



Standards and Accreditation Agency Ltd

Decision to Accredit Resthaven Nursing Home Westbourne Park

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

The Agency has decided that the period of accreditation of Resthaven Nursing Home Westbourne Park is 3 years until 6 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 Nursing Home Westbourne Park				
RACS ID:	6895				
Number of beds:	46	Number of high care residents:	Nil		
Special needs group catered for:	Nil				
Street:	30 Sussex Terrace				
City:	Westbourne Park	State:	SA	Postcode:	5041
Phone:	08 8271 3300		Facsimile:	08 8271 0347	
Email address:	westbournepk@resthaven.asn.au				

Approved provider

Approved provider:	Resthaven Incorporated
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Assessment team

Team leader:	Jane Anderson
Team member:	Mary Dunn
Date of audit:	9 February 2009 to 11 February 2009

Executive summary of assessment team's report
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**Accreditation
decision**

Standard 1: Management systems, staffing and organisational development
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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

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

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

Accreditation decision

Agency findings
Does comply
Does comply
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Agency findings
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Does comply

Assessment team's reasons for recommendations to the Agency

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



Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Resthaven Nursing Home Westbourne Park
RACS ID	6895

Executive summary

This is the report of a site audit of Resthaven Nursing Home Westbourne Park 6895 30 Sussex Terrace WESTBOURNE PARK SA from 9 February 2009 to 11 February 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 Nursing Home Westbourne Park.

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 9 February 2009 to 11 February 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
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Details of home

Name of home:	Resthaven Nursing Home Westbourne Park
RACS ID:	6895

Total number of allocated places:	46
Number of residents during site audit:	46
Number of high care residents during site audit:	46
Special need catered for:	People with dementia or other related disorders People from culturally and linguistically diverse backgrounds

Street:	30 Sussex Terrace	State:	SA
City/Town:	WESTBOURNE PARK	Postcode:	5041
Phone number:	08 8271 3300	Facsimile:	08 8271 0347
E-mail address:	westbournepk@resthaven.asn.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

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

Interviews

	Number		Number
Chief executive officer	1	Residents	2
Executive manager corporate services	1	Representatives	2
Executive manager residential services	1	Care coordinator	1
Board President	1	Registered nurses	1
Senior manager clinical services	1	Enrolled nurse	1
Senior manager residential services	1	Personal carers	2
Manager residential care services	1	Coordinator housekeeping services	1
Quality and infection control officer	1	Lifestyle staff	1
Occupational health and safety coordinator	1	Housekeeping staff	2
Executive manager human resources	1	Maintenance staff	1
Administration staff	2	Cook	1

Sampled documents

	Number		Number
Residents' files & care plans	5	Medication charts	5
Computerised assessments, observations, progress notes & evaluations	5	Wound care charts	3
Lifestyle assessments/plans	5	Personnel files	10
Restraint assessments	2	Resident agreements	3

Other documents reviewed

The team also reviewed:

