



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit RSL War Veterans Home Mandurah

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit RSL War Veterans Home Mandurah in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of RSL War Veterans Home Mandurah is three years until 13 October 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	RSL War Veterans Home Mandurah				
RACS ID:	7154				
Number of beds:	55	Number of high care residents:	16		
Special needs group catered for:	Nil				
Street:	82 Oakmont Avenue				
City:	MANDURAH	State:	WA	Postcode:	6210
Phone:	08 95350200		Facsimile:	08 95350202	

Approved provider

Approved provider:	RSL Care WA
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Assessment team

Team leader:	Cristian Moraru
Team member:	Shirley Rowney
Dates of audit:	12 August 2009 to 13 August 2009

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

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

Standard 2: Health and personal care

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

Accreditation decision

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

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

Agency findings
Does comply
Does comply
Does comply
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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	RSL War Veterans Home Mandurah
RACS ID	7154

Executive summary

This is the report of a site audit of RSL War Veterans Home Mandurah 7154 82 Oakmont Avenue MANDURAH WA from 12 August 2009 to 13 August 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 RSL War Veterans Home Mandurah.

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 August 2009 to 13 August 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:	Cristian Moraru
Team member:	Shirley Rowney

Approved provider details

Approved provider:	RSL Care WA
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Details of home

Name of home:	RSL War Veterans Home Mandurah
RACS ID:	7154

Total number of allocated places:	55
Number of residents during site audit:	52
Number of high care residents during site audit:	16
Special needs catered for:	Nil

Street:	82 Oakmont Avenue	State:	WA
City:	MANDURAH	Postcode:	6210
Phone number:	08 95350200	Facsimile:	08 95350202

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit RSL War Veterans Home Mandurah.

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

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
General manager	1	Residents	9
Acting facility manager	1	Relatives	6
Catering manager	1	Occupational therapist assistant	1
Care staff	3	Laundry staff	1
Assistant facility manager/OSH representative	1	Housekeeper	1
Supervisor	1	Maintenance staff	1
Enrolled nurses	2	Catering staff	2
Administration support officer	1	Physiotherapist	1
Occupational therapist	1	Physiotherapist assistant	1
Clinical nurse coordinator	1	Registered nurses	1
Executive officer	1	OSH representatives	2

Sampled documents

	Number		Number
Residents' files	8	Medication charts	8
Summary/quick reference care plans	8	Personnel files	7
Archive resident file	2	Resident agreements	6
Personnel competency files	3		

Other documents reviewed

- Accredited pharmacy report
- Activities program
- Activity planner Aug 2009
- Administration and Hazard Analysis Critical Control Points principles
- Agency staff orientation forms
- Audit schedule and files
- Audits plan 2009
- Behaviour care documentation
- Blood glucose monitoring file
- Bowel observation chart
- Buddy checklist
- Building inspection checklist
- Care conference checklist
- Care conference schedule
- Care observation notes (clipboards)
- Care plan evaluation/review schedule
- Charter of residents' rights and responsibilities
- Chemical orders
- Chemical register
- Cleaning duties
- Cleaning guidelines for residents infected with MRSA
- Cleaning schedules
- Colour coding of mops and cloths
- Comments and complaints file
- Communication diaries
- Competencies file
- Competencies review schedule
- Conditions of occupancy
- Consent forms
- Continence care documentation
- Continuous improvement file 2008
- Continuous improvement log 2008
- Continuous improvement meetings 2008
- Continuous improvement project log 2009
- Daily cleaning program checklist – laundry
- Diabetic care plan
- Dietary requirement forms
- Dietician review report
- Doctor clinic file

