



Aged Care
Standards and Accreditation Agency Ltd

Decision to Accredit Resthaven Leabrook

The Aged Care Standards and Accreditation Agency Ltd has decided to Accredit Resthaven Leabrook in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Resthaven Leabrook is 3 years until 15 April 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 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: Resthaven Leabrook

RACS ID: 6806

Number of beds: 40 Number of high care residents: Nil

Special needs group catered for: Nil

Street: 336 Kensington Road

City: Leabrook State: SA Postcode: 5068

Phone: 08 8332 4333 Facsimile: 08 8431 1589

Email address: leabrook@resthaven.asn.au

Approved provider

Approved provider: Resthaven Incorporated

Assessment team

Team leader: Jane Anderson

Team member: Mary Dunn

Date of audit: 12 January 2009 to 14 January 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
Does comply

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

Agency findings
Does comply
Does comply
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.



Aged Care
Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Resthaven Leabrook
RACS ID	6806

Executive summary

This is the report of a site audit of Resthaven Leabrook 6806 336 Kensington Road LEABROOK SA from 12 January 2009 to 14 January 2009 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 Resthaven Leabrook.

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 12 January 2009 to 14 January 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:	Jane Anderson
Team member:	Mary Dunn

Approved provider details

Approved provider:	Resthaven Incorporated
--------------------	------------------------

Details of home

Name of home:	Resthaven Leabrook
RACS ID:	6806

Total number of allocated places:	40
Number of residents during site audit:	39
Number of high care residents during site audit:	39
Special need catered for:	People with dementia or other related diseases people from culturally and linguistically diverse backgrounds

Street:	336 Kensington Road	State:	SA
City/Town:	LEABROOK	Postcode:	5068
Phone number:	08 8332 4333	Facsimile:	08 8431 1589
E-mail address:	leabrook@resthaven.asn.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Resthaven Leabrook.

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

Interviews

	Number		Number
Chief executive officer	1	Residents	7
Executive manager corporate services	1	Representatives	2
Executive manager residential services	1	Care coordinator	1
Board President	1	Registered Nurse	2
Senior manager clinical services	1	Personal carers	3
Manager residential care services	1	Coordinator housekeeping services	1
Quality and infection control officer	1	Lifestyle staff	2
Occupational health and safety coordinator	1	Housekeeping staff	1
Executive manager human resources	1	Catering staff	1
Autumn care project officer	1	Chaplain's assistant	1

Sampled documents

	Number		Number
Residents' files	7	Medication charts	5
Summary/quick reference care plans	7	Wound charts	4
Lifestyle assessments and plans	10	Resident agreements	2
Restraint assessments	4	Personnel files	8

Other documents reviewed

The team also reviewed:

- Vision, mission and values statements, policies and procedures, strategic plan 2005-2010, organisational charts, Leabrook business continuity plan
- Continuous improvement folder, Standards evidence folders, activity reports, action requests and log, audits, surveys and results, audit schedules, performance measures for clinical and lifestyle outcomes, incident/injury report forms and collated incident data, statistics and graphs, management and department reports, corporate continuous improvement information and audit schedule
- Legislation, State and Commonwealth correspondence, nursing registrations and staff lists, police check lists, memoranda about legislation and changed procedures
- Education folder and staff records, questionnaires, attendance and evaluation sheets, education calendar, information session handouts, completed individual questionnaires, credentialing packages, electronic staff training records, education and competency certificates, education pamphlets and information, various nursing, aged care and health related journals and information
- Comment and complaint folder and log, feedback forms, correspondence and emails, cards and complimentary letters, comment and complaint action requests
- Permanent and temporary orientation information and checklists, staff handbook, job descriptions, duty statements, rosters, performance appraisal documents, staff availability notices, leave statements, signed staff and volunteer confidentiality statements, contracts of employment, staff handbook, recruitment policies and procedures, self learning packages, including the program for registered nurses new to aged care, palliative care, asbestos care and obligatory reporting
- Meeting schedule, minutes of various corporate, management, staff and resident meetings, communication books, handover sheets, diaries, contractor and emergency lists and contact numbers, memoranda folder
- Residents' welcome and information package, orientation/admission check list, brochures, pamphlets and posters outlining resident privacy and complaints mechanisms, resident newsletter 'Leabrook Link' and surveys, resident handbook
- Social and personal history forms, activity schedules, activity information and participation choices, activity surveys, evaluation sheets and results, lifestyle information, participation sheets, church schedules, individual activity sheets, consent forms, volunteer information package and induction documentation
- List of nurse initiated medications, resident medication management reviews
- Brochures on 'restraint minimisation – information for registered nurses' and 'making decisions about restraint in aged care' for residents and relatives, four step restraint assessment tool
- Resident assessment and screening tools, resident nursing assessment database, interim care plan, various progress notes, three month care plan review schedule

and guidelines, general practitioner notes, resident weights and observation folder, special care plan folder, behaviour care plan folder, restraint authority, review and daily observation charts, bowel and bladder charts and physiotherapist reviews and exercise plans, podiatrist assessment and progress notes, palliative care information, resident daily check list

