



Decision to accredit May Shaw Hostel

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

The Agency has decided that the period of accreditation of May Shaw Hostel is three years until 25 September 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: | May Shaw Hostel | | |
| RACS ID: | 8037 | | |
| Number of beds: | 28 | Number of high care residents: | 11 |
| Special needs group catered for: | Nil | | |

| | | | | | |
|----------------|---------|----------------------|-----|------------|--------------|
| Street/PO Box: | | 37 Wellington Street | | | |
| City: | SWANSEA | State: | TAS | Postcode: | 7190 |
| Phone: | | 03 6257 8114 | | Facsimile: | 03 6257 8236 |
| Email address: | | admin@mayshaw.com.au | | | |

Approved provider

| | |
|--------------------|----------------------------|
| Approved provider: | May Shaw Health Centre Inc |
|--------------------|----------------------------|

Assessment team

| | |
|-----------------|----------------------------|
| Team leader: | Philip Baker |
| Team member: | Gayle Heckenberg |
| Dates of audit: | 7 July 2009 to 8 July 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 |
| Does comply |
| Does comply |
| Does comply |

| Agency findings |
|------------------------|
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
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| Does comply |
| Does comply |

| 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 |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
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| Does comply |

| Agency findings |
|-----------------|
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |

Assessment team's reasons for recommendations to the Agency

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

SITE AUDIT REPORT

| | |
|--------------|-----------------|
| Name of home | May Shaw Hostel |
| RACS ID | 8037 |

Executive summary

This is the report of a site audit of May Shaw Hostel 8037, 37 Wellington Street, SWANSEA TAS 7190 from 7 July 2009 to 8 July 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd on 13 July 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 May Shaw Hostel.

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 7 July 2009 to 8 July 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: | Philip Baker |
| Team member: | Gayle Heckenberg |

Approved provider details

| | |
|--------------------|----------------------------|
| Approved provider: | May Shaw Health Centre Inc |
|--------------------|----------------------------|

Details of home

| | |
|---------------|-----------------|
| Name of home: | May Shaw Hostel |
| RACS ID: | 8037 |

| | |
|--------------------------------------------------|-----|
| Total number of allocated places: | 28 |
| Number of residents during site audit: | 27 |
| Number of high care residents during site audit: | 11 |
| Special needs catered for: | N/A |

| | | | |
|-----------------|----------------------|------------|--------------|
| Street/PO Box: | 37 Wellington Street | State: | TAS |
| City/Town: | SWANSEA | Postcode: | 7190 |
| Phone number: | 03 6257 8114 | Facsimile: | 03 6257 8236 |
| E-mail address: | admin@mayshaw.com.au | | |

Assessment team's recommendation regarding accreditation

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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.

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 |
|--------------------------|--------|---------------------------|--------|
| Chief executive officer | 1 | Residents/representatives | 11 |
| Registered nurses | 2 | Volunteers | 1 |
| Care staff | 1 | Laundry staff | 1 |
| Administration assistant | 2 | Cleaning staff | 1 |
| Catering staff | 2 | Maintenance staff | 1 |
| Nurse manager | 1 | Enrolled nurse | 1 |

Sampled documents

| | Number | | Number |
|----------------------|--------|---------------------------------|--------|
| Residents' files | 4 | Medication charts | 8 |
| Care plans | 4 | Personnel files | 9 |
| Blood glucose charts | 3 | External contractors agreements | 5 |
| Restraint forms | 3 | Monthly observation charts | 5 |
| Resident agreements | 6 | Audits | 4 |
| Wound charts | 3 | - | - |

Other documents reviewed

The team also reviewed:

- Activities attendance spreadsheet record
- Action required form
- Air conditioning service report
- Audits files and outcome surveys
- Behaviour assessment
- Blood glucose management chart
- Board governance booklet
- Body mass index rating
- Bowel chart
- Business Plan 2009-2010
- Care assessment chart

