



Aged Care
Standards and Accreditation Agency Ltd

J.R & A.E Landt Nursing Home Approved provider: Rural Northwest Health

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 30 October 2014. We made the decision on 5 September 2011.

The audit was conducted on 2 August 2011 to 3 August 2011. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Home and approved provider details

Details of the home

Home's name:	J.R & A.E Landt Nursing Home				
RACS ID:	3488				
Number of beds:	32	Number of high care residents:	15		
Special needs group catered for:	<ul style="list-style-type: none"> • Dementia care 				
Street:	18A Dimboola Road				
City:	Warracknabeal	State:	Victoria	Postcode:	3393
Phone:	03 5396 1270		Facsimile:	03 5398 2435	
Email address:	lee.vause@rnh.net.au				

Approved provider

Approved provider:	Rural Northwest Health
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Assessment team

Team leader:	Rhonda Whitehead
Team members:	David Barnett
	Tamela Dray
Dates of audit:	2 August 2011 to 3 August 2011

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.

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

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.

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

Principle:

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

Expected outcome		Accreditation Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

Principle:

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

Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

J.R & A.E Landt Nursing Home 3488

18A Dimboola Road

WARRACKNABEAL VIC

Approved provider: Rural Northwest Health

Executive summary

This is the report of a site audit of J.R & A.E Landt Nursing Home 3488 from 2 August 2011 to 3 August 2011 submitted to the Accreditation Agency.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home's accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency visits the home to conduct a site audit. The team assesses the quality of care and services at the home, and reports its findings about whether the home meets or does not meet each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team's reasons for its findings.

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 2 August 2011 to 3 August 2011

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of three registered aged care quality assessors.

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

Assessment team

Team leader:	Rhonda Whitehead
Team members:	David Barnett
	Tamela Dray

Approved provider details

Approved provider:	Rural Northwest Health
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Details of home

Name of home:	J.R & A.E Landt Nursing Home
RACS ID:	3488

Total number of allocated places:	32
Number of residents during site audit:	29
Number of high care residents during site audit:	15
Special needs catered for:	Dementia care

Street:	18A Dimboola Road	State:	Victoria
City:	Warracknabeal	Postcode:	3393
Phone number:	03 5396 1270	Facsimile:	03 5398 2435
E-mail address:	lee.vause@rnh.net.au		

Audit trail

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

Interviews

	Number		Number
Chief executive officer	1	Residents/representatives	5
Nurse unit manager	1	Infection control nurse	1
Registered nurses	1	Finance manager	1
Dementia care project manger	1	Human resource officer	1
Care staff	2	Ordering supplies officer	1
Lifestyle co-ordinator	1	Maintenance manager	1
Administration assistant	1	Maintenance staff	1
Ward clerk	1	Environmental services manager	1
Quality manager	1	Cleaning staff	3
Occupational health and safety representatives	2	Laundry staff	1
Physiotherapist	1	Catering staff	3
Education quality officer	1	External consultant re-education service provision	1
Clinical support nurse	1		

Sampled documents

	Number		Number
Residents' files	7	Medication charts	3
Summary/quick reference care plans	6	Personnel files	4
Resident consent forms	3		

Other documents reviewed

The team also reviewed:

- Activities calendar
- Activity attendance tick sheets
- Admission pack
- Allied health referrals and care documentation
- Annual leave planner
- Asset register
- Cleaning schedules
- Clinical outcomes trend analysis
- Communication folder
- Compliment, comment, complaint forms and log
- Consultant reports
- Continuous improvement and risk management framework
- Continuous improvement plans and action plans