- Medication ordering forms, register and audits, narcotic drug register, pharmacy services information, pharmacy procedures and delivery documents
- Clinical monitoring data and reports, observation, wound care charts and photographs, fluid and diet information and lists, infection control guidelines and management flow chart
- Emergency procedures folder and wall charts, maintenance schedule, log and service records, preventative and corrective maintenance schedules, equipment and service provider lists, contract and service provider information, triennial fire safety certificate, 1999 building certification instrument documentation and score, resident mobility and evacuation lists, maintenance request system, asbestos register, contractors log book, induction process and badges, fire log record, water flow test of fire hydrant dated 11 July 2006
- Safe work operating procedures for some equipment, purchasing lists, occupational health safety and welfare housekeeping audits and schedule, cleaning audits, food hygiene audits and results, food and equipment temperature charts, hazard reports, material safety data sheets
- Infection control information, data and analysis, infection control training records, infection control resource folders, kitchen task risk assessments
- Cleaning schedules and instructions, cleaning routines and schedule review report including job descriptions
- Local council's mock audits of the home's food safety plan and inspection of food safety with remedial action reports, dietary guidelines, meal plating and sizing information and descriptions, textured food descriptions, special nutritional needs, menu with four week cycle, weekly selection records, dietician report on winter menu July 2008 and proposed summer menu 2008/09 with resident feedback, standard recipes
- Response to corporate housekeeping survey 2008, surface swabbing results, records of temperature checks for kitchen and pantry fridges, freezer and medication fridge, calibration records for fridge and freezer, record of cool room cleaning, schedules for daily and weekly room cleaning.

Observations

The team observed the following:

- Internal and external living environment including café and hairdressing facilities, outdoor courtyards, secure garden areas
- Interactions between staff, residents and volunteers
- Activities in progress for groups and individuals
- Meal distribution, afternoon tea being served and residents being assisted
- Storage of medications, medication trolley, medication rounds, nurses station, dressing trolley, medical and continence supplies, stock of toiletry supplies
- Computerised resident documentation
- Storage of staff files, resident files and care plans, archived documentation storage
- Equipment storage and availability for resident and staff use
- Staff room noticeboards, displaying occupational health and safety, continuous improvement and education information, photographs of special theme days for staff, staff 'pigeon holes', staff room and facilities

- Resident noticeboards including comments and complaint information, activity calendars and notices and daily whiteboard information, photographs of residents engaged in lifestyle activities, community information
- Suggestion box
- Kitchen, laundry, general stores areas, cleaners' trolleys and supplies, clothes labelling machine colour coded equipment and description posters, chemical posters
- Manual handling, infection control and chemical safety posters
- Evacuation and assembly information and maps, resident and visitor emergency information in residents' rooms
- Staff using the hand-held phone system to communicate across the home, hand-washing facilities, staff washing hands and wearing personal protective equipment, first aid kits in various areas
- Fire extinguisher tags, fire indicator panel, fire suppression equipment, entry and exit point lighting, site maps displayed in various areas
- Visitor and contractors sign in and out books with identification tags
- Resident lifestyle resources, communal resident computers, book shelves with large print books and magazines
- Personal belongings in residents' rooms
- Residents mobilising with and without staff intervention and assistance
- Fenced areas to maintain safety, sensor equipment, key pad locks, personal safety pendants

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

Resthaven Leabrook uses established corporate and site specific processes within a framework of compliance monitoring, self assessment, strategic performance measures and identifying opportunities for improvement. Continuous improvement processes are promoted in the home through staff and resident inductions, meetings, individual discussions and promotional brochures. The Quality and Safety Committee meet each month to discuss and monitor continuous improvement activities and results. Identified deficits are actioned and followed through. Corporate projects provide opportunities to improve resident services and outcomes.

