Decision to accredit
Princess Margriet Aged Care Facility

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

The Agency has decided that the period of accreditation of Princess Margriet Aged Care Facility is three years until 9 October 2013.

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:	Princess Margriet Aged Care Facility				
RACS ID:	3585				
Number of beds:	45	Number of high care residents:	37		
Special needs group catered for:	• Dementia				

Street:	722 Mt Dandenong Road				
City:	Kilsyth	State:	Victoria	Postcode:	3137
Phone:	03 9728 5299			Facsimile:	03 9761 9124
Email address:	jokev@dutchcare.com.au				

Approved provider

Approved provider:	DutchCare Ltd

Assessment team

Team leader:	Deanne Maskiell
Team member:	Marg Foulsum
Dates of audit:	27 July 2010 to 28 July 2010

Executive summary of assessment team's report

Accreditation decision

Standard 1: Management systems, staffing and organisational development

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

Standard 2: Health and personal care

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

Executive summary of assessment team's report		Accreditation decision
Standard 3: Resident lifestyle		
Expected outcome	**Assessment team recommendations**	**Agency findings**
3.1 Continuous improvement	Does comply	Does comply
3.2 Regulatory compliance	Does comply	Does comply
3.3 Education and staff development	Does comply	Does comply
3.4 Emotional support	Does comply	Does comply
3.5 Independence	Does comply	Does comply
3.6 Privacy and dignity	Does comply	Does comply
3.7 Leisure interests and activities	Does comply	Does comply
3.8 Cultural and spiritual life	Does comply	Does comply
3.9 Choice and decision-making	Does comply	Does comply
3.10 Resident security of tenure and responsibilities	Does comply	Does comply
Standard 4: Physical environment and safe systems		
Expected outcome	**Assessment team recommendations**	**Agency findings**
4.1 Continuous improvement	Does comply	Does comply
4.2 Regulatory compliance	Does comply	Does comply
4.3 Education and staff development	Does comply	Does comply
4.4 Living environment	Does comply	Does comply
4.5 Occupational health and safety	Does comply	Does comply
4.6 Fire, security and other emergencies	Does comply	Does comply
4.7 Infection control	Does comply	Does comply
4.8 Catering, cleaning and laundry services	Does comply	Does comply

Assessment team's reasons for recommendations to the Agency

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

Aged Care
Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Princess Margriet Aged Care Facility
RACS ID	3585

Executive summary

This is the report of a site audit of Princess Margriet Aged Care Facility 3585 722 Mt Dandenong Road KILSYTH VIC from 27 July 2010 to 28 July 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Princess Margriet Aged Care Facility.

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 27 July 2010 to 28 July 2010

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:	Deanne Maskiell
Team member:	Marg Foulsum

Approved provider details

Approved provider:	Dutch Care Ltd

Details of home

Name of home:	Princess Margriet Aged Care Facility
RACS ID:	3585

Total number of allocated places:	45
Number of residents during site audit:	42
Number of high care residents during site audit:	37
Special needs catered for:	Dementia unit

Street:	722 Mt Dandenong Road	State:	VIctoria
City:	Kilsyth	Postcode:	3137
Phone number:	03 9728 5299	Facsimile:	03 9761 9124
E-mail address:	jokev@dutchcare.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Princess Margriet Aged Care Facility.

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 2 days on-site and gathered information from the following:

Interviews

	Number		Number
Manager residential services	1	Personal care staff	3
Chief executive officer	1	Elders (residents) /representatives	9
Chief financial officer	1	Laundry staff	1
Board members	2	Homemaker staff	2
Unit managers	2	Maintenance staff	1
Registered nurses	1	Physiotherapist	1
Enrolled nurses	2	Volunteers	1
Lifestyle coordinator	1		

Sampled documents

	Number		Number
Residents' files	11	Medication charts	6
Summary/quick reference care plans	6	Personnel files	5
Residents' records	6	External service contracts	13

Other documents reviewed

The team also reviewed:

- 'as required medication' administration records
- Activities attendance records
- Activities photo album
- Activities program
- Admission pack
- Annual essential services report
- Application pack
- Asset list – electrical
- Audits and audit reports