- Education attendance records
- Education schedule
- Emergency and exit lighting maintenance log book
- Emergency bed list
- Emergency directory
- Emergency procedures manual
- Employee duty statements
- Equipment inventory
- Evacuation plan
- Evaluation of staff satisfaction surveys
- Examination & oral health care plan
- External audits 2009
- Fire plans
- Fire warning sign for deaf people
- Flipcharts
- Food safety training file
- Gastroenteritis information kit for aged care
- General practitioners notes
- Hand hygiene example 2009
- Handover file
- Hazard reports
- Hearing problems service note
- Heat pack application form
- Incidents file
- Infection control file
- Infection record monthly graph
- Infection surveillance data
- Infection types, analyses report
- Interim care plan
- Internal audits 2009
- Kitchen cleaning checklist
- Kitchen temperature charts
- Laundry routine for care staff
- Letter to residents regarding the site audit
- Maintenance report
- Maintenance request log
- Maintenance request sheet
- Material safety data sheets
- Meals audit
- Medication advisory committee meeting minutes
- Medication fridge temperature chart
- Medication incidents reports and trend data
- Medication policy and procedures
- Meetings schedule 2009
- Menu
- Menu choice/request form
- Monthly infection surveillance register
- Newsletters
- Notices regarding H1N1
- "Nutreat" file
- Nutrition and Hydration documentation
- Observation/treatment file
- Occupational safety and health audits

- Occupational safety and health smoking policy
- Occupational therapy assessments and care plan
- Occupational therapy intervention statistics file
- Oxygen care guidelines
- Pain assessment
- Palliative care resource file
- Pandemic policy
- Pest control file
- Pharmacy advice-new admission form
- Pharmacy information file
- Physiotherapy assessments and care plans
- Physiotherapy intervention statistics file
- Plan for continuous improvement
- Podiatry file
- Police check register
- Policy and procedure manuals
- Preventative maintenance manual
- Preventative maintenance schedule
- PRN 'as required' medication tag
- PRN 'as required' medication monitoring form
- Procedure and worksheets - kitchen
- Quality improvement minutes of meetings 2009
- Record of goods received – kitchen
- Record of tradesmen
- Referral documentation
- Register of drugs
- Registration list for staff
- Resident admission checklist /orientation documents
- Resident application/ service information pack
- Resident list
- Resident personal & social history 'key to me' documentation
- Resident risk assessment and supporting documentation
- Residents' handbook and information pack
- Residents' meeting minutes 2009
- Residents' vaccination list 2009
- Residents/representatives compliments file
- Restraint authority and consent form
- Restraint monitoring documentation
- Safety inspection audit schedule
- Schedule eight transdermal patches file
- Self medication administration documentation
- Service agreements file
- Sign-in book
- Sleep assessment/observation form
- Special medication checklist
- Speech pathologist report
- Staff appraisals 2009
- Staff education 2009
- Staff employment package
- Staff incentives 2008/2009
- Staff orientation checklist form
- Staff safety induction
- Staff satisfaction surveys 2009

- Staff vaccination list 2009
- Student orientation package
- Summary care plan
- Supervisor meeting minutes 2009
- Support care plan
- Terminal care wishes form
- "Tell us what you think" form
- Test record of fire detection system
- "The little yellow infection control" book
- Vitamised diets suggested ideas
- Volunteers package
- Weight file
- Wound care file

Observations

- Activities in progress
- Administration of medication
- Appropriate use of personal protective equipment (PPE)
- Archive room
- Equipment and supply storage areas
- Fire equipment
- Fire panel
- Fridge food labels and wraps
- Interactions between staff and residents
- Internal and external living/working environment
- Internal temperatures and control
- Living environment
- Meal time
- Noise levels
- Notice boards, white boards, posted notes, and brochures
- Odour and cleanliness
- Out of service tags
- Palliative care box
- Pandemic box
- Security systems
- Sharp waste bin
- Signage
- Spill kit
- Storage of medications
- Suggestion box
- Visitors signing in/out book
- Wound trolley

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

The home has systems and processes in place to assist in actively pursuing continuous improvement across all four Accreditation Standards. There are multiple tools and feedback mechanisms available at the home to identify and implement improvements, including feedback forms, meetings, quality and clinical indicators, and education sessions. The home’s systems are monitored via audits and surveys to identify any gaps and opportunities to improve. Information is collected, analysed, actioned and reviewed for effectiveness at quality improvement meetings by the quality committee and relevant personnel, and transferred to a plan for continuous improvement. Staff, residents and representatives confirmed that they are involved in the continuous improvement process and make suggestions for improvement.