- Charter of rights framed poster
- Chemical safety data sheets
- Chief Warden check lists
- Comments and complaints
- Confidentiality agreements
- Continence assessment
- Continuous improvement plan
- Contractors check-in log
- Contractors critical safety rules
- Daily detailed menu worksheet
- Diabetic blood glucose level schedule
- Diabetic skin assessment
- Dietary assessment
- Drugs of administration book
- Duties list
- Electrical equipment tagging file
- Elder abuse policy
- Emergency lighting maintenance log book
- Emergency response manual
- Emergency response questionnaire
- Employer and contractor duty of care statements
- End of life care pathway
- Equipment testing and tagging checklists
- Falls risk assessment
- Fire extinguishers service log
- Fire safety questionnaire
- Fire inspection panel logs
- Food safety manual
- Fortified food list
- Fridge calibration checks
- Generator maintenance file
- Governance training notice for board members
- Hand Washing policy
- Induction and orientation for contractors
- Instruments for glycaemia management
- Incidents folder
- Laundry ironing list schedule
- Maintenance schedules for equipment
- Maintenance action request file
- Management Meetings folder
- Matrix on computer re staff file details
- Medication assessment
- Medication management policy
- Minutes of meetings
- Missing resident policy
- Memorial book
- Moving on audits manual – comments and complaints, cultural and spiritual, quality indicators, human resources management, pie charts outcome summaries June 2009
- New employee checklist
- Newsletters – Dolphin express
- Nurse initiated medication list
- Nutrition and hydration policy
- Occupational health and safety letters to contractors
- Occupational health and safety committee minutes
- Oral and dental assessment
- Pain assessment

- Pain management policy
- Palliative care awareness brochure
- Palliative care chart
- Pest control log
- Policies and procedures board handbook
- Policies and procedures manuals
- Preventative maintenance/safety inspection
- Privacy policy
- Progress notes
- Request for maintenance forms
- Residents admission policy
- Resident handbook
- Resident immunisation record
- Residents meetings minutes
- Restraint policy
- Resident evaluation and feedback forms
- Schedule eight medication checklist
- Sensory loss assessment
- Skin assessment
- Sleep assessment
- Smoking policy
- Spa Pool readings file
- Staff appraisals schedule
- Staff training evaluation forms
- Staff orientation handbook
- Staff personnel files
- Staff immunisation record
- Strategic plan 2007-2010
- Texture modified meals list
- Toilet chart
- Variance sheet
- Water treatment/Ultra violet schedule
- Wound assessment
- Wound management policy

Observations

The team observed the following:

- Activities in progress
- Alcove areas
- Charter of residents rights and responsibilities
- Cleaners storage areas
- Dining room
- Drug room
- Evacuation site maps “ you are here “
- Equipment in use
- Equipment and supply storage areas
- Fire panel
- Foyer with resident information material
- Hairdressing salon
- Health and wellbeing area
- Interactions between staff and residents
- Kiosk
- Kitchen
- Laundry
- Lounge and library area
- Living environment

- Lunch time meal being served
- Medical supplies store
- Medication round in progress
- Mural painting on wall
- Newsletters
- Noticeboards and whiteboards in use
- Nurses stations Outdoor areas
- Palliative care suite
- Remembrance book
- Residents rooms
- Residents walking group outside facility
- Residents using motorised scooters outside facility
- Security cameras internal and external
- Semi secure unit
- Spa room
- Staff room
- Staff washing hands correctly
- Tranquillity room
- Vegetable garden
- Wanderer alarm alert system

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

Management are able to demonstrate that the organisation is actively pursuing continuous improvement in relation to standard one. The continuous improvement plan is sustained by results from internal audits, comments and complaints, residents’ surveys and issues raised at staff and residential meetings. The home has an overarching strategic business plan which addresses a range of broad stated objectives whilst the continuous improvement plan is concerned with specifics in finer detail for review and action by the quality committee. Staff and residents state they contribute feedback to management as suggestions for improvement and are encouraged to do so and this was confirmed through documentation reviewed.

Improvements that have been introduced specifically related to Standard one are listed below:

- Creation and appointment of a new Business Manager position that has been given the responsibility by the board to undertake a comprehensive review of all management systems including, but not limited to, financial governance, information systems, position descriptions, contracts of employment and organisational structure. The business manager, in consultation with senior staff, has made substantial progress in his first 3 months and progressive target completion dates are in place including a full review and standardisation of format for all policies and procedures by end of the calendar year with progressive changes being introduced incrementally as appropriate.