- Bouquet folder (thankyou cards)
- Care pathway flow charts
- Care plans
- Catering third party audits and council certification records
- Charting for residents at risk of absconding
- Church service timetable
- Cleaning documentation
- Clinical care assessments
- Clinical observations and reportable parameters
- Communication books
- Complaints feedback letters
- Complaints forms/complaints letters/complaints register
- Consent form - elders
- Consent form – staff
- Counselling record form
- Police check application forms
- Police check information sheet
- Daily maintenance schedule
- Dangerous goods register
- Doctors list
- Education schedule and records
- Elder of the day documentation/schedule
- Electrical equipment folder
- Emotional dependence care plans
- Employee ‘personal’ education record
- Evacuation plan
- Fire testing records/fire alarm testing records/fire systems service and inspections records
- Fire and emergencies manual
- Floor plan
- Food safety plan and temperature records
- Handover sheets
- Hazard reports/register
- Immunisation records
- Improvement register
- Incident and accident reports and data analysis/trending
- Infection control documents/data/analysis and policies
- Information letters to elders
- Interview assessment and recommendation forms
- Job descriptions
- Letters to general practitioners
- Lifestyle meeting minutes
- Lifestyle questionnaire
- Maintenance request register
- Master maintenance schedule
- Material safety data sheets
- Medication administration records
- Meeting minutes and terms of reference
- Memories book
- Mission, ethos and vision statement
- Newsletter
- Observation records and reportable limits
- Occupancy permit

- OH&S manual
- OH&S meeting minutes
- Opportunity to improve forms
- Organisational chart – corporate
- Organisational chart – local
- Orientation agency staff record
- Orientation checklists
- Orientation staff record
- Palliative care follow up record
- Palliative care plans/end of life preferences
- Pest control sighting sheet
- Physio referral book
- Podiatry assessments/reports
- Police check register
- Policies and procedures manual
- Policy and procedure manuals
- Preferred provider list
- Privacy policy
- Procedure for fire drill
- Quality circles minutes
- Refrigerator temperature records
- Resident agreements
- Resident evacuation list
- Residents list
- Roster
- Serving the elderly Dutch information book
- Social and human needs care plans
- Specialist recommendations and reports
- Staff development and evaluation register
- Staff development and evaluation reports
- Staff goals summary sheets
- Staff information book
- Staff memo folder and sign off sheet
- Staff signature list
- Statutory declarations
- Survey results
- Test and tag records
- Wound care records

Observations

The team observed the following:

- Accreditation notice on display
- Activities in progress
- Activities notice – visiting entertainers
- Caution signs
- Chemical storage area
- Clean laundry distribution in progress
- Cleaning in progress
- Cleaning trolleys
- Clinical stocks and equipment
- Coffee shop
- Complaints and suggestions lodgement boxes
- Complaints information on display

- Courtyards and gardens with sheltered and shaded areas
- Cultural items on display
- Daily menu on display
- Dignity quilt
- Dining rooms
- Drinks round in progress
- Education noticeboard
- Electrical tags
- Enlarged activity program on display
- Equipment and supply storage areas
- Ethnic radio program guide on display
- Evacuation pack
- Evacuation plans on display
- Exercise class in progress
- Exit signs
- Family involved in activities
- Fire fighting equipment
- Fire panel
- Fire warden announcement
- Fire warden list on display
- Food requirements notice for visitors
- General noticeboards
- Information brochure stand
- Interactions between staff and residents
- Internal and external living environment
- Kiosk
- Kitchen servery, meal service and storage of food
- Kitchenettes
- Laundry in progress
- Living rooms
- Lunch in progress
- Maintenance area
- Maintenance whiteboard
- Material safety data sheets in relevant areas
- Memorial table
- Memorial tree
- Memorial tree
- OH&S policy on display
- Particle detectors
- Personal protective equipment
- Pets – dogs, cats, fish, birds
- Powered hoists
- Residents being assisted with activities of daily living
- Residents craft works on display
- Residents interacting with house pets
- Residents mobilising within the home
- Residents noticeboards
- Residents photo boards
- Residents rooms and ensuites
- Screened equipment storage areas
- Secure doors
- Secure perimeter fencing
- Security lighting

- Smoke doors
- Smoking and no smoking signage
- Staff assisting elders with care tasks
- Staff assisting elders with meals
- Staff communicating with elders in Dutch
- Staff discussing elder care
- Staff education resources in staff room
- Staff locker room
- Staff noticeboards
- Staff work areas
- Stock storage areas
- Storage and administration of medications
- Visiting entertainers
- Visitor notices re influenza, colds etc.
- Visitor register
- Water dispenser
- Weigh chair

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

Princess Margriet Aged Care Facility is owned and operated by Dutchcare and adopts the Eden philosophy incorporating quality circles, sharing groups and pets to create a supportive, home-like environment. Residents are referred to as 'elders'. The home consists of three linked houses and implements a systematic approach to continuous improvement across all areas of care and service delivery. Quality systems are maintained at the local level, managed through the senior managers meeting and supported by corporate management and the board of directors. All stakeholders have input into the program through opportunities to improve forms, letters, quality circles, meetings and verbal reports. Improvements are also generated in response to audits, surveys, incidents, observations, strategic direction and informal discussions. Feedback mechanisms include personal letters, discussion, newsletters, meetings, memos and written reports. There is a process for evaluation and ongoing review of improvements. Elders and staff confirm that they are aware of and have input into the home's continuous improvement program and that management is responsive to suggestions.

