monitored. Internal and external education sessions are assessed as appropriate and competencies and audits are used to ensure staff maintain their skill levels for effectiveness and identify opportunities for improvement. A range of educational tools are offered to encourage staff to embrace learning with an attached incentive program. This program has shown to be hugely successful and many staff commented on how valuable these education opportunities were. Suitably qualified staff are orientated into the home following recruitment and a formal process of induction is carried out. Staff commented that they are well supported by management to improve their skills and satisfied with the education and training provided and that management encourages professional development.

1.4 Comments and complaints

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

Team's recommendation

Does comply

The home provides stakeholders with access to internal and external complaints mechanisms. Information to residents is included in their handbook at entry and brochures and posters are on display. Staff, residents and representatives access the system through the feedback forms, quality improvement forms and a suggestion box and meetings also provide a forum for comments and discussion. The facility manager monitors actions and timeframes and feedback is given at meetings or one on one where appropriate to maintain confidentiality. Trends feed into the home's quality action plan and staff training. Staff, residents and representatives state they are comfortable raising issues and are satisfied with feedback.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The organisation's mission and vision statement describes the home's commitment to providing residents with quality care in a safe, happy and supportive environment. The statement is on display throughout the facility and is documented consistently in the staff and resident's handbooks. The organisational chart describes the management structure and areas of responsibility and corporate planning meetings are held to develop annual quality plans and two yearly business plans.

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 processes in place to recruit and maintain appropriately skilled and qualified staff for the delivery of services to its residents. A particular focus is currently underway to ensure that the current staffing mix meets the higher care needs of residents. The home directly employs its own permanent and casual personnel. Adequacy of staffing and skill-mix is reviewed and actioned by the acting facility manager. Agency care workers are utilised when management cannot source employees from the home's own casual staff. The home provides orientation sessions for personnel on commencement of employment and provides annual performance appraisal for evaluation of performance. Staff across all areas of service at the home currently confirm adequacy of staff numbers. Residents spoke highly of the care provided by staff from all departments

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has systems in place to ensure adequate stock levels are maintained and appropriate goods and equipment are available for the delivery of quality service. Preventative and corrective maintenance schedules are in place and are managed by an external contractor and an approved suppliers list is used for purchases. Care co-ordinators monitor stock levels and rotation of perishables, purchase orders are raised and new equipment is added to the assets register. Acquisitions are based on the residents' needs, feedback forms, equipment audits and occupational health and safety assessments. Supplies are stored in locked cupboards and all electrical goods are tested and tagged. Staff and residents confirm equipment and stock levels are adequate to their needs.

1.8 Information systems

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

Team's recommendation

Does comply

The home has recently undertaken an extensive review of how information is managed, accessed and stored. As a result of this review significant improvement to the management of information is either completed or in the process of completion. The facility manager oversees the document control system to ensure that only the most current version of information is in circulation. Information is sought through a variety of mechanisms, such as audits, surveys meetings and the complaints system. Assessment and care planning documentation in residents' care files provides adequate information to enable staff to meet resident care needs. Resident information and files are stored to ensure resident confidentiality is maintained. Confidential material is stored securely with access available to authorised personnel only including financial information required pre and post admission. Archived documents are stored securely until the end of the required time limit and then destroyed appropriately as per legislative requirements. The homes monitoring process monitors compliance with privacy issues through the review of procedures to ensure appropriate and up to date information is being distributed. Residents and staff reported they have ready access to information relating to their needs.

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 establishes and co-ordinates the delivery of external services to ensure they are effective in meeting the residents' needs. The majority of contractors are employed organisation wide with a small number of site-specific services used. External contractors include the home's allied health professionals, fire services and maintenance providers. Signed agreements are in place that outline the service, insurance and police check requirements and an external service provider handbook has been developed which also documents the organisations' mission and values. Quality is monitored by staff and resident feedback and the audit schedule, with contracts reviewed annually for satisfaction. Staff, residents and representatives state they are satisfied with the service they receive from contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home actively pursues continuous improvement in relation to residents' health and personal care. An audit schedule covering clinical outcomes is in place with infection/incident data collated, trended and analysed by the appropriate personnel and minimisation strategies planned and implemented. Staff confirm they are encouraged to contribute to improvements in clinical practices and residents and representatives are satisfied with their health and personal care. For more detailed information on the home's processes please refer to expected outcome 1.1 continuous improvement.