- Vision, mission and values statements, policies and procedures, strategic plan 2005-2010, organisational charts, Westbourne Park continuity business plan, organisational chart
- Continuous improvement folder, Standards evidence folders, activity reports, action requests, 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 reports, various flow charts
- Legislation, State and Commonwealth correspondence, nursing registrations and staff lists, police check lists, memoranda
- Education folder and staff records, questionnaires, attendance and evaluation sheets, education calendar, electronic staff training records, education certificates, education pamphlets and information, medication competency documents
- Comment and complaint folder and log, feedback forms, correspondence and emails, cards and complimentary letters, comment and complaint action requests, action plans, newsletter responses
- Permanent and temporary orientation information and checklists, staff handbook, job descriptions, duty statements, rosters, performance appraisal documents, leave statements, contracts of employment, recruitment policies and procedures, vacancy lists, rostering information
- Meeting schedule, minutes of various corporate, management, staff and resident meetings, communication books, handover sheets, diaries, memoranda folder, general practitioner folder, social worker folder
- Resident information package, orientation/admission check list, brochures, pamphlets and posters outlining resident privacy and complaints mechanisms, resident newsletter 'Grapevine' and surveys, resident handbook
- Social and personal history forms, activity schedules, activity information and participation choices, activity surveys, project evaluation sheets and results, lifestyle information, church schedules, photograph and information consent forms
- Lists of residents on special observation, modified diets, weights, evacuation codes
- List of nurse initiated medications, resident medication management reviews
- Four step restraint assessment tools, including restraint authority and reviews, current list of restraints
- Resident assessment and screening tools, resident nursing assessment database, interim care plan, various progress notes, six month care plan review schedule and guidelines, general practitioner notes, resident weights and observation folder, behaviour care plans, daily observation charts, bowel and bladder charts and continence assessments and care plans, physiotherapist reviews and exercise plans, podiatrist assessment and progress notes, palliative care information
- 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 wall charts, maintenance schedule, log and service records, preventative and corrective maintenance schedules, deficit reports, equipment and service provider lists, contract and service provider information, triennial fire safety certificate dated 19 September 2006, 1999 building

certification instrument documentation, resident mobility status on handover sheets for emergency evacuation, maintenance request system, asbestos register, contractors log book, induction process and badges, fire log record

- Safe work operating procedures equipment, purchasing lists, occupational health safety and welfare audits, hazard reports, material safety data sheets, equipment trial reports and risk assessments
- Infection control information, data and analysis, infection control training records, infection control resource folders
- Cleaning schedules and instructions, cleaning routines and job descriptions for kitchen, pantry, laundry and housekeeping staff
- Local council's audit 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, texture modified food descriptions, special nutritional needs, menu with four week cycle, dietician report on menu March 2008, resident feedback on proposed summer menu 2008/09, standard recipes, menu forms with special meal needs
- Response to corporate housekeeping survey 2008, records of temperature checks for food, kitchen and pantry fridges, freezer and medication fridge, calibration records for fridge and freezer, schedules for daily and weekly kitchen and pantry cleaning.

Observations

The team observed the following:

- Internal and external living environment, including shop and hairdressing facilities, outdoor smoking areas, secure garden areas, dining areas
- Interactions between staff, residents and representatives
- Activities in progress for groups and individuals
- Meal distribution, morning and 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, 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
- Survey return box, suggestion box
- Kitchen, laundry, general stores areas, cleaners' trolleys and supplies, clothes labelling machine, colour coded equipment and description 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 kit
- Fire extinguisher tags, fire indicator panel and mimic panels, fire suppression equipment, entry and exit point lighting, site maps displayed in various areas
- Contractors sign in and out books with identification tags
- Resident lifestyle resources, book shelves with large print books and magazines
- Personal belongings in residents' rooms
- Residents mobilising with and without staff intervention and assistance
- Security systems at front door, external lighting, personal safety pendants with sensors at specific doors, key pad locks.

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 Nursing Home Westbourne Park’s continuous improvement framework includes a combination of corporate and site specific processes. The organisation’s strategic plan objectives underpin the home’s business plan. Corporate audits, surveys and meetings, contribute to the home’s processes. The Quality and Safety Committee meet each month with a representative membership, to discuss, action and monitor a variety of continuous improvement and safety information, guided through a standard agenda. Summaries of information, including clinical and management performance measures, comments and complaints and continuous improvement information are presented at each meeting. Continuous improvement initiatives and projects are monitored through a corporate database, which is used to record actions and track progress. Staff, residents and representatives are encouraged to participate in the continuous improvement system through the use of continuous improvement forms and participation in meetings.