Examples of continuous improvement activities and achievements in the last 12 months in management systems, staffing and organisational development include:

- Altering the focus of corporate auditing evaluations and recommendations by focusing on outcomes, rather than task orientated processes.
- The home utilises ‘SMS’ messaging to improve the efficiency of staffing when there are vacancies in the current or future rosters. This has improved the range of information available for staff about rostering needs and rostering timeframes. In addition, the home now utilises this facility to send training reminders and other information to general practitioners and managers.
- Updated qualifying periods for new staff now include additional meetings with the manager every two, four and six months. Due to these changes and the importance of completing meetings as scheduled the manager has developed processes to ensure performance management assessments are scheduled and conducted when they are due.

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

Established corporate processes monitor changes to legislation, regulations and guidelines, action where required, disseminate information and consult with the home. Processes, such as police checks and human resource management requirements are managed by corporate officers. All meetings report regulatory compliance information and how changes will impact on staff roles and responsibilities. Additional training or resources may be incorporated

to increase staff and resident understanding and compliance. For instance, information handbooks and guidelines have been developed in response to changes to obligatory reporting of residents missing from homes, which commenced in January 2009. Payslip notices and memoranda are used to disseminate important information.

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

Management feedback and a training needs analysis, which is conducted corporately each year to determine the needs of staff and management, are used to develop a corporate training plan. A site specific training plan is developed based on care and lifestyle needs of residents, legislative requirements, staff requests and identified staff practice needs. Self learning packages are sometimes used to provide mandatory or additional information and evaluate participant understanding. Mandatory training, which is now conducted during one full day, is identified both corporately and through site information. Attendances are monitored and sessions are evaluated based on outcomes for participants and residents. A staff development fund is provided to encourage staff to pursue their education and career needs, within the organisation.

1.4 Comments and complaints

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

Team's recommendation

Does comply

Residents and representatives are satisfied they are provided access and support to make comments and to complain about the services and care provided at the home. Information about comment and complaint mechanisms is provided informally through an entry interview, documented in the resident agreement and encouraged at resident meetings. Information brochures and comment, complaint and suggestion forms are available throughout the home. Suggestion boxes provide anonymous and after hours receipt of information. The home's newsletter provides information about the complaint mechanism and an avenue to document actions about comments and complaints and survey results.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home's vision, mission and values statements are displayed in the home and on the organisation's web site. They are documented in resident and staff handbooks, staff, resident and organisational newsletters and annual reports. The continuous improvement policy documents the organisation's commitment to quality and lists ways quality is incorporated into routine procedures.

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

Management use a base roster, which is monitored through clinical, lifestyle and management processes to maintain an appropriate skill mix in the home. Corporate recruitment and selection processes, including pre employment checks, guide management in identifying appropriate staff. Corporate and site specific inductions, job descriptions and a 'buddy' system, which is supported through the strategic plan, assists new staff to understand their roles and responsibilities. Temporary staff are orientated into the home and their practices are monitored. Changes to the base roster, for instance morning starting times to provide additional care to residents' hygiene and grooming, are made where needs are identified. Staff skills, such as medication competencies are monitored each year.

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

Established corporate and site procedures are used to assess, action, monitor and evaluate inventory and equipment needs of the home. Trial and risk management processes assess new equipment and products for effectiveness, safety and quality. Key staff are allocated responsibilities to action and monitor resources. Preventative maintenance and standard operating procedures are used to maintain equipment and guide staff practice. Products and equipment, which are not to the required standard are either rejected or continued following consultation and corrective actions with providers.

1.8 Information systems

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

Team's recommendation

Does comply

The organisation and home have processes to provide management, staff and residents with access to sufficient, accurate and appropriate information. Scheduled meeting and reporting processes facilitate relevant information sharing between management, staff and residents. Policies and procedures are routinely reviewed and are available through the home's Intranet. Internal communication is via email, SMS messaging and computer intranet. There is a system of secure storing, archiving and retrieving information including computerised care documentation. Staff are satisfied they have sufficient information available to them to meet residents' needs. Residents have access to information to assist them to make decisions about their care and lifestyle on entry to the home, and on an ongoing basis.

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

Corporate and site specific procedures are used to identify, access, monitor, and evaluate external provider services. Required standards of service, qualifications and legislative requirements are documented for all external provider contracts or service agreements. Feedback mechanisms are used to monitor and evaluate provider services. Various network meetings provide avenues for discussion about services, equipment and products and action requests are raised when concerns are identified.

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

Corporate and site specific audits, surveys, clinical measures and outcomes of care, action requests, incident reports and comment and complaint mechanisms monitor compliance and identify opportunities for improvement. Action request forms are used by staff to make suggestions, comments and complaints about care. Action plans and 'Quality improvement plans' are used to guide and monitor projects. Business plan activities, which link the home's outcomes with the organisation's strategic plan performance measures, are monitored by the Quality and Safety Committee and corporate committees where appropriate.