Examples of recent improvements undertaken or in progress in relation to Standard One are described below:

- Staff at the home identified the need to promote effective information systems to achieve optimum level of care for residents. The registered nurse devised a new form that flags changes to care plans, and placed it in the front of each house handover file. Management reported that the form is available on the intranet. Staff interviewed reported that they were notified where to find the form via electronic care system messaging and expressed satisfaction with the improvement.
- In response to a recommendation from an external contractor a complete upgrade of communication system, and a new telephone system was implemented to improve information management and security at the home. Residents were notified to contact administration or alert care staff if problems occur with paging and phone system. The team noted that the improvement was evaluated positively and closed out at the quality improvement meeting.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home accesses a commercial package that provides updates on legislative changes and has membership with industry bodies that provide guidance and interpretation on changes. Policies and procedures are referenced to applicable legislation and Accreditation Standards. The home has a system in place for ongoing police checks on new and existing staff, meets the requirements of the privacy act, and has implemented a process for the mandatory reporting of elder abuse. Staff are informed of regulatory requirements specific to their roles and responsibilities in their job descriptions, and during their orientation. Information is updated as required through the education program, at staff meetings, in memos, newsletters, notice boards, or at handover. Staff interviewed reported that staff practices are

monitored through an auditing program to ensure ongoing compliance with regulatory requirements.

1.3 Education and staff development

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

Team's recommendation

Does comply

The home has a system in place to ensure that management and staff have the appropriate knowledge and skills to perform their roles effectively. All staff are required to undergo a formal orientation and an on-site induction process. Mandatory training, and formal and informal education sessions are provided in response to identified needs. The effectiveness of mandatory training is evaluated from staff performance appraisals, surveys, attendance records, feedback and observation of staff practices. Staff interviewed reported that they are supported by the home to attend internal and external education sessions. Residents advised that management and staff are knowledgeable and perform their roles effectively.

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

There are processes in place to ensure that residents and their representatives receive information regarding the internal and external comments and complaints process at the home via discussions on admission, residents/relatives meetings and family conferences, and residents' handbooks. Current brochures advertising advocacy services and external complaint agencies, as well as a suggestion box and 'Tell us what you think' forms are displayed in the home. The feedback system is managed via the continuous improvement log and monitored, via residents/representatives surveys, internal audits and feedback from residents/relatives' meetings. Staff assist and support residents in taking part in the complaints/suggestion procedure. Residents and representatives interviewed reported they are aware of internal and external complaints processes and how to use them.

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, values and policy statement are developed and displayed in the home, included in brochures, policy manual, corporate website and resident handbooks. Management and staff are informed of the home's vision, mission, values and policy statement via orientation/induction program, meetings and participation in the organisation's strategic planning. Staff reported commitment and contribution to quality and awareness of the organisational structure.

1.6 Human resource management

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

Team's recommendation

Does comply

The home has a system in place to manage human resources that is underpinned by policy and procedures, regulatory requirements, and includes performance management, recruitment and orientation, and training and development. The home monitors adequacy of staffing mix and levels through resident to staff ratio, internal audits, review of resident care needs, feedback from residents/representatives and staff members, and observations. Staff performance appraisals are conducted annually to determine future training needs, and to ensure staff are appropriately skilled to undertake their responsibilities. Staff are employed in a permanent or agency capacity, and are available as replacements during times of leave or absenteeism to ensure adequate coverage of staff. Residents and representatives expressed satisfaction with the quality of care and services provided by staff.

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

There are systems and processes in place to ensure adequate stocks of goods and equipment are available for quality service delivery. An asset register, trades people's credentials and appropriate insurance are managed via corporate office to meet the home's performance criterion. A preventative and corrective maintenance program is established for essential equipment. Regular audits, hazard reporting and workplace inspections are undertaken to ensure that all equipment remains operational. Staff are provided with education relating to storage and use of foods, chemicals, and associated equipment. Residents and staff reported satisfaction with the availability and suitability of goods and equipment provided and used at the home.

1.8 Information systems

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

Team's recommendation

Does comply

There are established processes to facilitate the collection, analysis, and dissemination of information related to resident care, business and operational issues, and to ensure that appropriate information is communicated to staff and residents. Policies and procedures guide staff in how information is managed including privacy, archiving, and storage. The effectiveness of information management systems is monitored by way of audits, surveys, staff practices and informal feedback at the meetings. Staff sign confidentiality agreements during the orientation process. Staff reported that information is retrievable and readily available to their roles, and described how confidential material is securely stored and protected. Residents reported satisfaction with the range of information available to them, and that their private and personal information is managed appropriately.