Examples of recent quality improvements in relation to standard two:

- Introduction of a new care plan system that has been developed by an external contractor. Currently over half of the care plans have been reviewed and staff feedback is that the new system is a lot easier to manage and residents' current care needs are clearly documented.
- Introduction of a new wound management system with a separate room has now been established containing individual containers for each resident and a separate trolley for dressings to minimise infection control. An external wound management consultant has conducted an education session for staff and is to return this week to review current residents and to plan further education.
- Expansion of the physiotherapy hours to incorporate allied health specifically to support pain management needs of residents.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

The home ensures compliance with regulations and guidelines regarding the residents' health and personal care. Staff confirm they are kept up to date with information and training in relation to the clinical care of residents. For detailed information on the home's processes please refer to expected outcome 1.2 regulatory compliance.

Examples of regulatory compliance in relation to standard two:

- Monitoring of nursing staff registrations
- Management and administration of medications by qualified staff and development of an exemption application and process

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

An education program is offered that encompasses a range of development opportunities for clinical staff. Systems and processes are in place to ensure that staff maintain ongoing clinical competencies, refer to expected outcome 1.3. education and staff development.

Training opportunities provided over the past twelve months include;

- Pressure care
- Spinal cord injury, hyperflexia
- Dementia workshop
- Assessment documentation
- Medication management

2.4 Clinical care

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

Team’s recommendation

Does comply

The home accommodates both high and low care residents with varying health care needs and preferences. All high care residents have their care needs reviewed monthly by registered nurses division one. Low level care residents have their needs reviewed two monthly. All residents and/or their representatives are consulted six weekly after admission and then annually or sooner if a need arises. On entry to the home all residents undergo a number of health assessments to determine their individual needs and preferences, these needs are then recorded on a care plan. Residents’ needs are reviewed regularly by their doctors, and other allied health professionals as required. Residents or their representatives confirm they are consulted regularly about their care needs. Care staff have a detailed knowledge of residents’ specific care needs, and are able to describe their roles in the provision of clinical care. Residents and their representatives said that they were very confident in the care provided at the home.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

There are some residents living at the home who require specialised nursing care, this includes the management of diabetes, wounds, palliative care, urinary and bowel diversion and complex pain management. These residents’ needs are assessed, managed and evaluated by registered nurses who are on site 24 hours a day. When required, referrals are made to specialist services such as dieticians, wound consultants, medical consultants, and speech pathologists. Education and competency testing is provided to all staff who may undertake certain procedures in relation to specialised nursing care such as diabetic monitoring and wound dressings. Residents commented that they are confident that staff have the necessary skills to manage their specialised nursing care.

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

There are systems in place to ensure that residents are provided with information both before and after admission about what health services will be provided to them and the associated costs. The home has a number of other health services that are utilised regularly, this includes podiatry, physiotherapy, dieticians, hairdressing, ophthalmology, wound consultancy and aged psychiatry services. Residents, staff and documentation confirm that specialist referrals are made as required and that any resulting changes to residents’ care are acted upon. Residents said they are confident in the care provided by other health providers and that they are assisted to access these services as required.

2.7 Medication management

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

Team’s recommendation

Does comply

The home has processes in place to provide safe medication management for its residents. A registered nurse division one oversees medication management at the home and a team of registered nurses division two supports them. The medication advisory committee meets regularly to advise on legislative changes and industry best practice. The medication advisory committee also oversees the incidents and auditing aspects of medication management. Medication management is reviewed and evaluated regularly by an external pharmacy consulting service. Competency checking for all staff is conducted regularly and staff must achieve 100% compliance with a self-directed learning package to allow ongoing administration of medications. Competency testing also includes observation of a medication administration round. Some residents administer some medications independently, and they are reviewed regularly to ensure their ongoing competency to do this safely. Residents said they are satisfied with medication management at the home.