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

- A change in medical supplier has improved the way inventory is managed and stored. The products, which are now stored in groups on labelled shelves, are managed through an impress base stock, which is ordered each month. In addition, the supplier provides education, advice and support, for instance in identifying the appropriate product to assist resident care.
- The manager has introduced random resident satisfaction surveys to identify concerns, suggestions for improvement and comments. While feedback from other sources was continuing, the random selection is to be used to identify issues and comments, which may not be readily identified. While compliments are generally received from the process, some continuous improvement activities have also been generated.
- The home has implemented a ‘SMS’ messaging process to assist in locating staff for vacant shifts and providing staff with information and reminders, for instance about scheduled meetings. Group messages are sent to identify staff available to cover a shift. Clerical staff have indicated this process has improved the efficiency of locating available staff and reduced temporary staff in the home.

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

Corporate and site specific processes identify, action, review and disseminate information about legislation, regulations and guidelines. Corporate officers identify changes through updates provided by industry and professional groups, government notices, and contractor information. A legislation list is corporately maintained and available on the organisation's Intranet. Policy and procedure reviews occur within scheduled timeframes and when legislation changes impact on care and services. Legislation is a standing agenda item for all meetings. The staff and resident newsletters contain information about changes to the home's practices and additional legislation information where appropriate. Staff practices are monitored through scheduled corporate audits, feedback mechanisms and observation by senior staff. The home has processes to action non-compliances, including education and disciplinary actions.

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

Corporate and site specific inductions, job descriptions and procedure manuals guide staff and contract personnel in their roles and responsibilities. A training needs analysis is used by corporate training officers to identify actual and perceived training needs and requests by staff. This information is reviewed to identify trends for inclusion into the corporate education planner and provide feedback to the home's manager. The site specific training plan is developed each year based on identified needs, staff requests and site mandatory sessions. Mandatory education is identified and generally managed through corporate processes. Attendances at training sessions are recorded and monitored. Evaluation feedback is used to review session and facilitator effectiveness.

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 with access to and the home's management of their comments and complaints. Information about comment and complaint mechanisms is documented in various organisational documents, the resident agreement and displayed in the home. Resident meetings, focus groups, general discussions, forms and suggestion boxes provide avenues for discussion for residents and representatives. Complaints are identified, acknowledged, actioned and monitored until resolved. Summary information is collated, discussed, trended and reported at various meetings in the home and corporately.

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 corporate vision, mission and values statements, which are displayed in the home, are documented in staff, resident and volunteer handbooks, in various brochures and newsletters. These statements are also displayed on the corporate Internet and Intranet, and are presented to staff during corporate induction. The home's business plan is directly linked to the corporate strategic plan. 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

Recruitment, selection and induction processes are established. Policy and procedure documents, job and person specifications, duty statements, scheduled 'buddy' shifts and programmed training, guide new staff in their roles and responsibilities. Base rosters are reviewed each month for staffing appropriateness. Rosters are adjusted according to residents' care needs, such as palliative care, and planned and unplanned leave vacancies. Temporary or contracted staff are formally orientated to the home's processes. Specialist services are conducted by the registered nurse, corporate specialists, or contracted external providers. Staff practices and satisfaction with staffing levels are monitored through senior staff, feedback mechanisms and performance management.

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 the 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. Routine preventative maintenance and standard operating procedures are used to maintain equipment and guide staff practice. The appropriateness of goods and equipment is monitored through action requests, trials of equipment and goods, incident and hazard reporting, regular meetings, audits and surveys processes.

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 and their representatives have access to information to assist them to make decisions about their care and lifestyle on entry to the home and ongoing.

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

Established corporate and site procedures identify, organise and monitor external services. Corporate criteria are used to identify suitable suppliers and an electronic database enables management to identify approved providers to allocate their service needs. Corporate property and purchasing officers determine the level of compliance and service satisfaction of external providers through monitoring processes. This may include general staff and resident feedback, housekeeping network meetings and service feedback forms. A formal contractor induction is conducted by administration staff.

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

Observation of care, resident feedback, incident and hazard data, clinical data, comments and complaints mechanisms and special projects are used to monitor performance and direct improvements in clinical care. Corporate continuous improvement initiative updates are provided routinely and continuous improvement information is disseminated at the Quality and Safety Committee, resident and staff meetings where appropriate.