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 and processes in place through which it receives regulatory compliance advice and up to date information related to Standard One. May Shaw subscribes to a number of peak industry organisations and receives periodicals and circulars from the Department of Health and Ageing, nurses board, aged care related organisations including the Aged care and accreditation standards agency. This information is distributed by the Chief Executive Officer and Business Manager to all appropriate staff via memos, meetings, email and education training sessions both internally and external. Police checks are handled by an external contractor to ensure all staff and contractors are compliant with the legislation. Staff confirm they are kept up to date with major legislative changes and the team noted mandatory training attendance records.

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

Recruitment of new staff has been a priority over recent months including specific role training and orientation. Education both internal and external has featured strongly to ensure knowledge and skills are appropriate to staff in the effective performance of their duties. A

training calendar has been developed and an external provider contracted to deliver sessions in conjunction with senior management. Staff training and attendance is monitored and evaluated and staff confirmed they are encouraged to participate and to bring to the attention of management training opportunities they would like to participate in relevant to their individual aims and objectives.

Recent examples of education and staff development are listed below:

- The development and introduction of a new staff appraisal form.
- The commencement of a Board member induction pack for joining members.
- Introduction of a revised staff induction and orientation folder.
- Two staff attended Dementia Conference in October 2008
- Eight staff attended Palliative Care Courses in 2008
- Three care staff completed Certificate three in Aged Care 2008
- One staff member has completed Certificate three in Palliative Care
- Governance training was held for Board members in February 2009

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

Relatives and residents receive both verbal and written information on entry to the home outlining the options and processes they have available to them to make complaints and comment on any aspect of the home they believe can be improved. These processes include internal complaint forms available throughout the home, direct access to staff and management, external complaints investigation and advocacy services. Documentation reviewed demonstrates these mechanisms are used and appropriate action has been taken. Residents meetings are held bi monthly and are well attended and provide a further opportunity for residents to raise any concerns they may have or provided compliments. Action is taken and recorded in the continuous improvement plan and residents confirm they feel comfortable in approaching management and staff who are receptive and helpful in this regard.

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 homes vision, mission and values statements are displayed within the home and are included in staff, board and residents handbooks along with statements confirming the home's commitment to providing a quality service. Management's commitment to planning and leadership and quality improvement is reflected in the current review of the business plan, which will look at senior staffing roles and responsibilities, the organisational structure and financial better practice. Staff also confirm their commitment to providing quality care and support the vision and values of the home.

1.6 Human resource management

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

Team's recommendation

Does comply

The facility is well resourced with a chief executive officer with a nursing background assisted by a nurse manager, clinical nurse and a business manager who support care workers and other nursing staff to ensure that services are delivered in accordance with the standards and the home's philosophy and objectives of care service. Staff appraisals, audits, competencies and management observations ensure that skills and practices are maintained. Staff are supported and encouraged to gain additional skills and to identify with management internal and external training opportunities. Management confirm that staffing levels are adjusted as appropriate and reflect resident's needs. Staff and residents are satisfied with present staffing levels.

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 that assist in maintaining adequate levels of stock and equipment and that they are maintained for the delivery of care and services. Delegated staff are responsible for the monitoring and ordering of stock for their work designations and effective storage areas are in place. New equipment is trialled and generally purchased in consultation with the physiotherapist, feedback from staff is noted and education is provided on all equipment purchases. An external contracted service provider supplies and maintains chemical stocks and medical equipment is serviced and repaired externally within an allocated schedule. Staff record daily maintenance/repair needs and are actioned in a timely manner. Staff commented they are provided with quality products and equipment to perform their tasks, and residents' representatives confirmed their satisfaction with the supplies and services made available to meet required needs.

1.8 Information systems

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

Team's recommendation

Does comply

Management has an established and largely effective portfolio of management information systems in place for all activities and processes taking place within the home. Staff are able to access policies and procedures files and a range of information files were observed to be available to assist staff in the performance of their roles and are stored appropriately for the purpose. Residents and their representatives can access information regarding the services they receive and to assist them make decisions about their ongoing health needs and preferences. The home uses a wide variety of communication tools, diaries, newsletters, appointment books, memos, emails handover meetings between shifts to relay resident information and care needs. Residents and representatives and staff confirm management keep them well informed of events and activities within the home.