Recent improvements related to Standard one include the following:

- Implementation of the Workplace, English, Literacy and Language Training Program for staff to improve language, literacy and information technology skills
- Engagement of a consultant from Holland to develop and implement an induction program for non-Dutch staff that includes a booklet and questionnaire to enhance understanding and adjustment to the Dutch culture
- Implementation of new electronic information management system across the organisation
- Installation of two computers in care stations to allow staff access to intranet, email and SMS and education for staff to support confident use

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

Compliance with regulations, legislation, professional standards and guidelines is ensured through established systems and processes. The home receives updates through subscription to relevant update services, industry peak bodies and professional associations. The home has processes in place for managing confidential information and additional security for resident records was implemented during the visit. There is a process for ensuring currency of police checks for staff, volunteers and external contractors. The documentation committee is responsible for reviewing and updating documentation in line with legislative changes. Staff are aware of their responsibilities in relation to regulatory compliance and receive information at orientation and through education, meetings and memos. Elders are provided with comprehensive information on entry to the home and

receive updates through the newsletter, quality circles, sharing groups, noticeboards and letters.

1.3 Education and staff development:

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

Team's recommendation

Does comply

The home has processes in place to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Educational opportunities are identified through verbal requests, staff appraisals, review of audit results, observations by management and changes in legislation and regulatory compliance. The home's staff have access to a variety of topics which includes some compulsory topics. Education is provided on site, at other homes in the group and through self directed learning packages. Records of attendance and feedback reviews are maintained and staff are notified of up coming sessions through memoranda and flyers which are posted on noticeboards throughout the home. Staff confirm satisfaction with the education available and the type and level of support provided for them to not only maintain their skills but to up-skill and take on different roles within the organisation.

Recent education relating to Standard one includes;

- Computer training
- Aged care funding instrument
- Diploma course in management
- Team building
- Communication skills
- Bullying and harassment

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

A range of opportunities is available for elders, staff and visitors to make comments, complaints and suggestions. Internal and external complaints information is provided in the admission pack and brochures are available at the entrance. Opportunity to improve forms and lodgement boxes are located throughout the home and provided in Dutch and English. Complainants may remain anonymous. Quality circles and sharing groups provide an opportunity for elders to raise concerns and surveys are conducted annually. There is a well-established 'open door' system in place for elders, staff and visitors. Staff support new elders to discuss concerns privately with familiar staff during settling and provide reassurance regarding raising complaints. Written complaints are recorded on a complaints register and it was observed that these are few. The team discussed with management the benefit of registering all complaints including those raised verbally to enable comprehensive trend analysis. Feedback is provided personally or via quality circles, email, staff meetings, discussion, newsletters and memos. Elders, representatives and others confirm that they are aware of the complaints mechanisms and that complaints are dealt with quickly and satisfactorily.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home's mission, ethos and vision statement embraces the organisations commitment to providing quality care to the elders of the Dutch community and those who identify with the Dutch culture. The home's board members regularly attend the home and are available to stakeholders as needed. The aims of the home are clearly displayed within the home and contained in welcome packs provided to those elders wishing to move to the home and to staff on recruitment.

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 human resources management system ensures that appropriately qualified staff are employed to deliver care and services. As elders are predominantly of Dutch background, the home focuses on recruiting Dutch staff. Cultural training for non-Dutch staff is provided to assist their understanding of the cultural needs of elders. Recruitment and rostering is planned in response to occupancy rates and elder need. There is a comprehensive orientation program in place that reinforces the home's Eden philosophy and commitment to quality care and includes a buddy system. The home provides traineeships to upgrade staff qualifications and there is opportunity for staff to train and become 'champions' in specialist care areas such as wounds, dementia etc. Position descriptions are readily accessible and a staff availability register supports backfilling for unplanned leave minimising the need for agency staff. A range of external health professionals are contracted to provide specialist services. There are processes in place to monitor police checks, qualifications, registrations, mandatory training and competencies. Performance is monitored through audits, observation, appraisal, complaints and incidents. Staff and elders confirm that there are sufficient and competent staff available to provide care and services.

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 inventory, equipment and stock management systems ensure and it was observed, that there are adequate and appropriate goods and equipment available. The preventative maintenance program provides regular checking and servicing of equipment and includes in-house electrical testing and tagging of the home's equipment. Maintenance staff support elders to access an external provider for testing of personal equipment. The maintenance request system ensures that urgent and incidental issues are addressed quickly and effectively and maintenance staff provide twenty-four hour emergency response. Monitoring and rotation of consumables and stock purchasing are managed by the clinical coordinator and area managers. Medications and chemicals are securely stored and equipment is stored such that it does not create obstruction and is out of sight. Storage areas are clean and well

organised. There is a delegation of authority for equipment purchases and a capital program for expensive items. Emergency funds are available for equipment purchase or replacement if required. New equipment is trialled, risk assessed and evaluated prior to purchase and training is provided by suppliers. Staff report and elders confirm that they have access to appropriate and adequate goods and equipment.