Examples of continuous improvement activities and achievements in the last 12 months in health and personal care include:

- Following the identification of links between modified diets and weight loss, the home introduced supplements for all residents on modified diets. In addition, a platform weigh scale has been purchased to accurately weigh all residents. Results indicate the maintenance of resident weights.
- Incident form analysis identified that skin tears had increased due to specific equipment use. The home identified alternative equipment, such as cushioned shower seats and new slings, which have resulted in a decrease of skin tears.
- A restraint project initiated by the organisation has produced a booklet to guide registered nurses through the restraint assessments, including the identification of alternatives to restraint. Improvements in care results for individual residents have been demonstrated through 'observations of care.' Review processes identified that supporting equipment would assist residents' mobility, safety, comfort and emotional well being. Examples includes, 'Charnley pillows, 'TED' stockings, ultra-low beds, concave mattresses, hot packs and sensor mats.
- Providing regular dental and hygienist services, conducted on alternative fortnights. Resident and representative survey comments indicate their satisfaction with the service and appreciation of the convenience.

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

Established corporate processes monitor changes to legislation, regulations and guidelines, relating to residents' health and personal care. This includes the provision of prescribed care and services, medication management and the registration of nurses and allied health providers. The manager residential care services identifies changes to legislation that affect the operation of the home, and disseminates information to relevant staff through meetings, training sessions, memoranda and payslip notices. Staff at the home understand and use the system. Staff practices are monitored through corporate and site specific processes, including resident and representative feedback mechanisms and clinical indicators. The home has processes to action non-compliances, including education and disciplinary actions.

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

Management and corporate officers identify and monitor staff and management skills and knowledge through performance review process, resident and staff feedback mechanisms, clinical and management indicators, staff questionnaires and competency reviews. Mandatory training days provide specific nursing and other procedural information. Other training sessions included on the annual calendars are promoted through meetings, training noticeboards, resource folders, staff and organisational newsletters. Competencies, which are evaluated by specialised corporate staff, are completed by enrolled nurses and suitable care staff, to ensure appropriate practices are maintained. Staff attendances are monitored and training evaluations are used to monitor the effectiveness of session content, facilitator and venue.

2.4 Clinical care

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the consultation, care and services provided and how their care needs are managed. The home has processes for identifying, assessing, monitoring and reviewing individual health and personal care needs and preferences when entering the home and on an ongoing basis. Residents' needs and care strategies are regularly reviewed and evaluated in consultation with residents, representatives and care staff. Information regarding each resident's care needs is documented in care plans that are easily accessed by staff. Handover sheets, alerts on the computerised resident care database and a diary are used to assist staff communication in day-to-day resident care. The home uses a range of health professionals to direct and assist in providing appropriate care for residents. Clinical audits are scheduled and trends are identified.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

Residents and representatives are satisfied the specialised nursing care they receive is according to their needs and preferences. The home has assessment processes to identify residents’ specialised nursing care needs and appropriate care plans are implemented. Registered nurses and organisational specialists, attend to specialised nursing care, including complex wound management, bowel and pain management. Enrolled nurses and personal carers work within their role and function, reporting to the registered nurse when changes in residents’ health or care needs require re-assessment. Residents are referred to general practitioners and external specialists when additional expertise is required. Specialised care needs are evaluated regularly in consultation with residents and representatives, and care plans updated. Nursing staff are trained and hold qualifications to carry out care provided at the home.

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 and their representatives are satisfied with the referral arrangements to allied health and medical practitioners, and the care provided. The home has processes for referring residents to health specialists in accordance with assessed needs and preferences. A physiotherapist, podiatrist, dentist, continence nurse advisor and general practitioners visit the home on a regular basis. Referrals to other health professionals and services such as a speech pathologist, occupational therapist, dietitian, mental health and palliative services are initiated in consultation with residents and their representatives as required. Residents are assisted to attend external appointments when necessary. Referrals and care recommendations are documented in electronic resident files and carried out.

2.7 Medication management

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

Team’s recommendation

Does comply

Residents and their representatives are satisfied that medications are managed safely and correctly. Registered nurses and credentialed enrolled nurses administer medications from blister packs prepared by a contracted pharmacist. A registered nurse assesses residents' medication administration needs on entry to the home and then at regular intervals. 'As required' medication is administered in consultation with a registered nurse who reviews its ongoing use of and effectiveness. Change to the medication regime is discussed with the medical practitioner as appropriate. A Medication Advisory Committee monitors and reviews current medication practices, incidents and any changes to legislation. Review processes, including incident reporting and internal audits are used to monitor and maintain safe and correct administration, supply and storage of medications.