2.8 Pain management

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

Team’s recommendation

Does comply

There are systems and processes in place to ensure that any resident experiencing pain is identified and managed appropriately. All residents are assessed on entry for pain and pain related conditions, and a management plan is developed when required. Assessment tools used to assess pain include tools to assess residents who are non-communicative. A range of contemporary and alternative treatments are used including analgesia, massage, heat packs, exercise programs and physiotherapy. Complex pain management strategies can be managed at the home including the use of subcutaneous analgesics for residents in palliation. External assistance is utilised when necessary for pain management including palliative care services. Residents and their representatives said that the staff attend to their pain needs promptly.

2.9 Palliative care

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

Team’s recommendation

Does comply

The home is able to manage the majority of residents in their last stages of life. All residents and/or their representatives are provided with the opportunity to discuss their end of life wishes soon after admission. Any specific requests and preferences are recorded and are able to be readily accessed by staff in the event of a resident’s sudden demise. External specialists are accessed as required and residents and representatives are regularly consulted. Residents’ spiritual needs are addressed in accordance with their preferences.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

All residents’ dietary needs and preferences are assessed on admission. Formal communication processes are in place with the kitchen to ensure that residents’ allergies, preferences, meal size, texture and special requirements are catered for. Cumberland Manor has a seasonal rotating menu with two choices available at all meals. Fresh fruit and snacks are available throughout the day and night, and residents and relatives said there is always plenty of well-presented food. Residents’ weights are monitored and any emerging trends with weight loss and gain are monitored. Residents are referred to external specialist as required including medical practitioners, dieticians’, speech pathologists and wound consultants. Residents commented that the food is always well presented and of a good quality and quantity.

2.11 Skin care

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

Team’s recommendation

Does comply

All residents undergo an assessment of their skin on admission to the home to identify if the resident is at risk of skin breakdown or has an existing skin condition. Residents’ care plans detail the strategies to prevent skin breakdown and these plans are reviewed regularly. Any residents who have a wound are monitored more frequently and a registered nurse division one prescribes the treatment and monitors all wounds. A wound specialist has recently reviewed all residents with wounds and specialist advice is sought when required. Only staff deemed competent to undertake wound dressings are able to perform these procedures. Staff said they monitor the condition of residents’ skin while they are undertaking personal care tasks such as showering, and residents said they are very satisfied with the care that staff provide them in relation to their skin.

2.12 Contenance management

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

Team’s recommendation

Does comply

Residents’ continence management needs are assessed on entry and care plans are developed to promote continence or maintain social continence. Continence programs are trialled and staff are able to describe residents’ individual needs. Assessments are completed as needed to identify the most suitable strategies or aid for each individual resident. Residents are assisted to ensure that they have enough fibre and fluids to aid with bowel management and a range of interventions both pharmacologically and nutritionally are used to promote regularity and prevent constipation. Residents said that staff are always helpful with their continence needs and attend to them in a dignified and private manner.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Any resident identified as having challenging behaviours undergoes an assessment process to assist the staff to identify triggers to behaviours and determine the best management plan for their needs. Many of the staff working at the home have had training in dementia care and managing challenging behaviours. Broad ranges of interventions are used and assistance is readily sought as required from aged psychiatry services as required. A number of programs are in place to assist residents to be involved in a variety of activities suitable to their abilities. Residents said that the home is usually very quiet and confirm that staff attend to residents with challenging behaviours very attentively and respectfully.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all residents”.

Team’s recommendation

Does comply

Residents are assisted to maintain optimum levels of mobility and dexterity via an initial assessment undertaken by the nursing staff and the physiotherapist. All residents have an individualised exercise program developed to assist them achieve optimum levels of mobility. A physiotherapy assistant is available three days a week to assist residents with these programs and she is guided by the physiotherapist’s recommendations. Some residents in the low care section of the home keep their exercise programs with them and attend to them independently. Falls are monitored and reported and falls risk assessments are implemented at the home. Residents are advised about appropriate footwear and environmental audits monitor risks. Residents confirm that they have a wide variety of exercise options available to them including specialised exercise equipment and a physiotherapy room. Residents’ walking aids and wheelchairs are maintained and assistive eating devices are available as required.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents’ oral health needs and preferences are assessed on entry and individual care needs and preferences are recorded on residents’ care plans. These care plans are reviewed regularly to ensure that the documented care remains the same. Any residents identified with painful teeth or ill-fitting dentures are referred to appropriate services for review. The home accesses a visiting dental service as needed and residents commented that staff manage their teeth or dentures well and in accordance with their preferences.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents’ cognition, communication, and sense of touch, smell, vision and hearing are assessed on entry to the home. The level of assistance and any special aides required by residents is determined. Care plans reflect the assessments and are regularly reviewed. Optometry services visit the home and have provided detailed information on individual care requirements. Audiology services can be contacted as required. The lifestyle program incorporates a range of activities to stimulate residents’ senses and residents in the dementia unit can access a number of visual, auditory and tactile displays throughout the unit to stimulate their senses and keep them occupied. Residents say that staff assist them in maintaining their sensory aids in accordance with their preferences.