- Daily forms and charts folder
- Education attendance records
- Education folder and planner
- Education session completed evaluations
- Emergency plan manual
- Employment pack
- Essential safety measures preventative maintenance schedule and report
- External audit reports
- Fire and emergency equipment test reports
- Fire rating cards for daily use
- Food safety plan
- Gastro enteritis outbreak report
- Imprest list
- Infectious waste system
- Life enhancement plans
- Lifestyle audit
- Lifestyle communication diary
- Maintenance overdue job list
- Maintenance purchase orders
- Material safety data sheets
- Meeting schedule and minutes
- New employee checklist
- Occupational health and safety reports and analysis
- Opportunity for improvement forms
- Ordering slip/delivery docket
- Organisation chart
- Orientation programme evaluations
- Overview of health services
- Pest control records
- Police check register
- Policies and procedures
- Position descriptions
- Power of attorneys
- Preventative maintenance reports and schedule
- Reactive maintenance requests and log
- Requirements for contractor police check system
- Resident and relative survey
- Resident daily activity participation register
- Resident evacuation list and individual tags
- Resident information package and handbook
- Rosters
- Sharps containers
- Staff allocation book
- Staff statutory declarations
- Suppliers/contractors orientation book
- Training needs analysis
- Weight charts

Observations

The team observed the following:

- Activities in progress
- Allied health treatment room
- Archiving systems

- Bed rails
- Call bells
- Care stations
- Ceiling hoists
- Chemical storage
- Cleaning in progress
- Cleaning supplies
- Contenance products
- Cook chill meal preparation system
- Document secure storage
- Electronic and hard copy information systems
- Electronic security and locking systems
- Emergency exits and paths of egress
- Equipment and supply storage areas
- Evacuation plan
- Fire and emergency equipment and signage
- Information displays for stakeholders
- Interactions between staff and residents
- Laundries
- Laundry and clean linen/clothing systems
- Living environment
- Low beds
- Maintenance area
- Medication storage
- Mobility aids
- Nurses station
- Oxygen storage
- Personal protective equipment
- Pest control bait stations
- Resident beds with extendable sides
- Resident interaction
- Resident mealtimes, with staff assisting
- Resident noticeboard
- Resident rights and responsibilities display
- Secure dementia area
- Specialist sensory stimulation equipment
- Staff room
- Storage of medications
- Utility rooms
- 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 findings

The home meets this expected outcome

The home actively pursues continuous improvement as part of the greater Rural Northwest Health group. The nursing home is co-located with a hostel and shares all systems and other resources. As part of the larger group, the nursing home generally has systems in place to ensure a broad focus on continuous improvement across the various areas of the facility with individual action plans in place being monitored by departmental heads. Continuous improvement is pursued generally on a reactionary basis with input from audits and surveys. Less formally, the nursing homes continuous improvement responds to residents’ complaints or staff requests, contributing to, but not formally being captured as part of the organisation’s broader continuous improvement plan. Residents report they are pleased the home actively pursues improvements and that they can contribute to improvements through resident meetings which the campus manager attends.

Recent improvements to the nursing home include:

- A review of the staff orientation program highlighted gaps in the staff handbook. A revised staff handbook has been developed and covers essential and mandatory training responsibilities, IT policies and staff feedback mechanisms. This has been distributed to staff and is now included in the new staff orientation program with evaluations yet to be conducted.
- A new comments/complaints system called ‘opportunities for improvement’ has been introduced. Staff have been provided with education to ensure that they can use the system to contribute to the continuous improvement programme along with the reporting of incidents and near-misses more effectively. Staff report that the system has improved communications.

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 findings

The home meets this expected outcome

The organisation has systems in place for identifying regulatory compliance requirements and promoting practice to meet professional standards and guidelines. Management is notified of relevant changes of regulations from peak body organisations and government communications and are disseminated to staff via a fortnightly posting to the intranet. Staff are informed about compliance requirements through mechanisms such as staff meetings, memoranda, education and one to one contact. Professional registrations and police checks are monitored through the payroll system and management demonstrate compliance through mechanisms such as competency testing and incident reporting. Staff confirm they receive information about regulatory compliance and residents are satisfied with information given by the home about the accreditation visit.

Examples of responsiveness to regulatory compliance obligations relating to Standard one include:

- The home has a system in place to maintain police checks for staff and appropriate external service personnel.
- Staff known to be visa sponsored employees have statutory declarations signed.
- Professional registrations of staff are monitored.
- The Agency re-accreditation visit has been discussed at stakeholder meetings and notices of the impending visit were displayed prominently throughout the home.