1.8 Information systems

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

Team's recommendation

Does comply

A new electronic information management system has been implemented to improve operating and reporting processes. Some elements are not yet fully integrated and the home runs a dual paper and electronic system for some documentation. There is a committee structure in place and elders/representatives meet in small groups known as 'quality circles'; elders or staff may initiate a quality circle to discuss issues as they arise. Elders and their significant others meet in 'sharing groups' to discuss more personal issues. Elders, staff and stakeholders have access to information through the newsletter, quality circles, sharing groups, staff meetings, noticeboards, memos and discussions. Staff also access information through the intranet and internal email. Policies and procedures are held electronically and in hard copy to guide staff in all aspects of their work. Electronic documentation is password protected and backed up daily to the corporate server. Confidential documents are securely stored and there is a process for archiving and destruction of written documentation. Key information is collected, analysed and reported. Staff confirm that they have access to relevant information and elders advise that they are well informed.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's recommendation

Does comply

The home accesses external service providers for specialised health care, essential services and specialist maintenance services. Elders are referred to specialist providers for medical and allied health care. Management maintains a preferred provider list and service agreements are in place outlining the scope of service, standards of care and regulatory compliance expectations for all providers. Performance is evaluated through observation, audits, surveys, documentation and feedback and issues are discussed immediately. Elders have the opportunity to attend their own medical/allied health provider or arrange for visits to the home. Elders and staff confirm that external services are responsive and provide satisfactory care.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home's continuous improvement program supports improvement in relation to elders' health and personal care. Opportunities to improve are identified through clinical incidents, complaints, clinical care audits, staff observation, quality circles, sharing groups, meetings and informal discussions. Improvements are evaluated through surveys, audits, observation and direct feedback and a review cycle is established. Elders, representatives and staff report and documentation confirms that the home is proactive in improving elders' health and personal care. Refer to Expected outcome 1.1 Continuous improvement.

Recent improvements related to Standard two include the following:

- Implementation of new nutritional risk screening tool developed by the consultant dietician to determine the need for dietetics referral
- Implementation of a new electronic care plan system as part of the new information management system
- Implementation of a new medication management system, including new equipment and staff education. Drug charts are now separated into individual files

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 established systems and processes support regulatory compliance in relation to health and personal care. Professional qualifications, registrations, competency, mandatory training and police checks are monitored. The orientation program incorporates mandatory training and this is also included in the education program. Medications are stored and administered according to legislative requirements and appropriately trained and qualified staff are responsible for managing specialised elder care. Professional guidelines and resources are available to support staff. Mandatory reporting care pathways are documented in policies and procedures and on display in the staff room. Staff report and documentation and observation confirms that the home is compliant with requirements. Refer to Expected outcome 1.2 Regulatory compliance.

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 ensure management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of resident health and personal care. For a description of the home's staff education processes refer to Expected outcome 1.3 Education and staff development. Staff confirm satisfaction with the education available and the type and level of support provided for them to not only maintain their skills but to up-skill and take on different roles within the organisation.

Recent education relating to Standard two includes;

- Grief and loss
- Oral care (train the trainer)
- Clinical assessment skills
- Challenging behaviours
- Palliation
- Nutrition and hydration

2.4 Clinical care

This expected outcome requires that "residents receive appropriate clinical care".

Team's recommendation

Does comply

The home has systems and processes in place to guide staff in assessing elders' needs and preferences on entry to the home and on an ongoing basis. Each elder or their representative is invited to participate in care planning development and reviews. Interim care plans are developed by registered nurses on entry in consultation with care staff and the elder or their representative. Interim care plans guide staff in providing care during a formal assessment period. Care plans are reviewed regularly with reassessment of clinical needs occurring in response to changes in resident health status. Clinical care is provided by registered nurses division one, enrolled nurses, enrolled nurses (not endorsed) and personal care assistants. Elders and their representatives confirm satisfaction with how clinical care needs are identified and the level of care provided within the home.

2.5 Specialised nursing care needs

This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's recommendation

Does comply

Elders with specialised care needs are identified on entry and through regular review by registered nurses. Referrals to specialists such as dietitians, speech pathologists, occupational therapists, wound consultants and palliative care nurses occurs in response to identified needs. Registered nurses are available at all times to provide specialised nursing care and to assist staff in providing care. Care plans are developed to communicate needs, preferences and changes as necessary. Staff confirm specialised care is provided by appropriately trained and qualified staff. Elders and their representatives confirm registered nurses provide specialised care to those requiring this care and are satisfied with how the elders' needs are identified and met.