2.17 Sleep

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

Team’s recommendation

Does comply

On entry to the home residents’ sleep, settling and rising times and preferences are charted and sleep assessments completed to identify residents’ individual patterns. Sleep care plans are developed and reviewed indicating triggers that disturb sleep and identifying specific strategies to assist in achieving natural sleep patterns, including the room environment and toileting habits. Staff working in the dementia unit are able to put on dressing gowns and pyjamas when attending to residents who are confused to assist them with their orientation during the night. Some residents said that they use medications to help them sleep and that staff are always on time to give them this medication when they request it. Residents state that the home is quiet and that the staff respond quickly to their needs during the night.

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 improvements to outcomes in relation to residents’ lifestyle. Residents are encouraged to make suggestions to enhance their lifestyle and leisure activities with surveys, discussions and audits feeding into the improvement plan. Residents and representatives report they are satisfied with the home’s variety of lifestyle activities and their opportunities to suggest new ideas. For more detailed information on the home’s processes please refer to expected outcome 1.1 continuous improvement.

Examples of recent quality improvements in relation to standard three:

- Introduction of a men’s group to improve the male residents involvement in activities
- A raised vegetable and herb garden has been established within a secure courtyard area. This has proven very popular with the residents as they can now work in the garden unsupervised and grow produce as they did before coming to the home.
- Initiatives to increase community involvement in the home have been implemented including school children reading to the residents, a visiting disability group, a polish community group and lifestyle students working on a cultural diversity program.
- A lifestyle co-ordinator has been appointed to oversee and expand the lifestyle program

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 ensures compliance with regulations and guidelines regarding residents’ lifestyle. Residents and representatives confirm they are informed of changes to legislation and are aware of their rights and responsibilities and staff report they are informed by management of legislative changes in relation to residents’ lifestyle outcomes. For detailed information on the home’s processes please refer to expected outcome 1.2 regulatory compliance

Examples of regulatory compliance in relation to standard three:

- The recent elder abuse legislation
- Security of tenure
- Privacy and confidentiality issues

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

An education program is offered that encompasses a range of educational opportunities to ensure that residents' lifestyle and civil rights are upheld as much as possible. Systems and processes are in place to ensure that staff are suitably qualified and maintain ongoing educational opportunities relevant to resident lifestyle, also refer to expected outcome 1.3 education and staff development.

Training opportunities over the past twelve months include;

- Compulsory reporting
- Privacy and Dignity
- Cultural diversity workshop
- Polish culture

3.4 Emotional support

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

Team's recommendation

Does comply

The home has systems in place to identify residents and their representatives' emotional support needs in adjusting to living in a new environment and on an ongoing basis. Following orientation to the home, a depth social, cultural and emotional assessment is done to capture preferences and routines and any emotional triggers from past history. A buddy system is in place and a welcome committee presents the new resident with a knitted blanket and a welcome card. Residents are encouraged to bring personal items for their room, to maintain outside contacts, flexible visiting hours are available and significant events are celebrated. Ongoing support is provided through the resident of the month system, one on one time if required, care consultations with family members and resident feedback. The lifestyle co-ordinator monitors staff interactions and reviews activity programs to ensure residents' needs are met. Staff confirm they are consulted about the emotional status of residents and residents and representatives state they are satisfied with the emotion support provided at the home.