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 findings

The home meets this expected outcome

The home provides an education program for staff to ensure they have the skills and knowledge to perform their roles effectively. Education topics are identified through performance appraisals, audits, improvement forms and review of incident reports. The education calendar is displayed throughout the home and also lists topics from off campus electronic learning. The home provides education in a variety of styles to meet the learning needs of staff and informs them of ad hoc education through memos, meetings and at handover. Education attendance is recorded and sessions are evaluated. Staff are assisted to up skill and confirm they attend designated mandatory education sessions and are encouraged to participate in the education program.

Examples of recent education provided for staff reflecting Standard one include:

- Emergency response training
- Regulatory compliance
- Documentation and incident reporting.

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 findings

The home meets this expected outcome

The home demonstrates residents and their representatives have access to internal and external complaints mechanisms. Appropriate forms, forums and suggestion boxes are available. A comments/complaints register is maintained with the team noting timely and appropriate response, action and feedback documented. Hierarchical action and review processes are in place with formal and informal follow-up provided to individuals and through appropriate forums. Comments/complaints are able to be made anonymously. Residents and their representatives are informed of the complaints processes and are encouraged to contribute. Residents and their representatives stated satisfaction with the home's comments and complaints processes.

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 findings

The home meets this expected outcome

Information displays and documentation including resident and staff handbooks document the homes and the organisation's mission, vision and values. The statements state the home's commitment to providing accessible, efficient, excellent and innovative care with a responsibility to actively pursue continuous improvement.

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 findings

The home meets this expected outcome

Management demonstrates and staff confirm there are appropriately skilled and qualified staff in the home. The organisation assists with human resource management processes. Systems are in place to ensure types and numbers of staff are maintained at all times and vacant shifts are appropriately filled, assisted by a regional casual staff bank. A registered nurse is on site at all times, annual leave is managed, nursing registrations are maintained, regular training is provided and position descriptions are currently being reviewed for all staff. Recruitment systems and orientation packs/programs are in place for new staff with performance appraisals completed as required. The home demonstrates staff numbers, skill mixes and staff allocations are reviewed and monitored daily to meet resident needs. Residents and their representatives say they are satisfied with the responsiveness of staff and the level of care provided.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has sufficient and suitable goods and equipment with systems to ensure the appropriate delivery of services. The organisation maintains a stores room to ensure sufficient stocks are available and in place at all times with electronic and hard copy stock monitoring and purchasing systems to ensure sufficient levels of stock and equipment. The organisation has in place preferred suppliers for regular ordering and supplies of stock, requisition processes and instruments of delegation. New equipment is trialled, stock is inspected on delivery and is rotated. Stock and equipment is generally safely and appropriately stored. The maintenance program ensures appropriate equipment monitoring and maintenance is completed. Staff confirm they have sufficient equipment and supplies to meet residents' needs, faulty equipment is repaired promptly and new equipment requests are appropriately responded to in a timely manner. The team observed sufficient supplies and clean, well-maintained equipment. Residents and their representatives confirm sufficient supplies and equipment are available to meet residents' needs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Organisational electronic and hard-copy information systems are in place in the home. Meetings, surveys and organisational reporting processes are completed. Policies and procedures are reviewed and updated through the home's and the organisation's processes. Resident and staff newsletters are published, noticeboards, handbooks and staff communication books are in place and associated information is available and distributed to relevant stakeholders. Observations and interviews confirm information is appropriately stored, secured, archived and backed-up. Staff generally state satisfaction with the home's information systems and residents confirm access to appropriate information to assist them in decision-making.

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 findings

The home meets this expected outcome

The organisation manages the home's external services, including local contractors. Systems and processes in place assist the home to ensure services meet the home's needs and quality goal. These include organisational contract reviews, tendering and contractor performance monitoring through formal and informal processes. Service agreements are in place, police checks are monitored and a preferred suppliers list is maintained. Contractor sign-in and identification processes are in place in the home. Residents, their representatives and staff state satisfaction with the home's externally sourced services.