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

Each elder is assessed on entry for their individual needs in regard to allied health practitioners and specialists. As their needs alter new referrals or reviews are initiated. Elders have access to a wide range of specialists and allied health practitioners within the home and through local community services. Recommendations from specialists are incorporated into care plans and communicated to appropriate staff. Elders and their representatives expressed satisfaction with access to specialists and how they are provided with access to them.

2.7 Medication management

This expected outcome requires that "residents' medication is managed safely and correctly".

Team's recommendation

Does comply

Each elder is assessed for the level and type of assistance required for safe medication administration on entry and on a regular basis. Elders wishing to self medicate are assessed and provided with support to do so. Medication reviews are conducted by the elders own general practitioner as well as independent pharmacists who visit the home regularly. Medication charts, care plans and records for administering schedule eight drugs are available and used appropriately. Staff responsible for medication administration undertake competency assessments prior to being able to administer medications. Appropriate storage areas are used to ensure medications are stored correctly and in accordance with best practice and legislative requirements. The elders and their representatives confirm satisfaction with how medications are provided and administered.

2.8 Pain management

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

Team's recommendation

Does comply

Elders are assessed for their history of pain or painful conditions on entry to the home, as their health status changes, in response to complaints of pain and on a regular basis. Care plans are developed and incorporate recommendations from the elders own general practitioner and other health care providers. As required analgesic use, is reviewed regularly by registered nurses and the elders' general practitioners. Care plans include alternatives to analgesics including position changes, massage, physiotherapy and heat therapies. The elders and their representatives confirm satisfaction with how episodes of pain are identified and managed.

2.9 Palliative care

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

Team's recommendation

Does comply

Elders and their representatives are consulted on entry and as the elders health care needs alter regarding end of life wishes. Care plans document individual strategies and preferences

as requested by the individual. Emotional support is provided by nursing staff, care staff, lifestyle staff and counsellors. Palliative care specialists are available to visit those in the home as necessary. Staff confirm attendance at specialist education and the appropriate equipment is available to maintain the comfort and dignity of the elder during this stage of their life.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Each elder's needs, preferences, likes and dislikes are identified through consultation on entry and reviewed as needs alter. Elders are referred to allied health specialists such as dietitians and speech pathologists as needed. Recommendations are documented on care plans and within the home for access by appropriate staff. Each elder is monitored for weight gain and loss with high protein supplements and extra snacks provided in response to weight loss. Texture modified foods and fluids are available and provided to elders as needed. Adaptive devices such as modified cutlery, rimmed plates and drinking cups with spouts are provided. The elders and their representatives confirm satisfaction with how preferences are identified and the standard of meals provided.

2.11 Skin care

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

Team's recommendation

Does comply

All elders are assessed for skin integrity risks on entry to the home and on a regular basis during their stay. Reassessments are triggered in response to changing health status. Pressure relief devices are available and in use based on assessed needs. Fluid and nutritional status is monitored for those at risk. Wound care is managed by registered nurses. Referrals to wound specialists, dietitians, general practitioners and other allied health specialists occur in response to complex wounds or slow to heal wounds. Care plans and progress notes reflect wound progress and staff confirm attendance at relevant education and access to a variety of wound care products. Mobility aids and equipment is checked to minimise skin tear risks. Incident reports are completed, reviewed and analysed to assist in minimising reoccurrence of skin tears and trauma wounds. Elders and or representatives confirm satisfaction with how skin care needs are met.

2.12 Continence management

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

Team's recommendation

Does comply

The home identifies each elder's continence needs and wishes on entry to the home, changes to health status and continence results in reassessment of needs. Elder's medication use, nutrition and hydration needs are considered in formal continence assessments. Elders with specialised requirements such as stomas or catheters are monitored by registered nurses with care needs reflected on care plans. Those elders requiring continence aids are provided with appropriate aids based on assessed needs, over toilet chairs and grab rails are provided to assist them in remaining independent as possible.

Elders and their representatives confirm satisfaction with how continence needs are managed within the home.

2.13 Behavioural management

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

Team's recommendation

Does comply

Elders with a history of challenging behaviours are identified on entry to the home and reassessed in response to changing or new behaviours occurring. Referrals to aged persons' mental health specialists occur as necessary. Medication reviews are conducted by the elder's general practitioner and external pharmacists and mental health specialists. Lifestyle and nursing and care staff provide interventions according to care plans to minimise or prevent challenging behaviours. Staff confirm access to appropriate education. Elders and their representatives confirm satisfaction with how challenging behaviours are identified and managed by the home.

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

Each elder is assessed on entry to the home by visiting physiotherapists in response to initial nursing assessments. Care plans are developed and include allied health recommendations. Regular reviews, of elders occur by nursing and allied health staff. Adaptive devices and mobility aids are provided based on assessed needs. Incident reports are completed, reviewed and analysed to assist in minimising repeat falls. The visiting physiotherapist provides support and recommendations as part of the post fall management of elders. Elders and their representatives confirm satisfaction with how the home assists the elders in remaining mobile and independent as possible for as long as possible.