2.8 Pain management

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

Team's recommendation

Does comply

Residents and are satisfied with the strategies staff use to minimise the potential for pain, and that pain is managed effectively as required. The home has processes for identifying, assessing, managing and reviewing the effectiveness of strategies used to manage residents' pain. Staff are aware of non-verbal signs of pain in residents with cognitive impairment, and use appropriate assessment tools. Strategies for managing pain describe residents' specific needs and preferences, such as repositioning, massage, hot packs, pressure relieving devices and transcutaneous electrical nerve stimulation units. Registered nurses monitor residents' use and effectiveness of 'as required' pain relieving medications and implement further assessments where indicated. Nursing staff refer to external specialists where appropriate.

2.9 Palliative care

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

Team's recommendation

Does comply

Families are appreciative of the palliative care provided at the home. The home has a process in place to maintain the comfort and dignity of residents at the end of their life. On admission or soon after, residents and their representatives are asked to provide information on end of life wishes. The organisation has completed a project to increase staff and resident's knowledge and use of advanced directives. The home encourages all residents and their representatives to complete a 'good palliative care order'. Emotional and spiritual support is included in palliative care plans that guide staff practice. Staff have training in palliative care and specialist palliative care services are consulted when required. Appropriate equipment is available. Staff, the chaplain and social worker support the resident and families during this time.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents and representatives are satisfied with the home’s approach to meeting their nutrition and hydration needs. Nutrition and hydration based on residents’ needs, likes and preferences is provided by the home. Assessment processes, including body mass index plus consultation with the resident or their representative, identify nutrition or hydration risk factors. Dietary requirements, portion sizes and food and fluid preferences are documented and are available to all staff who serve meals or drinks. Changes are promptly communicated to catering staff. Requirements for assistance with meals are noted. Residents with swallowing difficulties are assessed by a speech pathologist and food consistency modified accordingly. Residents with specific dietary needs are accommodated and menu selection modified to suit individual preferences. Dietary supplements are implemented when inappropriate weight loss is identified. The nutritional content of the home’s menu is reviewed by a dietician and recommendations have been incorporated.

2.11 Skin care

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

Team’s recommendation

Does comply

Residents and representatives are satisfied with the care provided in relation to their skin care. The home has processes for identifying, assessing, reporting and reviewing resident skin impairment and implementing strategies to maintain residents’ skin integrity. Planned skin care strategies, incorporating preventive measures and specialised equipment are regularly reviewed and evaluated by nursing staff. Incident causes are analysed to identify trends or opportunities for improvement across the home and action is taken to improve individual care needs. Referrals to an external specialist is arranged as required.

2.12 Continence management

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

Team’s recommendation

Does comply

The home has processes for assessing residents’ continence history, bladder and bowel patterns, mobility and the level of assistance required to promote and maintain effective continence. Regular care plan reviews and staff feedback assist in monitoring the effectiveness of the planned continence management strategies and any changes that occur. The organisation’s continence nurse advisor visits the home each week to assist staff to plan and evaluate programs for residents. A training plan is in place to improve staff

knowledge and understanding of continence practice. Urinary tract infections are monitored and strategies implemented to minimise or prevent their recurrence. Residents and their representatives are satisfied with the care they receive to meet their continence needs.

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 and their families are satisfied with the home’s approach to managing challenging behaviour. The home assesses and plans behaviour management strategies to meet the individual needs of residents with challenging behaviours. The triggers of residents’ behaviour are identified and strategies to redirect residents are based on their personal interests or needs at that time. Strategies are developed and their effectiveness is reviewed in consultation with residents, their families and staff, and include individual activities, lifestyle programs and adapting the environment. Minimal restraint is used wherever possible to address residents’ safety needs. The home seeks advice from external specialists, including the organisation’s project officer dementia service as required. Regular dementia training is provided.