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

External services provided to the home generally meet the home's needs and management provide local entities with opportunities to provide the required services before outsourcing further afield. Management have a verbal process in place to monitor and evaluate the level of service provision and that contractors meet all necessary regulatory requirements. The team noted a variety of approved suppliers with service agreements in place including a record of current police checks. Contractors are required to sign in and out of the home and residents and staff stated they are satisfied with the services provided by external 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

A continuous improvement system is in place based on results from scheduled internal audits, surveys, comments and complaint reviews, and incidents and reports from staff and residents meetings. Action is agreed on and taken to address any deficits and the continuous improvement log remains open until a satisfactory outcome is achieved. Ongoing results are monitored and evaluated, discussed at appropriate meetings and reported to senior management. Residents and staff confirm they are consulted and encouraged to contribute with ideas and suggestions and to have input into the continuous improvement system.

Improvements that are being actioned relating to Standard two include:

- New palliative care pathway assessment tool has been introduced
- Webster packs being introduced to the facility by end July 2009.
- Resident reported feeling unsafe when using sling chair whilst being lowered into spa pool. New more robust chair being sourced by management.

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 is informed of regulatory and legislative requirements appropriate to Standard Two through subscription to various peak industry bodies and membership of professional health care, clinical and nursing organisations. When action is required in response to changes in regulatory or legislative requirements the quality committee will monitor progress through the continuous improvement system using internal audits, observation of staff and appropriate training and education. Nursing registration records are maintained to ensure currency and meet all contractual requirements related to health and personal care.

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

The home has processes in place to identify training needs for all staff in health and personal care education through strategies including, appraisals, results of observation by management, review audits and staff requests. Additional staff education needs are identified through review of residents clinical care requirements and resident representative feedback. Attendance records and feedback reviews are kept and staff are provided with a training schedule, reminded through emails and memos and notices in the staffroom, Staff confirm satisfaction with the quality and level of education available and the management support they receive.

Recent education relating to Standard 2 includes:

- Palliative care
- Dementia and recreation
- Nutrition
- Infection control
- Serenity, settling in and sensory touch education
- Better practice.

2.4 Clinical care

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

Team’s recommendation

Does comply

Each resident on entry to the home is assessed for his or her individual needs and preferences. Information is gathered and entered on an interim care plan to guide staff until formal assessments are completed. An electronic documentation system is in place. Long term care plans are developed in consultation with the resident or their representative and care plans and care needs are evaluated regularly by registered and enrolled nurses in response to changes in health status. Residents confirm that general practitioners visit at regular intervals. Plans of care are linked to evidence based recommendations and assessments are reviewed six to twelve monthly to ensure they remain effective in meeting contemporary practice. Residents and their representatives commented they are happy with the response and care provision from staff in meeting their clinical care needs.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

The home has systems in place to identify residents complex care needs and ensures that qualified nursing staff meets these needs effectively. Complex care needs are assessed on entry to the home, documented in care plans and reviewed regularly. Records reflect that prescribed treatments ordered by specialists are implemented. Registered nurses with the support of enrolled nurses oversee specialised nursing care. External clinical expertise is utilised as required in areas such as wound management, palliative care, stoma therapy, continence management and dementia care. Staff confirm they are provided with training, products and equipment to enable them to meet complex care requirements and residents and their representatives are happy and confident that staff are appropriately skilled to provide specialised nursing care as required.

2.6 Other health and related services

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

Team’s recommendation

Does comply

Residents with identified care needs and requiring health specialist’s advice are referred for treatment and advice. Health specialists visiting the home include a physiotherapist, podiatrist, speech pathologist, optometrist, dentist, audiologist, massage therapist and a gerontologist. Residents are assisted to access external specialist services of their choice as required. Any specialist recommendations are documented and communicated through verbal handover, progress notes and care plans. Filed reports and records reflect that recommended treatments are discussed by staff and actioned and that consultation takes place with general practitioners. Residents and representatives advise they have access to health specialists and are assisted to attend appointments.

2.7 Medication management

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

Team’s recommendation

Does comply

The home has an established system to manage residents’ medications safely and correctly. Medication assessments are conducted on entry to the home and reviewed regularly. Medication charts are current, photographs clearly identify residents, allergies and method of administration and audits are conducted regularly on all charts. Registered and enrolled nurses medication endorsed administer medications from individual bottles and packets. The home has a medication policy and a list of nurse initiated medications is available. Processes are in place to order medication supplies and the home has access to after-hours supplies through the attached acute section co-located to the home. An accredited external pharmacist conducts medication reviews. Medication incidents are reported on monthly and externally benchmarked. Residents and representatives commented that medications are received on time and that they are satisfied with services provided by the local pharmacy.