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

There are processes established to ensure that externally sourced services are provided in a way that meets the home's quality needs and service requirements. A preferred contractor list is established and reviewed annually, or as needed, and managed via corporate office for the home. Documented service agreements cover service requirements, regulatory issues, quality measures and review. Service level satisfaction is determined via data collected from audits and quality meetings. Staff utilise the feedback system to inform of any identified issues with the external providers' services and equipment. Residents and staff reported satisfaction with the quality of service they receive from external service providers.

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

Examples of recent improvements undertaken or in progress in relation to Standard Two are described below:

- A suggestion to ensure that staff members check if 'as required' medication has been effective, the home implemented an alert tag to be placed in the residents medication file. Staff reported that the improvement works well, especially when medication is given near the end of the shift, which allows the next shift to be alerted.
- Following a recommendation from the consultant pharmacist, the home identified the need to implement a three monthly review of 'as required' medication. The manager advised, and documentation reviewed by the team indicated that reviews will commence in August 2009. Management reported that staff actively work in conjunction with the general practitioner and the pharmacy to provide effective management of 'as required' medications.

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

Registered staff are required to produce their current registration to management on a regular basis. The home monitors any changes in legislation such as medication management and alerts the staff through meetings, messaging system or memoranda. Drugs of dependence and other medications are properly stored and administered. Resident incident document and tracking system are in place and regularly monitored.

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

There are systems in place to ensure that appropriately qualified staff are employed, staff educational requirements are identified, and that appropriate and responsive training is implemented to promote skills development in the area of health and personal care. Clinical education included in the in-service training schedule are, dementia care, falls prevention, medication administration, continence management, oral care, pain management and palliative care. Staff have access to a range of health and clinical care educational resources. Staff interviewed said that they are satisfied with the opportunities provided to increase their skills and knowledge.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has a system where resident’s care needs are assessed, when entering the home, through a multi-disciplinary approach. Documentation reviewed indicated that processes for assessing, reviewing and evaluating care needs are undertaken in consultation with allied health professionals, nursing/care staff and the resident/representatives. Staff interviewed described how residents’ care is delivered according to the care plans, and the communication processes involved when there are changes in the health status of a resident. Registered nurses and medical practitioners are available after hours (on call), and staff have access to clinical support through the residential care line. Residents’ access general practitioners on a regular basis, and clinical care incidents are routinely recorded and appropriate actions are implemented and monitored. Residents and representatives confirmed that they are consulted about health issues, and are satisfied with the clinical care provided at the home.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

There are processes in place to ensure that residents with specialised nursing care needs are assessed on admission and on an ongoing basis to identify their specialised care needs. If required, referrals to other health professionals such as the general practitioner or external specialists are initiated. Clinical staff monitor residents with special needs, including complex wound care, pain and dietary management as required. Care staff interviewed demonstrated awareness of reporting clinical incidents, and confirmed that training is provided to ensure they obtain the skills and knowledge to deliver appropriate interventions to all residents in their care. Feedback from residents and representatives, and documentation reviewed by the team indicated that residents’ receive the specialised nursing care they require according to their needs and preferences.

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/or their representatives are able to discuss any ongoing needs that are being treated by an external service on admission. There are established referral processes in place for residents to be visited in the home by other health specialists such as podiatrists, speech pathologists and mental health specialists. Following external consultations amendments to care are communicated to staff and implemented. Documentation review confirmed that these systems and processes are used effectively. Residents and representatives reported that issues, which require specialist input, are identified and that residents are referred in accordance with their needs and preferences.

2.7 Medication management

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

Team’s recommendation

Does comply

There are processes in place to ensure residents’ medication is managed safely and correctly. Processes are established for ordering, storage, administering, documenting, and disposal of medication. Medication competent care staff and clinical staff administer medications via a multi dose blister pack, which is stored in a secure location within the houses. Controlled medication such as schedule 8 non-packed tablets and injections are stored and monitored appropriately. Residents who wish to manage their own medications are assessed by their general practitioner as being competent to self-medicate. Medication management includes audits and incident reporting, as well as regular review of residents’ medications by the residents’ general practitioner and pharmacist. Residents and representatives feedback, and observation of staff practice, indicated that medications are managed safely and correctly.