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 findings

The home meets this expected outcome

The home has an established continuous improvement system that shows ongoing improvement in resident health and personal care. For a description of the home's system of continuous improvement, refer to Expected outcome 1.1, Continuous improvement.

Recent improvements to the nursing home include:

- The home identified that resident falls were being under reported. As a result staff have received education regarding incident reporting with an associated increase in falls reporting.
- A gap analysis and trend analysis of incident reports identified that there was a large number of resident falls resulting in negative resident outcomes. As a result the home has introduced low beds to minimise injury.
- Management observed that there was a deficit in specialised nursing care. Subsequently, specialised nursing care resources have been increased to include a team leader on each shift, a diabetes educator to review resident's diabetes, a new wound chart and a wound care committee.
- Following an external audit and report indicating not enough pressure management products were available, the home has purchased additional pressure mattresses and pressure cushions which have resulted in a decreased number of pressure areas.

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 findings

The home meets this expected outcome

Management has systems in place to identify and ensure the home meets regulatory compliance obligations in relation to resident health and personal care. For a description of how the home identifies and ensures compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, refer to Expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard two include:

- The home has a registered nurse available on all shifts.
- The home demonstrates knowledge of its legislative obligations in relation to medication management and storage and shows evidence that relevant protocols are followed.
- Specialised care and care plans of residents with high care needs are overseen by a registered nurse.
- The home has policies and procedures in place to guide staff response should a resident be unexpectedly missing from a home.

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 findings

The home meets this expected outcome

Management identifies education needs and requests and supports staff to attend internal and external clinical training in relation to health and personal care. Staff confirm they are encouraged to suggest topics and attend regular education sessions.

Examples of recent education provided for staff under Standard two include:

- Medication administration e-learning programme
- Wound care education
- Palliative care education for one staff member to attend external education
- Recognition of residents’ clinical deterioration
- Electronic care plan training
- Pressure area care

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Resident health and personal care is generally systematically assessed using standardised assessment tools from which care plans are developed and implemented. Care plans are reviewed and evaluated regularly depending on the level of assessed clinical care of each resident. Residents and or their representatives are consulted throughout the process. Education programs are in place to ensure that staff receive appropriate education to competently perform their tasks. Care is overseen by registered and enrolled nurses and delivered by personal care staff. Residents and their families state they are pleased with the quality of clinical care received.

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 findings

The home meets this expected outcome

Residents’ specialised nursing care needs are assessed at the time of entry to the home or when a change in health occurs. Care includes pain management, weight management, medication management, blood glucose monitoring and wound management. Specific specialised nursing care plans are developed and regularly monitored, reviewed and evaluated by registered nurses. Staff have access to policies, procedures and other clinical information to assist in technical nursing care. Staff confirm that education is provided to ensure they have the appropriate skills to complete and evaluate specific care needs. District nurses, a nurse practitioner, general practitioners and other health professionals are available to support staff in the delivery of complex nursing care. Residents and their representatives confirm that specialised nursing care is delivered appropriately by qualified staff