2.8 Pain management

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

Team’s recommendation

Does comply

Residents have current and comprehensive pain assessments and care plans that are completed in consultation with residents and their representatives and are reviewed regularly. Any ‘as required’ analgesia administered and its effectiveness is generally documented and evaluated in the progress notes. Alternative pain relief measures are offered such as heat packs, repositioning, aromatherapy and massage. Pain is reassessed when a new origin of pain is identified or if current pain relief measures are no longer effective. Residents and representatives advise that their pain is reviewed frequently and that their comfort is maintained.

2.9 Palliative care

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

Team’s recommendation

Does comply

On entry to the home discussions take place with residents and their representatives regarding preferred terminal care wishes. There are established processes in place to identify and meet the needs of residents and representatives in the terminal stages including regular pastoral support from local community clergy. A palliative care suite is available. A palliative care pathway is implemented in conjunction with assessments and care plans to ensure specific strategies reflecting personal needs including hydration, skin care, pain management and cultural and spiritual aspects are met. External palliative care services can be accessed as required for advice in palliation and one registered nurse from the home has maintained contemporary practice through clinical placement. The home is well equipped to provide care for residents in the terminal stages and includes resources and equipment to maintain the comfort and dignity of residents.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents' nutrition and hydration needs are assessed upon entry to the home in consultation with the resident and representatives and includes dietary preferences and likes and dislikes. Information is used to develop individualised care plans and note residents' special diets, consistencies of food and fluid, any required use of dietary aids and any assistance required for eating and drinking. Residents with weight changes, decreased appetite or swallowing difficulties are monitored, referred to the appropriate specialists and strategies such as nutritional supplements are implemented. The home is equipped to cater for residents with special dietary needs and any alterations made are communicated to the appropriate staff. Drinking water and additional fluids are provided throughout the day and residents stated they are satisfied with the menu provided at the home.

2.11 Skin care

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

Team's recommendation

Does comply

Residents have an individualised skin assessment on entry to the home and a risk assessment tool identifies the residents' degree of risk for compromised skin integrity concerns. Preventative strategies are implemented and documented on the care plan such as emollients, continence aids, air mattresses, limb protectors and topical creams. Wound assessments and management plans are in place and the team observed a good supply of contemporary products available to staff. Skin tears and wound infections are monitored and reported on monthly and externally benchmarked. Residents commented they are happy with the skin care provided and that they are kept informed regarding prescribed treatments.

2.12 Continence management

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

Team's recommendation

Does comply

Residents' individual continence needs are identified and assessed on entry to the home and as needs change. Toileting schedules are developed based on assessed outcomes and residents continence needs are further supported with continence aids. A review of aids is undertaken monthly to ensure the correct product and size is used to meet individual needs. Bowel management and catheter care programs are documented; monitoring occurs on a daily basis and advice is obtained from a continence nurse advisor as required. Fluid intake is encouraged and urinary tract infections are monitored and reported on monthly and benchmarked externally. Residents and representatives state that privacy and dignity is respected during the toileting process and that they are satisfied with the continence aids provided.

2.13 Behavioural management

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

Team's recommendation

Does comply

Residents identified with challenging behaviours of concern have assessments completed and strategies implemented are documented in progress notes and care plans. Consultation occurs with the resident or their representative and the general practitioner. Residents are accommodated in a semi-secure unit within the home. Structured activities and diversional interventions are used and there is a 'tranquillity room' used with sensory equipment in place to assist in providing a calm and soothing atmosphere. Residents with complex behaviours are referred to dementia behavioural services and to a geriatrician where appropriate. Minimum restraint is encouraged, alternatives are trialled and when used, appropriate

consultations with the resident/representative and general practitioners occur. Representatives confirm they are satisfied with interaction between residents and staff and that patience and kindness is displayed.