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

- The home has initiated multi-disciplinary meetings to facilitate formalised and comprehensive observations of care every six months. The process involves electronic scheduling of meeting times for discussions from varied staff, including allied health, to provide timely reviews.
- The home identified that improved behaviour results for residents may be achieved through the way information was gathered by staff. In consultation with a consultant, an assessment tool was developed, to clearly identify behaviour triggers, identify successful strategies and the frequency and timing of incidents. Improved strategies have been developed through the use of this tool, following the identification of specific triggers, not identified by staff.
- A wound management trial is being undertaken by the home. New wound imaging equipment is being used to improve the monitoring of wounds and provide evidence of deep tissue healing.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has established corporate and site specific processes to identify changes in legislation, regulations and guidelines. Regulatory compliance is a standing agenda item for the home's meetings. The home has processes for monitoring nursing registrations and provision of prescribed care and services. Compliance monitoring is conducted through resident and representative feedback mechanisms, internal and external audits, observation 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

Corporate and site specific processes identify, organise and monitor staff skill needs and training requests. A professional development fund is available to encourage and promote professional development and on site medication competencies promote and maintain medication skills. Corporate and site training schedules are accessible to staff and upcoming training notices inform staff about who should attend. Mandatory training for all staff or specific designations is monitored for non-attendance. Management monitor staff practices through clinical indicators, feedback mechanisms and observation.

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, continence nurse advisor, dentist, dental hygienist and general practitioners visit the home on a regular basis. Referrals to other health professionals and 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 sachets 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. Residents who wish to self medicate have comprehensive initial and ongoing assessments to determine their ability and compliance with the prescribed medication regime. The 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 representatives are satisfied with the strategies staff use to minimise the potential for pain, and that pain is managed effectively. 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 the 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. There is a process in place to maintain the comfort and dignity of residents at the end of their life. On admission or when appropriate, residents and their representatives are asked to provide information on end of life wishes. 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. Residents and families are supported by staff, the chaplain, social worker and a volunteer 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 in meeting their nutrition and hydration needs. The four week menu cycle is based on each resident's needs, likes and preferences. 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. The home is trialing a wound imager, which has confirmed results of wound granulation. Incident causes are analysed to identify trends or opportunities for improvement across the home and action is taken to improve individual care needs. Referral to external specialists is arranged as required.

2.12 Continence management

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the care they receive to meet their continence needs. 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.

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 representatives 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 includes individual activities, lifestyle programs and adapting the environment. If restraint is required to address residents’ safety needs, minimal strategies are used. The home seeks advice from external specialists as required, including the organisation’s project officer dementia service. 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. 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, 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. Residents are supported to access dental care of their choice and are referred for speech pathology assessment for swallowing difficulties. A dentist and dental hygienist visit the home regularly and provide staff training in oral and dental care, including dentures. Residents' diets and oral and dental care is modified according to their 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 prevent injury for those with poor peripheral sensation and facilitate greater sensory ability. This includes large font books, advance hearing telephone at the receptionist desk 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 residents 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

Residents, representatives and staff input into the home’s continuous improvement system through meetings, surveys, focus groups, continuous improvement and comments and complaints forms and general discussions. Continuous improvement activities and achievements are monitored and evaluated through care and lifestyle assessments and reviews, clinical and management information, scheduled audits and surveys, individual discussions and observation of lifestyle results. Residents and representatives are familiar with and participate in the home’s continuous improvement system.