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 findings

The home meets this expected outcome

Residents have access to specialists and other health professionals in accordance with their needs and preferences. The home belongs to a regional health service which provides allied health practitioners to the home on both a regular or on an as needed basis. Residents are assessed by a physiotherapist at the time of entry to the home and reviewed as required. Staff refer residents to other services such as speech pathology, optometry, dentistry and a wound specialist according to assessed need or following a request from the resident or their representative. Residents and their representatives confirm they are assisted to attend external appointments and are pleased with the support they receive.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has in place systems to ensure that staff are able to manage medications safely and correctly and in accordance with regulatory requirements. Registered nurses are responsible for the management of medications. Residents are assisted to take their medication by registered and enrolled nurses and personal care staff. Medication charts are monitored regularly for compliance and errors. A new electronic medications administration system has been introduced to further improve medication monitoring and compliance. Each resident’s medications is reviewed by a third party pharmacist/auditor annually and checked regularly by their general practitioner. Errors in medication administration are recorded through the incident reporting process and investigated. Residents and their representatives state they are pleased with the medication administration system and are confident in the staffs’ ability to assist and monitor residents.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Residents undergo initial pain assessment on entry to the home or in the event of a change in condition. Staff have access to assessment tools to assess pain levels of residents who may be experiencing pain and evaluate the effectiveness of the strategies implemented. Interventions include heat and cold, massage, exercise and analgesia. Staff are educated to observe residents who are unable to communicate verbally for changes/behaviour which may indicate pain or discomfort. Residents and their representatives state that staff deal with residents’ pain effectively and appropriately when needed.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home provides information to residents and their representatives on entry to the home regarding what their wishes may be in the event of the resident’s sudden illness or deterioration. The home has a palliative care focus group which supports residents and staff at this time and informs all stakeholders of changes in contemporary palliative care practices and attitudes. Staff are sensitive to issues surrounding each persons spirituality and culture. Each resident has a care plan in place for trained staff to manage residents’ palliative care preferences and clinical needs. Residents and their representatives state that the subject is handled with empathy by staff and management.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents’ nutrition and hydration needs are assessed on entry to the home and identified preferences and clinical needs are relayed to the kitchen. Residents’ weights are regular checked and monitored. Patterns of weight loss or gain are referred to the general practitioner, dietitian and speech pathologist or further monitored by registered nurses. Care and hospitality staff monitor residents’ meals consumption to ensure residents at risk of not completing their meals are assisted. Food supplements are available to residents at risk of weight loss or general decline in health. Residents contribute to the menu through the residents committee and other forums and are pleased with the quality and quantity of meals.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

There are systems in place to assess, monitor and implement appropriate care to optimise residents’ skin integrity. Skin care plans are developed from the assessment information and referrals are made when appropriate. Wound management is documented and supervised and evaluated by the home’s or district nursing’s registered nurses. Each incident of breakdown through injury or pressure is recorded as an incident, monitored and trended. Contemporary wound management regimes and products are in place to optimise healing of injuries and specialised equipment to minimise pressure and prevent injury is available. Residents and their representatives are pleased with the wound management systems in place and the treatment received.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents’ continence management plans are compiled following a systematic assessment over three to seven days on entry to the home. The collected information forms the basis for an individual toileting program for each resident if an assessed need is identified. Continence is further promoted by maintaining mobility, a balanced diet and adequate or additional fluids to each resident’s tolerance. Specialist continence products and bedding is available to further provide physical comfort and dignity for residents. Residents and their representatives are pleased with the assistance given to residents to maintain their dignity, independence and maximise existing function.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has a specialist dementia care unit which is furnished and managed in such a way as to normalise life in the home where possible. Residents undergo assessment of care needs at the time of entry to the home. Assessments take into considering the individuals right to maintain independence, personality traits, friendships and associations with the community. The team was able to observe that a calm environment respectful of residents’ rights and preferences is maintained by staff, alleviating much of the anxiety of residents. Resident care is regularly monitored and evaluated. Residents can be referred to external psycho-geriatric services if needed. Staff participate in dementia education which is consistent with the home’s philosophy of care for those living with challenging behaviour. Residents’ representatives confirm that staff manage challenging behaviour in an empathetic manner.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Each resident is assessed for mobility and dexterity on entry to the home. Residents and their representatives are included in planning of interventions and a physiotherapist reviews care needs and develops a care plan in conjunction with registered nurses. The program includes the assessment of mobility aids, the use of protective equipment and sensor mats to alert staff to unexpected movement from a resident at night. There are processes in place for the review and evaluation of the program. Incident report analysis demonstrates that falls are monitored and interventions to reduce re-occurrence are implemented. Residents and their representatives are pleased with the support residents receive to maintain or improve their mobility.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

The home has processes and systems in place to ensure that residents oral and dental care needs are met. Residents are encouraged and supported to maintain their independent ability to maintain oral hygiene. Each are assessed for their needs on entry to the home including what level of staff assistance is required to maximise oral health. Residents have access to their own dentist or other medical/dental care through the organisation's community health services. Staff have had training specific to oral care in the aged. Residents and their representatives' state that oral and dental health is maintained at an optimum level.