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

Physiotherapist services are provided fortnightly and residents are assessed to determine current mobility and dexterity levels of new residents and at regular intervals. Registered nurses provide the on entry to the home baseline assessment to guide care until the physiotherapist assessment is completed. Residents are encouraged by staff to optimise their mobility and dexterity levels and to engage in rehabilitation where practicable by participating in daily exercise programs as recommended by the physiotherapist; a warm spa pool is also available for water exercises. Residents at risk of falling are identified through a falls risk assessment and strategies are developed to decrease risk including fall mats, hip protectors and high/low electric beds, assistive walking devices, scooters, lifting equipment and night lights. Staff confirm they attend annual compulsory manual handling training and residents advise they are appropriately assisted by staff with their mobility requirements in a dignified manner.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

On entry to the home residents’ oral and dental health requirements are identified and recorded on assessments and care plans. Dental needs are reviewed as part of the regular resident review process and as concerns arise. Referrals are made where necessary to a speech pathologist. A dental service is co-located on site two days per week and enables residents to have regular dental checkups and treatments as required. Oral hygiene products are available and appropriate storage for individual dental aids were observed in residents’ bathrooms. Residents confirm they are assisted by staff with their oral hygiene on a regular basis.

2.16 Sensory loss

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

Team’s recommendation

Does comply

A sensory assessment is conducted on entry to the home and incorporates the five senses. Residents’ sensory requirements are determined in consultation with the resident and their representative. Communication and comprehension form part of the assessment process and documentation in care plans includes strategies that enable sensory loss deficits to be minimised such as cleaning and care of aids. Residents requiring specialist assessment and treatment have access to services both internal and external to the home including an optometrist and audiologist. The home’s living environment has wide corridors, spacious rooms, good lighting and is free from clutter enabling residents with sensory deficits to move around the home freely. Residents confirm they are assisted by staff with the cleaning and fitting of their sensory aids.

2.17 Sleep

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

Team's recommendation

Does comply

A history of residents sleep patterns, preferences and habits is obtained on entry to the home and then a sleep assessment over seven days is conducted to assist with strategy implementation and development of care plans. Identified issues that may disturb sleep such as pain, continence or behaviours are documented and reviewed regularly to maintain comfort at all times. Alternatives to sedation are offered and include warm drinks, heat packs, repositioning, a wine or brandy, gentle massage and a warm shower. Residents commented that they generally sleep well, that the temperature of their room is comfortable, that noise levels are not a concern and that they feel safe and secure.

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 provides opportunities for residents and representatives to have input into the continuous improvement plan through regular meetings, consultations, newsletters, notices, flyers and one on one meetings with staff. Resident meetings have continuous improvement feedback as an agenda item and analysis of resident attendance records at lifestyle activities are evaluated for each resident. Residents and representatives confirm that they are satisfied with the choices and options available to them through the activities program and state they are encouraged to participate as fully as they wish.

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 receives updates regulatory compliance advice and information relating to Standard Three. Any changes to legislation are communicated to leisure and lifestyle staff through one to one follow-up by management, staff room notices and at meetings. New residents to the home receive on entry and information pack outlining their rights and responsibilities, resident agreement details and how to access the external complaints and advocacy system should they need to. Privacy, dignity and confidentiality statements are signed by staff and residents confirm their experience that these aspects of their care are well met.

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

The home actively identifies staff educational opportunities related to resident lifestyle and standard three. Records of attendance and feedback surveys are maintained and staff are advised of scheduled training sessions through memos, emails, leaflets, and the annual education calendar displayed on staff noticeboards. Mandatory reporting training has been conducted as well as nutrition education for all care and kitchen staff. Staff are satisfied with the education available through the external contractors as well as internal training by senior management.

Recent education relating to care staff and standard three:

- Certificate IV in leisure and lifestyle
- Increase in hours for activity staff
- Activities seminar
- Community care conference
- Community Care Certificate III and Certificate IV

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

Each resident and their representative receive, prior to admission to the home, an information pack to assist in the adjustment to life in their new home. A tour of the home, together with the resident handbook and introduction to other residents further assists in the transition process. New residents are initially assessed to determine needs and preferences regarding their health care as well as lifestyle and activity choices available. Further assessments are made after a settling in period during which residents are encouraged to personalise their rooms and are encouraged to participate in the lifestyle activities of the home. Residents and their representatives confirm they were well supported in their arrival at the home and thereafter have been well cared for by supportive and caring staff.