2.8 Pain management

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

Team’s recommendation

Does comply

Processes are in place to ensure all residents are as free as possible from pain. All residents’ pain management needs are identified during the admission process via the initial resident/family care conference. A validated pain assessment tool is used for assessing the pain level of those residents with moderate to severe cognitive impairment. Interventions and strategies are documented on the resident’s support care plan. A range of pain-relieving strategies are used to manage pain including repositioning, thermal therapy, emotional support, massage and analgesia. Processes are in place for the monitoring of “as required” medication. Residents and representatives stated that their pain is managed effectively by staff.

2.9 Palliative care

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

Team’s recommendation

Does comply

Processes are in place to identify and document residents’ palliative care wishes in consultation with residents and representatives. When necessary, specific palliative care plans are implemented to identify strategies to manage residents’ palliative care needs such as pain relief and personal care. Review of archived progress notes identified appropriate interventions initiated, which included residents and representatives’ emotional and spiritual support. Staff reported they have sufficient equipment, training and knowledge to enable them to provide palliative care for residents. Letters from families of residents who had received end of life palliation services were appreciative of the care the home had provided.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

The nutrition and hydration requirements of all residents is identified on admission and monitored on an ongoing basis. Residents’ preferences, special needs, allergies and cultural requirements are recorded and communicated to relevant staff. Care plans and assessments are reviewed and evaluated annually, or when a significant change in the residents’ care needs is identified. All residents are weighed on admission, and their weight is monitored monthly. Nutritional supplements, food and fluids with altered consistency and texture are available, as well as modified cutlery and crockery. Referrals to the medical practitioner, speech pathologist, and dietician are made appropriately, and special needs are identified on the residents’ care plans. Staff were observed to be assisting residents with their meals and drinks. Residents and representatives expressed that they are satisfied with the quality and choice of food and refreshments available.

2.11 Skin care

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

Team’s recommendation

Does comply

All residents receive assessment of skin integrity on admission, and this is continually monitored through staff delivering care. Residents at risk have care plans to guide staff in preventative measures to promote optimal skin integrity. Clinical staff manage all complex wounds, and competent care staff attend to minor wounds such as simple skin tears. A range of pressure relieving devices and interventions are utilised in consultation with residents/representatives and therapy staff. Wound statistics are collated monthly by the clinical nurse and analysed to identify trends, healing times and contributing factors such as mobility, general health and medications. The home also monitors accidents/incidents including wound infections, skin tears and falls and acts appropriately on data collected. Staff demonstrated an understanding of the strategies, resources and equipment available to prevent pressure areas and other skin conditions of residents at risk. Residents and representatives confirmed they can access the podiatry and hairdressing services, and are satisfied with the care provided in relation to residents’ skin integrity.

2.12 Contenance management

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

Team’s recommendation

Does comply

The home has processes in place to ensure that residents’ continence is managed effectively. All residents, on admission to the home, have a continence assessment, and individualised care plans are developed and reviewed regularly. The delegated carer/continence co-ordinator manages the stock control of continence aids. Residents are assisted to manage their continence through a range of measures, including scheduled toileting and the use of suitable continence aids, to ensure residents’ comfort and dignity is maintained. Bowel elimination is monitored and the effectiveness of continence management is evaluated through assessments, observations, and staff and resident feedback. Staff interviewed reported they have sufficient supplies of equipment, and the appropriate skills to enable them to manage the continence needs of residents. Residents and representatives interviewed stated that staff assist them in managing any continence issue.

2.13 Behavioural management

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

Team’s recommendation

Does comply

All residents have a behaviour assessment following admission that identifies certain behaviours as well as examining any possible antecedents to the behaviours. Behaviours displayed by residents are documented on their support care plan with management techniques to minimise the behaviour. Policies and procedures for restraint were noted as well as authorisation for any restraints used to minimise resident risk. Documentation reviewed indicated consistent liaison with representatives for care planning of residents’ behavioural needs. Staff interviewed described appropriately the strategies for managing episodes of challenging behaviours. The team observed that interaction between care staff and residents was caring and supportive. Feedback from residents and representatives indicated that they are satisfied with the way staff manage residents with challenging behaviours.