2.16 Sensory loss

This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

Systems are in place to ensure that residents' sensory losses are identified and managed effectively. Assessed needs are evaluated regularly. Residents are referred to and encouraged to visit other health care professionals such as optometrists and audiologist if needed. Care staff are familiar with residents' sensory losses, communication needs and care requirements. Strategies such as touch, body language and gesture are used to promote communication for each resident. Residents' senses of smell and taste are optimised with cooking sessions as part of the leisure and lifestyle program. Residents and their representative's state residents receive assistance to optimise their communication needs and other sensory needs.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Residents are assessed for their sleep patterns and sleeping rituals on entry to the home. Care plans include individual rising and settling times, nightly rituals, pain management and other strategies to maximise comfort and natural sleep. Changes in sleep patterns are noted and evaluated. Residents have single or double rooms and access to a bathroom directly off each bedroom. Residents confirm their beds are comfortable and that they are able to achieve a rested sleep on most nights. Residents' state staff assist them overnight providing company or a hot drink if needed.

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 findings

The home meets this expected outcome

The nursing home actively pursues improvements in the areas of resident lifestyle. For a description of the home’s system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement.

Recent improvements to the nursing home include:

- The new lifestyle coordinator noted an inflexible attitude towards residents’ rising times and breakfast availability. Subsequently, flexible breakfast times have been established to allow residents to choose when they get up and have breakfast. Residents reported positively on this change.
- As a result of a survey in the dementia specific wing and staff observations indicating that residents were not actively engaged in activities, a specific leisure and lifestyle program has been established for the unit.
- A dementia consultant had been employed who noted that the continual noise from the television in the common areas was disruptive to residents. As a result, a specific television room has been established in the Wattle dementia unit. Management state that this has resulted in a decrease in resident behaviours.
- In recognition of residents with dementia having special needs the new digital television has been placed in an old television cabinet to enhance residents’ reminiscence.
- The lifestyle programme was reviewed following a survey which noted deficits in the lifestyle activities for residents. To help increase the number of bus outings for residents’, management is assisting the lifestyle coordinator to obtain their bus license. This is due for completion in December 2011.
- A buddy system is being established by the lifestyle coordinator so that new residents and respite recipients can be matched with a resident who has similar interests to enhance their transition into their new environment. This is to be finalised in December 2011.

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 findings

The home meets this expected outcome

Management has systems in place to identify and ensure the home meets regulatory compliance obligations in relation to resident lifestyle. For a description of how the nursing home identifies and ensures compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, refer to Expected outcome 1.2, Regulatory compliance.

Examples of responsiveness to regulatory compliance related to Standard three include:

- The nursing home has processes to manage compulsory reporting obligations and to educate staff in recognising and responding to circumstances that may require mandatory reporting of elder abuse
- Residents at the home are provided with goods and services in line with specified care and services.

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 findings

The home meets this expected outcome

Management supports and encourages staff to attend education that reflects resident lifestyle. Refer to Expected outcome 1.3, Education and staff development for details of the education program.

Examples of education provided for staff reflecting Standard three include:

- Montessori – specialist dementia training – has been conducted for all staff in the dementia wing
- Privacy and confidentiality training
- Chair based exercise/mobility training for residents

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 findings

The home meets this expected outcome

The home demonstrates residents are supported in adjusting to their life in the home and on an ongoing basis. Residents' individual emotional needs are assessed when entering their new environment and regularly reviewed. Lifestyle staff assist residents during the orientation and settling in period and display a high level of awareness of individual residents' emotional needs. Documentation and interviews confirm emotional support is regularly provided to residents through one-to-one chats. Residents and their representatives confirm emotional support is provided by 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 findings

The home meets this expected outcome

The home facilitates and encourages residents to achieve maximum independence and maintain community ties. Assessments and care plans are regularly reviewed with activity participation records, levels of involvement and staff's intimate knowledge of individual residents. Interviews, lifestyle calendars, care plans and observations confirm resident independence is maintained. The home demonstrates residents are encouraged and supported to participate in, enjoy and maintain a range of individual interests in the home and the broader community. A range of mobility aids together with staff, family and the local community assist to maintain resident independence. Residents state satisfaction with their independence according to their 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 findings