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

On arrival to the home the resident's level of independence is reviewed and a profile established as to ability and desire to maintain established contacts outside the home and to participate in social activities within the community. Care plans are prepared to reflect the outcomes of this review and are communicated to staff who are then able to support and assist the resident to achieve maximum independence. Resident's rooms are observed to be personalised, homely and spacious with due regard to the use of mobility aids to encourage ongoing independence. The team observed several residents with electric scooters taking their daily visit to the local shops to maintain their links with the local community. Residents state they enjoy living at the home and staff respect their independence which include choice not to participate in activities on occasions.

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

There are processes in place to ensure that resident's privacy, dignity and confidentiality is recognised, practiced and respected by staff. Residents and staff handbook, policies and procedures promote awareness of resident's rights and this is demonstrated throughout the home. The team observed staff knocking on doors before seeking entry, residents have a locked cupboard for personal items and were seen well dressed, clean and tidy. Resident's files were securely stored and consent forms authorising release of information for various purposes including newsletter articles, use of photographs, funding and accreditation purposes were sighted. Staff were seen interacting with residents and their representatives in a respectful manner. Residents complimented staff on their approach to privacy and dignity aspects of their life in the home.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

The home identifies and responds to resident's individual leisure and lifestyle needs in consultation with each resident and their representative to encourage participation and enjoyment. Lifestyle plans are regularly evaluated to ensure up to date information is recorded and reflects resident's interests and involvement. Outings using the home's bus and use of the spa and sensory room are particularly popular activities. Residents with a diagnosis of dementia can experience a one on one session for foot, hand and head massage without interruption. Residents stated satisfaction with the variety of activities available to them and their level of participation and enjoyment.

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 individual requirements of residents regarding their beliefs, customs and values are assessed on entry to the home and are noted in lifestyle care plans. The home currently comprises a small variation of resident faiths and Catholic and Anglican residents enjoy an ecumenical service and/or one on one communion in their room as required. The lounge/library area is used as a chapel on designated days, special occasions, Easter and Christmas and both a chaplain and a pastoral carer are available as needed. Residents confirm they are supported by the home to maintain their spiritual interests, customs and beliefs.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Residents and their representatives are encouraged, consulted and supported on moving into the home regarding choice and decision making related to all aspects of their health care needs and lifestyle preferences. Initially information collected is recorded on resident care plans and thereafter updated through ongoing consultations. Resident meetings, discussions with staff and all management present further opportunities for residents to comment on or provide feedback on issues relating to choice and decision making. Residents with impaired choice and decision making capacity are identified and family or other authorised representative are consulted. Where decisions involve risk to resident's health and wellbeing management seek a balance between care, the resident's rights and the rights of others in the home to reach a resolution. Residents stated that staff support them in their right to choose and make their own decisions as much as possible and feel safe and secure in the home.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

Residents and their representatives receive a handbook which includes information about security of tenure, resident rights and responsibilities, scheduled services, general information and the complaint processes. Information about resident rights and responsibilities and the internal and external complaints mechanisms are also displayed prominently in the home. On

entry to the home residents are offered an individual resident agreement with additional detailed information about security of tenure. Advocacy provides regular support to the home and assists residents in understanding their rights and responsibilities and the homes responsibilities to residents. Staff education reinforces respecting residents rights and ensures residents feel free from any harassment if they raise concerns with the home. If relocation is to occur consultation takes place with all parties and an independent assessment is obtained. Representatives confirm they received appropriate information on entry to the home that they were supported by staff and that they receive notification of any changes that occur about the home.

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 has processes in place to identify opportunities for continuous improvement as they relate to standard four. Through maintenance requests, audits, incidents and identified hazards the continuous improvement plan is updated and sustained. Fire evacuation training has recently been completed and maintenance schedules for fire extinguishers and electrical equipment tagging documentation were observed as being current. Evaluation and monitoring by the quality and senior management committees ensures that the plan is actioned and feedback is provided to appropriate staff. Residents, representatives and staff confirm they are consulted and encourage to contribute to the continuous improvement plan.

Improvements that have been achieved relating to standard four:

- Extra fire display panel monitor installed near nurses station to assist staff locate source of fire in the event of an emergency.
- Recent fire evacuation drill incorporated smoke bomb use and participatory training drills for staff.