2.15 Oral and dental care

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

Team's recommendation

Does comply

Elder's individual needs and preferences for oral and dental health are identified on entry to the home. Oral care needs including mouth washes, denture and tooth care are reflected on care plans. Elders requiring assistance with oral hygiene are identified and appropriate care is provided. Local dental clinics are accessed by staff to assist in providing oral and dental care. Oral care products are provided to the elders based on assessed needs. Elders and their representatives confirm access to dental clinics and that staff provide assistance as needed.

2.16 Sensory loss

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

Team's recommendation

Does comply

The home ensures elders with sensory loss are identified on entry to the home. Referrals to specialists occur and access to support services are organised. Clinical and lifestyle care plans include references to sensory loss and its impact on the elder's ability to be self caring. Staff confirm they have been provided with relevant education to care for the elders and their aids. Well lit corridors and hand rails are provided to assist elders to mobilise safely within the home, assistive devices such as magnifiers, extra lights and large print books were noted to be available to and used by elders. Elders and their representatives expressed satisfaction with how sensory losses are identified and managed within the home.

2.17 Sleep

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

Team's recommendation

Does comply

Elder's individual needs, preferences, routines and habits are identified on entry to the home for their impact on the resident's ability to achieve a natural sleep. Care plans reflect individual preferences and rituals with staff able to describe individual elder's preferences for settling to sleep each evening. Supper drinks and appropriate bedding are provided to ensure the elders are comfortable. Elders confirm they are assisted to maintain their preferred settling and rising routines and that they are normally left undisturbed unless necessary.

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 continuous improvement program includes processes to identify and implement improvements related to elder lifestyle. Elders, representatives, staff and other stakeholders have opportunity for input through surveys, quality circles, sharing groups, meetings, letters and discussions as well as by lodging opportunity to improve forms. Elders and representatives report satisfaction with the response of the home to suggestions for improvement in relation to elder lifestyle. Refer to Expected outcome 1.1 Continuous improvement.

Recent improvements related to Standard three include:

- Establishment of a memorial tree and table for elders who have died to acknowledge the life of the elder and support emotional adjustment
- Establishment of a library room to facilitate elder access to books and provide a quiet, communal place to read
- Introduction of a 'mobile shop' trolley that visits elders rooms on a weekly basis to allow independent purchase of basic items and is particularly helpful for those unable to attend the kiosk

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

Regulatory compliance responsibilities are met by the home in relation to elder lifestyle. The charter of residents' rights and responsibilities is readily available and included in organisational documentation. Policies and procedures are in place in relation to mandatory reporting of elder abuse and absconding elders. Information and policies related to privacy and confidentiality are well documented. The elder admission pack contains comprehensive information including services, fees, charges, consent, complaints, privacy, rights and responsibilities. Brochures are readily available regarding external complaints mechanisms, advocacy and a range of other services. Elders/representatives report that they are aware of their rights and responsibilities and are confident that they receive information regarding any changes that may occur. Refer to Expected outcome 1.2 Regulatory compliance.

3.3 Education and staff development

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

Team's recommendation

Does comply

The home has processes in place to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of resident lifestyle. For a description of the home's staff education processes refer to Expected outcome 1.3 Education and staff development. Staff confirm satisfaction with the education available and the type and level of support provided for them to not only maintain their skills but to up-skill and take on different roles within the organisation.

Recent education relating to Standard three includes;

- Grief and loss
- Elder abuse and legislation
- Mandatory reporting
- Advocating for residents
- Cultural needs of the elders

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

Elders' emotional needs are evaluated on entry to the home through discussion with the elder and/or their representative and observation by staff. Staff conduct informal assessment during the initial phase; food intake, sleep, interaction and participation are monitored. Staff spend one on one time with new elders to support adjustment to the new environment. An individualised emotional dependence care plan is developed in consultation with the elder and/or their representative identifying goals, aims and strategies that assist the elder. Care plans are reviewed on a monthly basis. Elder rooms were observed to be very individualised and homely. Lifestyle staff observe elders emotional status through participation in activities and interactions with others and liaise with care staff if there are concerns. Elders/ representatives report that they are supported, happy and settled in the home.

3.5 Independence

This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's recommendation

Does comply

The home provides opportunity and encouragement to elders to maintain independence in their physical and social activities. Individual choice and preferences are identified on entry and included in care plans and other documentation. The majority of staff can converse fluently with elders in Dutch or English. Exercise sessions are regularly conducted to assist elders to maintain optimal physical strength and independence. Elders are encouraged to continue community and social contacts outside the home and the team observed visitors attending the home and elders going out with family/friends. Volunteers support the activities of the home and staff a kiosk and mobile shop trolley to enable elders to independently purchase snacks and personal items. The home has a range of mobility equipment and aids

available and there are wide passageways, doorways, smooth floor surfaces, handrails and elevated chairs to support independent mobility and activities of daily living. Elders and representatives confirm that the home supports and encourages elders' independence in all aspects of care and lifestyle.