The home meets this expected outcome

The home recognises and respects each resident's privacy, dignity and confidentiality. Residents are consulted in relation to their privacy and dignity needs and preferences, which are documented on care plans. Privacy and consent statements are provided to and signed by each resident and privacy statements are contained in resident handbooks and information packs. Staff are provided with privacy and dignity information. Residents are accommodated in single and double rooms (with privacy curtains) and ensuite bathrooms. Common areas allow sufficient personal space and privacy in each area of the home. Information is securely and appropriately stored. Residents confirm they are treated with dignity and their privacy is respected.

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 findings

The home meets this expected outcome

Residents confirm they are supported and encouraged to participate in individual and group activities of interest to them. Residents' individual histories and lifestyle needs and preferences are generally assessed and regularly reviewed as working documents. Care plans generally reflect residents current care needs and preferences. Attendances, level of participation records and regular photographs of resident activity involvement assist to monitor and review the activities program and resident enjoyment. The home demonstrates resident input to the lifestyle program through resident surveys and meetings and the lifestyle coordinator conducts fortnightly activity discussions and reviews with residents, as part of the program calendar. The lifestyle coordinator is completing certificate training and says lifestyle staff will also complete the training. The lifestyle calendar is displayed and is responsive to resident needs and preferences with changes implemented when and where needed.

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 findings

The home meets this expected outcome

Residents' individual customs, beliefs and cultural backgrounds are fostered in the home. The home celebrates culturally significant days and residents' ethnic and cultural backgrounds are supported and valued. The home caters for residents' spiritual and denominational needs. Staff have access to cultural information and aids and resources. Residents and their representatives say residents' cultural and spiritual needs and preferences are met and fostered by the home.

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 findings

The home meets this expected outcome

The home recognises and respects resident choices and their decisions. Residents are consulted about their individual preferences on entry to the home and these are reviewed regularly or as needed. Residents with reduced decision-making capacity are identified and authorised representatives are in place to make decisions on their behalf. Residents and their representatives have access to pamphlets covering topics to assist them in making legal, financial and care decisions. Information also given to residents includes comments and complaints mechanisms and each resident's rights and obligations. Residents and their representatives state that residents' choices and decisions are respected.

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 findings

The home meets this expected outcome

Residents are provided with a comprehensive range of information relating to security of tenure, financial information and rights and responsibilities on entry to the home and on an on-going basis. Resident agreements are offered to all residents with the home providing ageing in place. A range of independent advice and advocacy information is available and resident rights and responsibilities are displayed. Residents and their representatives say residents feel secure in 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 findings

The home meets this expected outcome

The home has a system that shows ongoing improvements in the area of physical environment and safe systems. For a description of the home’s system of continuous improvement, refer to Expected outcome 1.1, Continuous improvement.

Recent improvements to the nursing home include:

- As a result of an external audit outlining the deficits in the nursing home’s occupational health and safety management, an occupational health and safety committee has been established to include a hands on approach and provide better input into occupational health and safety management
- As a result of an external audit and staff input, bariatric equipment has been purchased including improved mobility aids. This has improved resident mobility, occupational health and safety and time management for staff.
- A bariatric policy is currently being established with completion due August 2011.
- A specific physiotherapy and podiatry room has been established to allow for ease of access to the services for the residents. Allied health staff are pleased with this improvement.
- Following a recent gastroenteritis outbreak, infection control policies are being reviewed including adherence to the hand hygiene procedure but this is yet to be evaluated.

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 findings

The home meets this expected outcome

Processes and systems are in place to identify and ensure the home is compliant in relation to the physical environment and safe systems. For a description of how the home identifies and ensures compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, refer to Expected outcome 1.2, Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard four include:

- The home shows evidence of following relevant protocols in relation to compliance with food safety, occupational health and safety and fire and safety regulations, legislation and guidelines.
- Chemicals are stored safely and securely and automatic dispensers promote safe handling of chemicals.
- Material safety data sheets are displayed near stored chemicals.
- The home has a food safety plan.