Examples of continuous improvement achievements and activities relating to residents’ lifestyle over the last 12 months include:

- The home has facilitated niche groups to pursue their interests following focus group feedback and individual comments by residents. These include the retired nurse group, tai chi and art classes.
 - The home observed that a large percentage of residents had nursing backgrounds. A discussion group for nurses was suggested to residents, who agree and enacted the group. The group, who meet once each week, discuss issues which are relevant and interesting to them.
 - Focus group feedback provided lifestyle with an opportunity to provide some interesting exercises and movement classes. Residents agreed to tai chi and the classes in the nursing home are attended each week by nursing home and hostel residents. Lifestyle staff are incorporating a mix of residents from both the nursing home and hostel to increase socialisation, reinforce friendships and break down barriers.
 - The art class commenced following various discussions and interests in differing art aspects. Displays of the art class products are evident in the home and have been displayed in the home’s newsletter.
- Memorial lamps have been implemented to discretely advise residents when a resident has passed away. A photograph book is set next to the lamp so interested residents may look at the photograph of the resident. Resident feedback indicates the lamp and photograph book is well received and a discrete indicator.
- Following a corporate project idea, the home has introduced conversation boxes to enable volunteers and staff to engage with residents with dementia or divert the resident’s attention. The boxes are filled with interesting items, such as different textured materials and sewing implements and a man’s wooden box set with tools. Some success has been indicated through the use of these devices.

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

Routine communication informs management about changes in legislation and how this impacts on the home's care and service delivery. Corporately reviewed policy documents are disseminated and training is provided where routines or practices need to change. For example obligatory reporting, reporting residents missing from the home and the use of amended incident forms were included in training sessions to assist staff and management in the new procedures and understand the revised legislation. Memoranda, handover and meetings are used to disseminate various legislative information. Management monitor staff practices through feedback mechanisms, audits and surveys.

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 specific inductions, job descriptions and procedure manuals guide staff and contract personnel in their roles and responsibilities. Lifestyle staff are experienced in aged care and have lifestyle certificates. The corporate training officer schedules specific lifestyle training, for instance clown workshop and multi-cultural awareness training, and staff are encouraged to attend development training. Lifestyle network meetings and corporate projects provide opportunities to improve resident outcomes. Mandatory staff and management training attendances, such as obligatory reporting and dementia training are monitored corporately and by the home.

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 are identified and appropriate assistance provided where required. Care and lifestyle assessments identify specific emotional needs of residents when they enter the home and are actioned to enable residents to maintain their preferred level of participation in their daily lives. Residents are encouraged to decorate their rooms with items of comfort and familiarity. Referral processes to the social worker, chaplain and other external professionals are used to assist with residents' emotional needs. Friendships are fostered, including lasting friendships with hostel residents, and memorial services are provided to celebrate past residents lives.

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 and preferences are identified and respected. Strategies to assist with residents' identified independence needs, including mobility, continence, sensory, social, communication and cognitive choices are documented and used by staff. Physiotherapy assessments, which include equipment checks where applicable, are conducted for each resident. Exercise programs and some activities encourage physical movement. Social aspects, such as community and cultural involvement and niche activity groups are encouraged and facilitated where needed.

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 privacy and dignity is maintained and respected. Information about privacy and confidentiality is provided through various documentation and feedback mechanisms. Individual care and lifestyle needs of residents are identified through care and lifestyle assessments and reviews. Strategies are developed to maintain residents' individual privacy and emotional comfort in the home. Care strategies, policy and procedures and training sessions, guide staff practices, which are monitored by continuous improvement and feedback mechanisms. Resident information is secured and computer information is protected through varying levels of authority and individual passwords.

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 satisfied there is a range of activities available to residents to choose from and participate in. An activity program, which is displayed each month in areas of the home, includes trial and routine activities. Residents are provided with choices of small and large group activities, individual and targeted group interests. Residents from the co-located hostel are included in some activities to increase socialisation opportunities and to reduce social barriers. Feedback mechanisms, such as meetings, focus groups, surveys, suggestion forms and reviews provide staff with new ideas and resident satisfaction levels. For instance, changes to the weekend activities, following representative comments, have increased resident

participation and enjoyment. Lifestyle reviews, which are scheduled every six months, include residents and representatives and at times nursing consultation.