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 assists residents to maintain their independence and to participate in activities in the community and within the facility. A cognitive and physical assessment is performed to determine the residents' capability to function safely and effectively with a focus on ability not disability. Residents are encouraged to keep up past interests and practices, to embrace new activities and equipment aids are available to assist with such things as mobility and dining. Evaluations against goals are performed with activity attendance records, surveys and residents' meetings providing feedback on satisfaction and changing needs. Residents

confirm they are assisted when necessary to maintain their independence and are consulted on individual needs and preferences.

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 recognises and respects each resident's right to privacy, dignity and confidentiality. The organisation's privacy policy and mission statement are contained in the residents' handbook, residents' rights and responsibilities are discussed at orientation and posters are displayed throughout the facility. Privacy and consent forms are signed and end of life wishes are documented. Staff receive training on privacy and dignity matters and written and observational audits are conducted. Residents' files are kept in a locked room and access to computers is password protected with various levels of security. Residents confirm staff knock on their door prior to entry, they are addressed by their preferred name and there are adequate private areas to meet with visitors.

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 encouraged and supported to participate in a wide range of activities of interest to them both in a group setting and individually. A program is developed based on leisure and lifestyle profiles done on entry to capture the residents' cultural preferences, abilities and past and present interests. Residents' satisfaction is monitored by evaluations after outings and on site activities, surveys, feedback from meetings and attendance records. Residents are encouraged and supported to attend community activities and visiting groups, volunteers and students are utilised to enhance participation in group and individual pursuits. Residents confirm they have regular input into the lifestyle calendar and the activities on offer are meeting their needs.

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 it fosters and values residents' cultural and spiritual preferences. A care plan is developed following an assessment on entry which captures the residents' preferences and background including significant days, beliefs, religious choices, cultural practices and palliative care wishes. The home has a mix of cultures and religions and their needs are met with various denomination church services, spiritual music and reflection groups, visiting ethnic community groups and students. Significant days are acknowledged, various cultural theme days are celebrated and culturally appropriate media is provided. Staff have access to cultural kits and interpreters are available if required. The home monitors the effectiveness of the program through feedback from surveys, audits and meetings. Residents and representatives are satisfied with the support the home offers them in meeting their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

The home is committed to promoting and respecting residents' rights, choices and decisions. An initial assessment and discussions with residents and representatives document the residents' consent and privacy preferences, lifestyle routines, cultural and spiritual beliefs and physical and cognitive abilities. The residents' handbook contains information on residents' rights and responsibilities, the comments and complaints system, advocacy services and the home's policies relating to duty of care. Audits, surveys and feedback from meetings monitor satisfaction with residents' control over their choices. Choice and decision making is discussed at staff meetings, is in the home's policy and procedures and is part of staff induction. Residents and representatives state they are satisfied with the level of control they have over decision about their care and lifestyle.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

The home has policies and procedures in place to ensure residents have secure tenure and understand their rights. Prior to admission prospective residents and representatives meet with the facility manager to discuss all aspects of moving into the home and take a blank contract away to read. They are encouraged to seek external financial advice if necessary. The resident agreement and handbook contains information on security of tenure, the home's ageing in place process, the complaints and comments systems, residents' rights and responsibilities and sets out clearly financial information and the home's policies and procedures. Information is available in various languages. Residents and representatives state they feel safe and secure at the home and were given adequate information prior to admission.

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 to ensure residents live in a safe and comfortable environment. Information from residents and staff feedback, maintenance requests, housekeeping audits and incident/infection data analysis are used to identify areas for improvement. Issues are addressed immediately where possible, or added to the continuous improvement plan. Residents confirm that suggestions for improvements can be raised at meetings and that staff are very responsive. For more detailed information on the home’s processes please refer to expected outcome 1.1 continuous improvement.

Examples of recent quality improvements in relation to standard four:

- The laundry has been reorganised to improve the working environment for staff and the efficiency of residents’ washing.
- External contractors were employed to assess the carpet odour problem. New carpet/vinyl has been laid where needed and the cleaners have been trained in the new process. This has reduced the number of complaints and improved the living environment.
- A contractor was employed to develop an emergency manual and fire plan and also to provide education to staff. This has improved staff occupational health and safety skills and access to information.