3.6 Privacy and dignity

This expected outcome requires that "each resident's right to privacy, dignity and confidentiality is recognised and respected".

Team's recommendation

Does comply

The home has policies in place and provides information to all staff on elders' right to privacy, dignity and confidentiality. The charter of residents' rights and responsibilities and the privacy policy are included in staff and elders' information packs and booklets. There is a process for the secure storage, archiving and destruction of confidential documents. Electronic information is password protected. All elders have single rooms with ensuites. There are small living areas, a coffee shop and courtyards available for private gatherings. Elders provide written consent on entry for the use of any personal information and photographs. Elders/representatives have opportunity to discuss issues related to privacy and dignity with management through quality circles, sharing groups and the open door policy. The team observed that staff were mindful of elders' right to privacy during the visit and elders and representatives confirm that elders are treated respectfully at all times.

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 lifestyle program accommodates elders' preferences and covers a broad variety of interests and activities. Elders/representatives are actively involved in developing their lifestyle care plans. The home has access to a bus on alternative months for outings and a variety of community groups and entertainers visit the home. In line with the Eden philosophy, the home has a number of resident pets, including cats, dogs, fish and birds. Days of significance, particularly those that are culturally specific, such as the Dutch Queen's Birthday, are celebrated with special food, costumes and activities. Sessions are provided in each home as well as larger group activities. Sessions are evaluated and elders have input into the program through a variety of avenues. Elders' social history, preferences, likes and dislikes are documented and attendance records are maintained. Elders are supported to participate in activities of interest according to individual levels of ability; one on one support is provided; tasks for elders with dementia are included. Activities underway during the teams' visit included visiting entertainers and craft groups; sessions were well-attended with active elder participation. The team observed elders engaged in individual activities such as knitting and reading and visitors participating in activities with elders. Elders report that they are satisfied with the lifestyle program and supported to attend activities of interest.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's recommendation

Does comply

The home adopts the Eden philosophy and predominantly provides care for Dutch elders. There is a strong focus of Dutch culture throughout the home as evidenced by the décor, meals, language, photographs and notices. Non-denominational religious services are held every two weeks, the reform church holds weekly services and a community singing group visits every Sunday. Elders attend their own services in the community and clergy are welcome and encouraged to visit the home. The home is investigating the option of web-cam link with local church services in the future. The home supports the recruitment of staff who can converse with elders in Dutch and English and facilitates non-Dutch staff to understand the culture through the orientation process. There are processes in place to identify and document elders' end of life care wishes in line with cultural and spiritual requirements. Elders report high levels of satisfaction with the philosophy of care and the cultural and spiritual support provided 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 recommendation

Does comply

Elders' individual choices and preferences are identified and documented on initial assessment and as part of the care review process. There is evidence of consultation with elders/representatives regarding care planning. Elders are encouraged to identify personal preferences in relation to such activities as grooming, rising and settling times, mealtimes, food and recreational activities. Elders have the option of attending visiting health professionals or professionals of choice; a folder of services is located at the entrance of the home. The charter of residents rights and responsibilities is included in the residents agreement and admission pack. Elders provide consent for the use of personal information and preferences are regularly reviewed and updated. Quality circles and sharing groups and the 'open-door' policy provides opportunities for elders to express their personal wishes to management. Elders and representatives confirm their satisfaction with their ability to make independent choices

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

Documentation provided to elders prior to and on entry to the home includes information regarding rights, responsibilities and security of tenure. The resident agreement outlines all relevant regulatory information and elders are given opportunity to clarify information prior to entry. The charter of residents' rights and responsibilities is included in the resident agreement. Issues arising in relation to security of tenure and responsibilities are discussed as appropriate and letters are sent to elders/representatives when there are changes in services and charges. Residents confirm that they understand their rights and responsibilities and that they receive information regarding changes when appropriate.

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

Improvements related to the physical environment and safe systems of the home are included in the continuous improvement program. Environmental audits, incident reports, hazard identification, maintenance requests and complaints inform the program. The home is responsive to requests and the continuous improvement plan includes capital improvements that aim to provide a comfortable and safe living environment for elders and staff. Staff attend mandatory training to ensure they have the skills and knowledge necessary to support a safe environment. Elders and representatives confirm that they are satisfied with the comfort and safety of the home. Refer to Expected outcome 1.1 Continuous improvement.