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 individual customs, beliefs and routines are identified and respected. Religious, spiritual and ethnic background information is gathered about all residents when they enter the home. Corporate and external resources are sourced to provide appropriate cultural and language support for residents. Care needs, including meal and cultural lifestyle routines are identified and recorded. Community visitors, groups and religious organisations are sourced to assist residents with their individual needs. Scheduled religious services and discussions, spiritual groups and individual visits provide residents with ongoing spiritual support. Cultural theme days and 'armchair travel' promote different cultural aspects of life for residents to share and significant days are celebrated.

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 encouraged to exercise choice and control appropriate to their needs. Regular resident meetings, focus group, surveys, individual discussions and suggestion boxes encourage communication with management and staff. Authorised representatives are identified and contact details are located in care plans. Residents' preferences and routines, such as sleeping habits, showering, leisure interests, food, social requirements and emotional needs are identified on entry to the home, through routine reviews and observation. Advocacy agencies and external complaint mechanisms are discussed and authorised representatives are identified.

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 their tenure is secure. The home provides information about security of tenure, residents' rights and responsibilities and complaint mechanisms, when they enter the home. Corporate officers, who go through the resident agreement with residents and representatives, include information about fees and charges, leave requirements and levels of service. Residents and representatives are consulted about changes to rooms when residents' care needs change. Auditing systems and surveys are used to monitor compliance.

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

Internal and external audits, survey results, feedback mechanisms and clinical indicators identify opportunities for improvement and monitor compliance with the Accreditation Standards. The Quality and Safety Committee review information and action or monitor actions undertaken. Action plans are developed in response to findings, and final outcomes are evaluated to ensure the appropriateness of improvements initiated. Staff and residents are aware of the process to make suggestions for improvements.

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

- Representatives complained through the focus group meeting that access to a courtyard was minimised due to weather conditions. The home is preparing to cover half the courtyard to provide access to covered areas in inclement weather and open areas for other times.
- Staff identified through general discussion and review of residents’ interests that gardening was a focal point in some residents’ lives. A sensory garden has been developed to provide a gardening maintenance activity that some residents are used to and enjoyed. The garden also provides the nursing home with a relaxing and comfortable area for them to sit with family or tend the garden.
- The home observed that residents tended to crowd a small television in the lounge area of the home. The television was positioned in a corner to minimise intrusion of residents who may be in the lounge area with visitors. Following resident consultation, a large screen television and DVD player were purchased and mounted on a wall to improve access of viewing. The home found that more residents are watching the television as it is easy to view.

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 systems identify, set action plans, monitor and disseminate information about changes to legislation, regulations and guidelines. Corporate and site meetings discuss legislation changes and how these will impact on roles and responsibilities. The Quality and Safety Committee have a standing agenda including monitoring and reporting of hazards, incidents and workplace audits. The home's food safety audit has been conducted and action plans developed to resolve any issues.

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

Food safety, fire and emergencies, manual handling and infection control are included in the mandatory training days for all staff. Audit and survey results, resident care and lifestyle needs, observation and legislative requirements, identify physical environment training needs of staff and management. Site specific and corporate newsletters promote staff education sessions and information from external providers is displayed to encourage staff development. For instance, the coordinator housekeeping services is undertaking a nutrition and dietary course to maintain and up-skill her knowledge. Attendances are monitored and staff are encouraged to complete evaluations of sessions to identify ways to improve training.

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, 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 home's 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 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 equipment. The fire panel and 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 fire procedure notices are placed in each resident's room.

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 care coordinator 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 of 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 and staff are satisfied with their work environment. The home has processes for providing hospitality services consistent with residents' individual needs and preferences. The nutritionally reviewed fresh cook menu provides variety, individual choices and special needs. The home provides an optional clothes labeling service and an external provider launders the linen. Cleaning schedules provide appropriate cleaning of residents' rooms and communal areas. Staff attend various training including infection control, chemicals and manual handling. Audits, inspections and resident feedback processes monitor service efficiency and satisfaction with hospitality services