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

May Shaw home has a system to receive regulatory compliance advice and information relating to standard four. Any changes to compliance issues are communicated by the senior management committee to relevant staff and follow-up training and education is provided as appropriate. An external contractor was engaged to assist the home with training on food safety regulations. Catering staff are responsible to the business manager for maintenance of the food safety plan and related audits. Material safety data sheets and protective personal equipment is available in appropriate areas and equipment and chemicals are stored securely. Staff confirm access to emergency equipment is readily available and training has been provided.

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

Management and staff have the skills and appropriate knowledge to perform their roles effectively. An education calendar for 2009 has been completed and distributed and the team confirm training has taken place in relation to physical environment and safe systems. Staff are notified on scheduled education sessions through various communications including memos, noticeboards, emails, flyers and staff meetings. Staff are satisfied with the education available and confirm management is responsive for requests for specific topics.

Recent education relating to standard four include:

- Manu-tension training
- Occupational health and safety
- Fire and emergencies
- Infection control
- Food handling
- Use and implementation of food safety plan.

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 of the home have actively work towards providing a spacious, warm, safe and comfortable living environment incorporating secure internal and external areas. There is access to clean and well maintained personal and communal living areas and the grounds of the external areas are tidy and clean. Residents have access to bird aviaries, vegetable gardens and walking areas. The team observed good quality and sufficient furnishings in all areas of the home and temperature and ventilation is appropriately monitored. A responsive and preventative maintenance schedule operates to ensure the environment is well maintained and records reflect ongoing maintenance occurs. Residents stated they are very happy in their living environment and feel safe and secure.

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's management are actively engaged in ensuring they provide a safe working environment for staff and there are policies and procedures to ensure safe working practices. A newly formed occupational health and safety committee meets monthly and the occupational health and safety representative has completed relevant training. Any issues which are identified through audits, observation, incident and hazard alerts that are marked 'immediate action' are sent through to the chief executive officer. All issues are investigated, discussed and actioned. Relevant material safety data sheets are maintained, chemicals are stored away from the main building, and all electrical equipment is tested and tagged annually. Staff commented they are satisfied that they have a safe working environment and that hazards identified are addressed in a timely manner.

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 effective systems in place for preventing, detecting and acting upon fire, security and emergency risks. The home is equipped with maintained fire fighting equipment including alarms, automatic sprinklers, smoke doors, fire hoses, fire blankets and extinguishers. Fire plans are displayed, emergency exit signs with pictures are located throughout the building, external gates open in emergencies and the home maintains an emergency evacuation kit. Initial and ongoing fire and safety training is provided for staff and residents are provided with basic information. Chemicals are stored safely. There is keypad security, doors and gates are secured at night and emergency lighting is maintained. Staff

confirmed emergency evacuation training occurs and expressed confidence they would be able to evacuate residents safely.

4.7 Infection control

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

Team's recommendation

Does comply

The home has infection control guidelines and procedures in place to assist with the management of infections within the home. One registered nurse with an interest in infection control is the key person designated within the home. Infection data is collected, collated and analysed for trends with benchmarking externally. A newly formed committee for infection control meets three monthly and will commence further review of trends. The team observed ample stocks of personal protective equipment and staff washing hands in between resident contact. Other staff was observed using antibacterial hand wash during a medication round and dispensers with hand wash are located throughout the home for use. Appropriate waste disposal units for infectious waste and sharps are available and blood and body fluid kits are accessible. Infection control is included in the staff orientation program and in-service education and memberships to relevant associations provides the home with current information. Staff confirm that some training has been provided for infection control and residents and representatives commented they are made aware of any notifiable infections within 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 recommendation

Does comply

The provision of hospitality services within the home are effective and ensure that residents quality of life is enhanced. A food safety program is in place and regular audits are conducted to monitor all services. Meals are freshly prepared onsite and the home has a four week rotational menu. Contemporary equipment is provided for staff and relevant documentation informs the kitchen of residents' dietary needs and preferences and any changes that occur. Schedules are in place to ensure that cleaning and laundry tasks are completed as planned. Laundry services are provided onsite for both laundered personals and linen; ironing and labelling services are provided. Residents confirm they are satisfied with the cleaning and laundry services and comments were generally favourable regarding the meals provided.