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

There are processes in place to ensure that optimum levels of mobility and dexterity are achieved for all residents. Comprehensive assessments are carried out by the physiotherapist and occupational therapist on admission to ensure all mobility, dexterity and rehabilitation issues are identified, and relevant care plans are developed to guide staff. The physiotherapist reviews residents, as required, and an individual exercise program is put in place. Residents are encouraged to maintain their mobility and dexterity by participating in the home’s activity program that offers group exercises as well as activities that focus on fine motor skills. The home’s environment, equipment and aids provided promotes and encourages residents to achieve and maintain mobility and independence. Residents’ falls are reported and investigated, with corrective actions implemented and monitored. Residents and representatives reported satisfaction with the way in which the home encourages and supports the residents to maintain their mobility.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

The home has systems in place that ensure regular assessments of the residents’ oral and dental health are conducted and communicated as per the general care process. Documentation review of the support care plan and palliative care plans identified oral care is appropriately implemented and monitored. Residents with eating or swallowing difficulties are referred to a speech pathologist, and modified diets are provided. Staff interviewed described oral and dental care including observation for oral problems, pain and the investigation of ill-fitting dentures and the provision for regular replacement of tooth brushes. Residents are assisted to access dental services as required. Residents and representatives stated that they are satisfied with the home’s approach to the management of residents’ oral and dental care.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents’ care needs related to the five sensory losses are identified and recorded on admission, and strategies are implemented to manage these effectively. The support and summary care plan guide staff to effectively manage and maximise each residents’ independence and interaction in activities of daily living and lifestyle. Care staff provide assistance with residents’ sensory aids, devices and their maintenance. The team noted assistive devices such as talking books, large print library books and videos are available, and referral to external services such as optometry and audiology is provided. The home’s activity program provides opportunities for residents’ sensory enrichment. Residents and representatives indicated they are satisfied with how staff take appropriate measures to assist them when requested.

2.17 Sleep

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

Team’s recommendation

Does comply

There are systems and processes in place to enable residents to maximise natural sleep patterns. All residents sleep is assessed during the settling in period to identify individual normal sleep patterns, and any subsequent interventions required are documented within the extended care plan to direct staff. All interventions to assist in residents’ sleep are formulated to the individual resident’s preferences. To promote an optimal level of sleep, staff are aware of the importance of maintaining a peaceful environment including pharmacological and non-pharmacological interventions for sleep promotion. Medication used to assist with sleep is evaluated by the general practitioner during medication review. Residents and representatives stated that the atmosphere created, and the support of staff is conducive to a restful environment.

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

Examples of recent improvements undertaken or in progress in relation to Standard Three are described below:

- In response to a suggestion raised at the residents meeting the home supplied a resident with knitting patterns to assist and increase resident’s fine motor skills and enjoyment. Staff reported that more patterns are to be supplied on the resident’s request. Documentation reviewed by the team indicated that the occupational therapy assistant was provided with positive feedback from the resident.
- Following a staff suggestion concerning respect to fallen family and friends of residents’ in the war, the home identified the need to construct a memorial in remembrance. Management reported that the project was logged and discussed at the quality meeting; the home is waiting for a quote from a stonemason and draft person.

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

Changes relevant to resident lifestyle are communicated to staff through education, memoranda and meetings. The Charter of Residents’ Rights and Responsibilities is displayed in the home and is included in the resident’s handbook on admission. Certification of allied health personnel is reviewed periodically. Staff were observed to be mindful of residents’ privacy and dignity at all times.

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

There are systems in place to ensure that staff educational requirements are identified, and appropriate and responsive training is implemented to promote skills development in the area of resident lifestyle issues. Therapy staff advised that they have attended various courses to increase their awareness of activity programs. The training program reviewed by the team indicated that sessions about personalised lifestyle programs and residents’ rights and responsibilities have been provided for all staff during 2009.