2.14 Mobility, dexterity and rehabilitation

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

Team’s recommendation

Does comply

Residents and their representatives are satisfied with the home’s approach to maintaining residents’ mobility and dexterity, including the mobility assistance and aids provided by the home. Residents’ mobility and dexterity needs and falls risk is assessed using a multidisciplinary approach. Strategies, such as mobility aids, appropriate manual handling and exercise programs assist to maintain or improve residents’ mobility and dexterity. Care staff are aware of each resident’s mobility needs, manual handling precautions and support individual and group activities to optimise mobility. A physiotherapist provides assessment, treatment programs and exercise plans for staff to follow. The home has environmental inspections, hazard reporting and a responsive maintenance system to correct any safety hazards. Falls data is monitored and analysed and addressed in consultation with care staff, residents and allied health professionals.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents and representatives are satisfied with the oral and dental care provided by the home. The home has processes for assessing residents’ oral and dental hygiene needs, planning care and meeting ongoing needs and preferences. Care plans, which are regularly reviewed and evaluated, provide the strategies to support individual resident oral hygiene needs. Care staff assist residents to attend to their daily oral hygiene needs. A dentist and dental hygienist visit the home regularly and provide staff training in oral and dental care, including dentures. Residents are supported to access dental care of their choice and are referred for speech pathology assessment for swallowing difficulties. Resident’s diet and oral and dental care is modified according to assessed needs.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents and representatives are satisfied with home’s approach to managing residents’ sensory loss. Resident sensory deficits are comprehensively assessed as a component of the home’s admission and care plans are reviewed every six months. Strategies are identified and monitored to facilitate greater sensory ability. This includes large font games, increased lighting, raised lettering and a range of condiments. Lifestyle activities include strategies to stimulate residents’ senses. Care staff are aware of individual resident’s sensory needs and how to manage them.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents and representatives are satisfied with the assistance given to enable them to sleep well. The home has processes to assess and review residents’ natural sleep patterns including day time naps. Individualised management plans include residents’ sleep habits and sleep preparation needs. Residents’ preferences to promote sleep, such as sleeping position, hot drinks, night-lights, television and radio habits are recorded in care plans and assist staff to support residents’ settling routines. Any sleep disturbances are investigated and strategies are implemented to manage them.

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

Corporate and site specific audits and surveys, resident and staff feedback mechanisms, informal discussions, observations of care reviews and general observation are used to monitor resident outcomes and identify areas for improvement. Quality improvement plans are used by the lifestyle coordinator to detail project progress and results. Lifestyle progress updates and reports are provided through the Quality and Safety Committee, resident and organisational newsletters and at resident meetings.

Examples of continuous improvement activities and achievements in resident lifestyle in the last 12 months include:

- Disruptive noises and constant interruptions have been a consideration in the changing of venues and times of allocated activities to provide a comfortable and supportive environment for residents’ participation and enjoyment.
- Lifestyle staff, following general discussion and focus group feedback have provided an increased range and type of activities available for residents, to stimulate resident participation and support residents’ special needs, such as mobility, cognitive and emotional needs.
- Annual focus group feedback identified that representatives who reside interstate or overseas would benefit from receiving the home’s newsletter. At least eight families now receive the publication. Recent feedback indicates that families are satisfied with the newsletter.
- The organisation has included information about social and hospital leave in the resident information booklet, to enable residents and representatives to understand these processes, reduce any fears about losing their tenure when they are in hospital and encourage residents and families to spend time on holiday or with family members on special days and weekends.
- A large television has been purchased to facilitate residents with degrees of vision loss to see the screen easily and provide other residents with a clear view of a larger screen.

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

Corporate and site specific processes manage the identification, actioning and dissemination of legislation, regulation and guideline information to relevant management and staff. The manager reviews any changes and how this may impact on the home's care and service delivery. Policy documents are reviewed regularly by corporate officers and the board. Notices, meetings and payslip memoranda inform staff of changes and how these may impact on their roles and responsibilities. For instance, changes in obligatory reporting, elder abuse and resident agreement information. Internal and external audits monitor compliance. Deficits are actioned and monitored through progressive action plans, training sessions and at relevant meetings.

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

Corporate and site training plans are developed each year based on resident and staff needs, legislation, staff requests, audit and survey results and corporate goals. For instance, a corporate advanced directive project involved developing information brochures and a self-directed learning package to improve staff understanding. Scheduled diversional therapist training days provide practical assistance and networking within resident lifestyle, and cultural awareness training extends staff knowledge of the needs of individual residents. Attendances at mandatory training are recorded and monitored. Staff evaluations are used to monitor the effectiveness of training sessions and facilitators.

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

Residents and representatives are satisfied their emotional needs and preferences are identified and they feel they are supported. Residents are welcomed when they enter the home and individual needs are assessed. Previous and new friendships are fostered when residents enter the home. The chaplain and social worker are referred to residents where needs are identified and their progress is monitored. Special needs groups have developed to support the physical and emotional needs of group members. Individual activities, such as music and religious observances are supported. Regular care and lifestyle reviews and incident reports monitor resident outcomes.