Recent improvements related to Standard four include:

- New carpet installation occurring throughout the home
- Purchase of new dining chairs
- Establishment of a bush fire evacuation plan in collaboration with local community services and the metropolitan fire brigade
- Capital approval for building of a pergola in the dementia unit courtyard in 2010 to replace shade umbrellas

4.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has systems in place to ensure it meets obligations relating to legislation, regulations, standards and guidelines associated with the physical environment and safety. Audits and inspections are regularly conducted to evaluate and monitor the condition, safety and security of the home's buildings, grounds, fixtures and fittings. There is a preventative maintenance program in place and essential services are routinely monitored, serviced and maintained by specialist contractors. Staff and elders report and observation and documentation confirm that the home provides a safe, comfortable and secure environment for elders and staff. Refer to Expected outcome 1.2 Regulatory compliance.

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

The home has processes in place to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively in relation to maintaining the home's physical environment and safety. For a description of the home's staff education processes refer to Expected outcome 1.3 Education and staff development. Staff confirm satisfaction

with the education available and the type and level of support provided for them to not only maintain their skills but to up-skill and take on different roles within the organisation.

Recent education relating to Standard four includes;
- Infection control processes
- Manual handling
- Food safety
- First aid
- Chemical handling
- Occupational health
- Fire and emergencies
- Laundry processes

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

Team's recommendation
Does comply

The home consists of three houses linked internally through secure doors; all elders are accommodated in single rooms with ensuite bathrooms. Appropriate furnishings are provided to assist elders in feeling at home. External grounds are well maintained with secure courtyards available for elders to access as desired. Maintenance systems are in place to ensure equipment and furnishings are well maintained and fit for their intended use. Reverse cycle heating and cooling are available and were noted to be in use. Elders and their representatives confirm satisfaction with the home and its furnishings.

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 ensures that there are systems and processes to promote the maintenance of a safe environment for elders and staff. Policies and procedures are in place and the education program includes mandatory training in occupational health and safety, manual handling, infection control, food safety, use of equipment, first aid, management of hazardous waste, fire and evacuation and incident reporting. There is a process to ensure that new equipment is trialled and risk assessed prior to purchase and that training is provided. There is a dangerous goods register and dangerous goods and chemicals are safely stored with material safety data sheets available. A spills kit is available; sharps disposal units and personal protective equipment use were observed. The home routinely monitors performance through maintenance schedules, observation, incidents and audits. The occupational health and safety committee communicates information to staff via the occupational health and safety noticeboard, memos, emails and staff meetings. Staff report that they are aware of and have opportunity for input into the home's occupational health and safety program.

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's fire, security and emergency management systems demonstrate effective processes to minimise risk. Mandatory fire and emergency training sessions are included in orientation and conducted three times throughout the year. There are emergency manuals, response cards and an evacuation kit readily available. Evacuation plans, exit signage, security swipe pads, emergency lighting, smoke doors, particle detectors and fire fighting equipment are in place. The home has current certification and routine fire panel and equipment testing occurs. The daily fire warden is announced through the public address system and there is a list of wardens on display. Panels in care stations and the mobile telephone carried by the fire warden on duty identifies the location of any fire. A bush fire plan has been developed and distributed to all families and includes text messaging of information to relatives in the event of fire threat. There are designated and signed external smoking areas. Electrical testing and tagging is current. Elders and visitors are required to sign in and out of the home. There is an electrically operated security system that locks doors at night and releases them in the event of an emergency. Elders are aware of fire, security and emergency response processes and report that they are provided with education on entry to the home.

4.7 Infection control

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

Team's recommendation

Does comply

The home has effective systems in place supported by internal policies and procedures to identify and manage infections and potential infectious outbreaks. Data is collected and analysed to assist the home in identifying potential outbreaks and to manage elders with or prone to infections. Infections are logged and reviewed to ensure appropriate treatment and interventions occur. Immunisation programs are in place and offered to elders and staff appropriately. Elders prone to infections are identified and care plans developed to minimise risks and to assist staff in identifying infections. Cleaning processes are in place and appropriate personal protective equipment is available. Appropriate containers are available for disposal of rubbish and sharps. Clean and dirty linen and personal clothing was observed to be stored and handled appropriately. Food safety plans are in place and staff follow food handling guidelines. Pest control services regularly attend the home. Staff have attended relevant education. Elders and their representatives confirm that infections are identified and treated promptly.

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 home has effective systems in place to ensure that hospitality services are provided according to policy and in accordance with relevant regulations and legislation and as required by the elders living in the home. Third party catering and council audits have been undertaken. Catering services are provided with menus tailored to meet the needs of elders. Cleaning is completed according to documented schedules and additional cleaning occurs in

response to feedback. Laundry services are provided in house with labelling services offered. Staff have completed relevant education. Elders and their representatives expressed high levels of satisfaction with how hospitality services are provided within the home and the friendliness of staff.