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 findings

The home meets this expected outcome

Management supports and encourages staff to attend education that reflects the physical environment and safe systems. Refer to Expected outcome 1.3, Education and staff development for details of the education program.

Examples of education provided for staff under Standard four include:

- Manual handling as a mandatory requirement for all staff.
- Fire safety training
- Infection control training
- Hand hygiene education
- Occupational health and safety training
- No lift policy training – both practical and theory
- Emergency management online.

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 findings

The home meets this expected outcome

The homes' environment reflects the safety and comfort needs of the residents. The home has a calm atmosphere, is clean and well-maintained and accommodates residents in single and double rooms with ensuite bathrooms. There is a secure internal and external environment for residents with dementia. There are a range of communal sitting, dining and activity areas and secure and attractive outdoor gardens and walking paths. Sufficient, appropriate and comfortable furniture is provided and a comfortable temperature maintained. Robust reactive and preventative maintenance systems enable maintenance issues to be reported, prioritised, actioned, monitored and completed in a timely manner. Residents have access to call bells, the home is well-lit and the home's design enables residents to safely access all areas of the living environment. Residents say they are happy with the home's comfortable environment in meeting their needs and preferences.

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 findings

The home meets this expected outcome

Management demonstrate a safe working environment is provided in line with regulatory requirements. The home has trained occupational health and safety representatives who complete a refresher course annually. Staff are provided with regular occupational health and safety information including updates and reminders, initial orientation and on-going manual handling training. Occupational health and safety systems and processes in the home include meetings, reviewed and updated policies and procedures, information displays and audits. Chemicals are safely stored and hazards are identified. Interviews and documentation confirm management are generally responsive to identified occupational health and safety

issues. Staff confirm their awareness of and satisfaction with the home's occupational health and safety systems and processes and a safe working environment.

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 findings

The home meets this expected outcome

The home has systems for detecting and acting on fire, security and other emergencies. Fire detection and fire fighting equipment is regularly checked by approved professionals. The home has established specific processes in the event of bushfire. The home's monitoring processes ensure safe systems are maintained and contractor work is completed. Electronic locking systems and lock-down processes are in place and electrical equipment is tested and tagged. The home has current emergency manuals with emergency contact numbers, evacuation maps and evacuation packs with current resident lists and name tags containing resident mobility requirements and other relevant details. Emergency exits and paths of egress provide clear egress. Closed circuit television assists security for external areas. Staff complete mandatory annual fire and emergency training. Residents and their representatives state that residents feel safe and secure in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

Infection control systems are in place to identify, monitor and manage infections. Staff are educated in infection control measures and requirements when orientated to the home and on an annual basis. Immunisation against influenza for residents, volunteers and staff is encouraged; registers are maintained of those vaccinated. Hand washing sites are well stocked with appropriate equipment and protective clothing is available. Disposal of contaminated waste and sharps is regularly undertaken. Information in the form of policies and procedures and flow charts is available to staff in the event of an infectious outbreak and outbreak kits are available. Surveillance records are maintained monthly and contribute to monitoring systems identifying issues for each resident and for the home.

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 findings

The home meets this expected outcome

Residents expressed satisfaction with meals in the home. Meals are served in a central dining room in each of the home's two units. Meals can also be taken to a resident's room if required. The menu is developed with input from a dietitian, residents, through residents' meetings, comments and complaints systems and individual feedback. Residents can request an alternative meal if required. Cleaning is performed by on site staff. Residents state their rooms and the communal areas in the home are kept clean and that staff are always helpful and obliging. A weekly cleaning schedule ensures thorough cleaning of resident's rooms. Cleaning of high ceiling spaces and fittings is regularly completed by the maintenance department. Personal laundry services are provided on site and systems ensure the collection, laundering and prompt return of personal clothing. Flat linen is sourced

from an external laundry. The home provides a clothing labelling service to minimise loss of clothing. Residents state they are satisfied with the laundry services provided in the home.