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 ensures compliance with regulations and guidelines regarding the physical environment and safe systems. Staff confirm knowledge of relevant regulations and report they undergo regular mandatory training in relation to maintaining a safe environment. For detailed information on the home’s processes please refer to expected outcome 1.2 regulatory compliance.

Examples of regulatory compliance in relation to standard four:

- Fire safety and evacuation plans are on display
- The kitchen has a food safety plan
- Occupational health and safety policies are updated

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

An education program is offered that encompasses a range of training opportunities for ensuring the safe and comfortable environment for all residents and staff. Systems and processes are in place to ensure that staff are suitably qualified and maintain ongoing training relating to the environment and safety. Also refer to expected outcome 1.3 education and staff development.

Training opportunities over the past twelve months include;

- Fire and safety
- Infection control
- Incident reporting
- Emergency control workshop
- Manual handling
- Food hygiene

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

Management is actively working to provide a safe and comfortable environment for residents. The organisation has policy and procedures that cover issues such as control of noise, pests, temperature, maintenance and restraint. The home was observed to be well maintained and clean with comfortable furniture, various dining, lounge and courtyard areas and decorated with large colourful paintings. Routine and preventative maintenance is undertaken by an external contractor and housekeeping audits monitor the physical and safety needs of residents. The home has keypad security on exits and residents have access to call bells in corridors, communal areas and in their rooms. Residents and representatives state they feel comfortable and safe in the home.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The home has policies and procedures in place to maintain a safe working environment that meets regulatory requirements. An occupational health and safety representative is on site with a corporate co-ordinator. The home has a monthly meeting to discuss any issues and recent risk assessment audits and occupational health and safety is a standing agenda item at staff and resident meetings. The facility manager is 'return to work' trained as per the work cover legislation. Staff undertake training in manual handling, infection control, fire and evacuation and equipment use and the home provides equipment aids to assist staff with their duties such as lifting machines and trolleys. Staff are encouraged to report issues through incident reports, hazard alert forms and the maintenance log and, as well as a preventative maintenance schedule, the home regularly conducts audits to assess the

working environment. Staff confirm they attend training on occupational health and safety matters and that management encourage them to report any issues.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has systems in place for the detection, prevention and management of fire, security and emergency risks. The home is resourced with fire fighting equipment including sprinklers, extinguishers, hoses, fire panel, smoke doors and alarms which are tested and maintained by an external contractor. An emergency procedures manual has been developed by a consultant and there are evacuation plans and packs with resident lists throughout the facility. All staff receiving mandatory fire and emergency procedures training and a list of emergency contacts is available. The building has keypad security, exit doors are time locked with after hours access through an intercom system and the night care co-ordinator has a cordless phone connected to alarms. Staff interviewed confirm they have received training and are aware of emergency procedures. Residents and representatives state they are aware of after hours security and would follow staff directives if the alarm went off.

4.7 Infection control

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

Team's recommendation

Does comply

Data on infections is collected and entered onto a computerised database. This information is analysed and acted on when necessary. Information is reported and discussed at relevant meetings. Infection control training is mandatory for all staff working at the home and must be completed annually. Competencies are assessed regularly, including hand washing. Staff demonstrate awareness and knowledge of appropriate procedures to prevent transmission of infections. An immunisation program is offered to residents and management report that the majority of residents have annual flu vaccinations. A gastroenteritis and influenza outbreak recently occurred at the facility affecting both staff and residents and these events were handled appropriately and in consultation with the relevant authorities. Cleaning, catering and laundry infection controls are implemented including such items as colour coded cloths and mops, personal protective equipment and temperature records are kept. External food safety audits are completed and contaminated waste is appropriately handled.

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 reported satisfaction with all hospitality services provided at the home. All food is prepared freshly on site and a seasonal menu is provided. Residents are offered choices of meals and are regularly consulted by the catering manager. An independently audited food safety plan is in place. Fresh fruit and snacks are available and residents' independence during meal time is encouraged. Linen and residents personal items are laundered on site, with the condition and marking of clothing monitored; missing items traced and clothing delivered to the residents' rooms. Cleaning and laundry services are provided according to a

schedule and staff were observed to be providing a thorough service with regard to occupational health and safety guidelines and using proper infection control practices.