3.5 Independence

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

Team's recommendation

Does comply

Residents and representatives are satisfied their independence needs are identified and supported. Care and lifestyle assessments and reviews identify residents' needs and monitor strategies for effectiveness. Residents are supported with physical, social and emotional needs to maintain their independence. For example, attending specific activity groups and external church services, accessing key pad codes for specific residents, using eating tools to assist residents with their daily meals and being provided tools to assist residents' specific sensory needs, such as large print books, positioning at concerts and using microphones at meetings.

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

Residents and representatives are satisfied their individual privacy and dignity needs are identified and respected. Initial assessments, review and consultation processes identify individual needs and preferences of residents. Activities are planned in consideration of residents' care, sensory, cognitive and emotional needs, to minimise resident embarrassment and distress. For instance, supporting different habits and spiritual practices. Care plans, progress notes and daily handover provide ongoing information for staff to refer to. Resident information is stored securely. Staff are articulate in the individual needs of residents.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

Residents and representatives are generally satisfied that activities are programmed and conducted according to their individual needs and interests. Assessment, review, meeting and survey processes identify and evaluate leisure interests. Activity planners, which are displayed throughout the home, incorporate residents' choices and leisure activities, including special need groups, such as sensory and cognitive needs. The development of new activities, such as memory boxes, is initiated through observation of residents' enjoyment and networking opportunities. Resources, such as cards, books, games and DVDs are available for residents' use at any time.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

Residents and representatives are satisfied their religious, spiritual and cultural values and beliefs are respected and fostered. Assessment and review processes generally identify residents' religious and cultural individual needs and preferences. Regular services and communion are conducted each week. The organisation's chaplain regularly conducts discussion groups and visits with individual residents. Residents are encouraged and supported to attend community events, external religious services and individual religious practices. The organisation's multicultural officer provides cultural resources, including language cards and advice about specific cultural needs for individual residents, to assist staff to understand their needs.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Residents and representatives are satisfied they are enabled to make choices and decisions about their care and lifestyle. Residents' specific needs, interests and preferences are identified through assessment and review processes and individual discussions. This may include preferred pharmacy and allied health providers. Authorised representatives are identified and contact details documented in care plans. Resident meetings, comment and complaint processes and informal discussions identify other needs and preferences, such as leisure interests, meal choices, specific care needs and seating arrangements. Ongoing information is provided in residents' care plans, progress notes and through handover information.

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 representatives are satisfied that residents' tenure is secure and that consultation is used to inform and discuss any possible moves of residents. Information about the level of services provided at the home, rights and responsibilities, comment and complaint mechanisms and fees and charges are usually discussed before residents enter the home. The resident agreement outlines these topics, which are periodically discussed at resident meetings and documented in the home's newsletter. The resident handbook now contains information about social and hospital leave. A tour of the facility assists potential residents to assess the home in regard to their specific needs. Consultation with residents and representatives about room or facility moves are documented in progress notes.

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

Routine surveys, internal and external audits, comment and complaint feedback, meetings, incident and hazard reports and action requests monitor compliance and identify areas for improvement. Issues, suggestions, trending information and strategic performance information are discussed at the Quality and Safety Committee each month and where relevant, at corporate meetings. Action plans and progress updates are used to direct and monitor projects, such as the food safety plan and fire triennial outcomes.

Examples of continuous improvement activities and achievements in physical environment and safe systems over the last 12 months include:

- Following annual focus group feedback and additional resident comments, the home has installed an additional disabled car parking space in the home’s parking area.
- An action request from a staff member suggested that cleaning products left on a cleaner’s trolleys, expose a risk to some residents and visitors. Lockable containers have been identified to restrict access of these products and can be easily moved for storage and safety. A successful trial period found the containers to be easily moved and to maintain resident and visitor safety.
- Resident and staff feedback identified security and safety issues at the front entrance of the home. This includes visitors leaving their vehicles at the front entrance, which may impact on ambulance service access to the home. A key pad has also been installed at the entrance of the home to increase security. Automatic doors at the entrance are operational during set hours. The key pad is operational after hours and used by residents and representatives. All other visitors call the duty registered nurse to access to the home.
- To encourage staff observance of manual handling procedures, highlight tape was placed on the ‘soiled’ linen room floor side of the laundry to prompt staff to place soiled linen bags in the appropriate area. Feedback indicates staff are observing the appropriate manual handling guidelines.

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

Established corporate and site specific processes identify, monitor, action and disseminate legislative, guideline and regulatory information to management and staff. Internal and external audits monitor compliance. Deficits are actioned and monitored through progressive action plans and at relevant meetings. For instance, the fire triennial survey found three areas for improvement, which were successfully planned and actioned through the occupational health and safety action plan. Changes to food safety legislation have resulted in staff procedure and policy changes, targeted training for staff and additional information for residents and representatives. Payslip memoranda are used to ensure all staff are aware of immediate changes.

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

Corporate and site training plans are developed each year based on resident and staff needs, legislation, staff requests, audit and survey results. For instance, changes to food safety legislation prompted targeted education, new equipment required specific manual handling knowledge and Quality and Safety Committee members required understanding about their committee role and responsibilities. Attendances at mandatory training, which is conducted through corporate and site inductions and scheduled training days, are recorded and monitored. Staff evaluations are used to monitor the effectiveness of training sessions and facilitators.

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 has processes in place to provide a safe comfortable environment consistent with residents' care needs. Residents are encouraged to personalise their bedroom areas with furniture and personal items. There are lounge and dining rooms, garden outlooks and a large function area. The home maintains a corrective and preventive maintenance program, including testing of electrical equipment. The living environment is monitored by the home's environmental audits, and incident and hazard reporting system. If restraint is required for resident safety, there is a process of assessment, consultation and monitoring which occurs with residents and representatives. Residents and representatives are satisfied with the safety and comfort of the living environment, including residents' rooms and communal areas.

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 homes' management has systems and processes in place to provide a safe working environment that meets regulatory requirements. Policies and procedures guide staff with safe practices. Staff are provided with equipment fit for the purpose, which is regularly maintained through the planned preventative and corrective maintenance programs. Personal protective equipment is provided and is used by staff who are aware of its effective use. There are corporate initiatives to encourage staff health including preventive physiotherapy, health checks during safety week and support programs for injured workers. Occupational health and safety incidents are reported, investigated, followed up and collated to indicate any trends. Staff are satisfied that they have a safe working environment.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home's management has implemented systems to provide a safe environment and work systems that minimise fire, security and emergency risks in the home. There is a fire safety program, including mandatory training of all staff. Regular maintenance programs are undertaken in the home. Contracted external services maintain the security, fire and emergency services and ongoing electrical testing of equipment. The fire panel and several mimic panels identify the location of the fire, and staff communication is quickly enabled through the cordless phone system. The home has a Triennial fire safety certificate and meets the safety requirement of the 1999 certification instrument. Staff are aware of their responsibilities and actions in response to an emergency event. Residents and representatives are provided information about fire, security and emergency procedures when they enter the home and notices are placed on the back of each resident's door.

4.7 Infection control

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

Team's recommendation

Does comply

The home monitors resident and staff infections. The manager residential care services is responsible for coordinating the home's infection control system. All staff have access to and use personal protective equipment in their work processes. There is an appropriate waste and sharps disposal system and pest control programs are in place. Refrigeration temperatures are consistently monitored throughout the home and there is a food safety program in place. The organisation has a business contingency plan, which includes infectious gastroenteritis and pandemic influenza outbreak procedures and provides for the availability of appropriate equipment throughout the home. Infection control training is included in corporate and internal inductions. Housekeeping staff have adequate infection control systems and practices in place and maintain a clean environment. An infection control surveillance program monitors the incidence and trends infections. Residents, their representatives and staff are satisfied with the practices employed to reduce the possibility of infections in 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

Residents and representatives are satisfied with the catering, cleaning and laundry services provided. Staff are satisfied their work environment assists them to provide services to meet residents' needs and wishes. The home has processes for providing hospitality services consistent with residents' individual needs and preferences. The on-site kitchen provides residents variety of choice with a seasonal menu. Residents are consulted in menu development and menu review processes. The coordinator housekeeping services monitors the home's food safety plan and incorporates resident feedback into the menu review, along with recommendations from dietician reviews. Specific food requirements and preferences are catered for, and menus can be adjusted to cater for special diets or culturally specific foods as required. Residents' personal clothing and general linen is laundered at the home and the home provides a clothes labelling service to minimise lost items. Cleaning schedules provide appropriate cleaning of residents' rooms and communal areas. All hospitality staff have regular training in infection control, chemicals and manual handling, including induction training for new staff. Material safety data sheets are readily available to staff. Audits, inspections and resident feedback processes monitor efficiency and satisfaction with hospitality services.