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

There are processes to ensure that residents receive support in adjusting to life in a new environment. There is a program in place to ensure new residents are familiar with the home, the services provided, and the activities program. Resident's emotional care needs are identified during the admission process, and care plans identify strategies to guide staff to assist the resident during the settling in period. Case conferences are offered to residents and their representatives to discuss ongoing emotional care and support required. Residents are encouraged to personalise their rooms with items of furniture and mementos, and entertain friends and relatives in communal dining and quiet lounge areas of the home. Residents and representatives advised that they are very satisfied that the support offered by the home is effective in meeting residents' individual needs and preferences.

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

Prior to admission, the resident and/or their representative have the opportunity to complete a social profile 'Key to me', to identify past and current interests, abilities, needs and preferences. All residents are assessed on admission by the occupational therapist, and a care plan is developed with consideration to any identified sensory, physical and cognitive deficits, environmental factors and the risk to residents. Staff demonstrated strategies used to assist residents to remain as independent as possible in all aspects of their day-to-day life, including encouraging and assisting them to maintain friendships and involvement in the community. The team noted the internal and external physical environment encourages residents to achieve optimum mobility and independence. Residents and representatives interviewed confirmed they are satisfied with the assistance provided by the home in relation to residents' independence, and maintenance of friendships within the community.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

There are systems and processes in place, whereby each resident's right to privacy, dignity and confidentiality is recognised and respected. Residents' accommodation comprises of single rooms with en-suite facilities. Staff described practices such as staff signing confidentially agreements, knocking before entering residents' rooms, maintaining security and confidentiality around residents' information, and treating residents with respect and dignity during care interventions. The team noted that all documentation is securely stored, and staff interactions with residents and their representative is in a supportive manner. Residents and representatives described how staff respect resident's individual needs and preferences using their preferred name, respecting their personal space, and assisting them to access private areas to meet with family and friends

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' social history including current interests and hobbies are documented on admission to the home, and the information is used to complete individual therapy profiles. There is a monthly activity program developed by the occupational therapy assistants, in consultation with the occupational therapist as required. The program includes a range of cognitive, sensory and social activities delivered as a group and/or as individual sessions. The program is regularly reviewed and updated in response to resident feedback. Attendance is recorded and analysed monthly, to identify residents at risk of social isolation, or the need to review residents' interests and preferences in relation to the activities program. Residents and representatives confirmed satisfaction with the variety of activities on offer and the assistance received from staff to facilitate participation.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

The home has systems and care planning process in place which values and supports residents' cultural and spiritual needs, customs, beliefs and preferences. A number of religious personnel visit the home and regular non denominational church services are held within the home. Documentation review of palliation care identified appropriate spiritual and cultural support is provided as requested by the resident and/or their family. Staff demonstrated practices that foster and value residents' specific needs including assisting residents to access community groups and pastoral care. Residents' birthdays, days of significance and cultural days are celebrated in the home. Resident and representatives interviewed indicated satisfaction with the support they receive to meet their cultural and spiritual needs and preferences.

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

Systems are in place to identify and record the preferences of residents, and information is disseminated to each resident regarding the services and support available to them. External support agencies are advertised within the home, and outlined in the resident information pack that is distributed to all prospective residents. The home assists and empowers residents and representatives to participate in decision making about care and services delivery through care conferencing, resident and representatives surveys and meetings, comments and complaints, suggestions and an open-door policy for access to management. Staff are educated on the right of the resident to exercise control over his or her lifestyle and to take risks, if they so desire. Residents and representatives interviewed stated that residents' choices and decisions are respected, and that they have control over their lifestyle appropriate to their needs

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

Systems and processes are established to ensure that residents have secure tenure within the home and understand their rights and responsibilities. The team noted that the residents' rights and responsibilities are displayed in the home. Prior to entry, residents and representatives are encouraged to have a tour of the home, and information is provided regarding security of tenure and resident rights and responsibilities. Residents are provided with a resident agreement on admission and a resident information pack outlines all the services provided within the home. The documentation review of identified appropriate liaison with residents and representatives is undertaken regarding room transfers within the home. Residents and representatives interviewed indicated that residents understand their right and responsibilities, and are satisfied that they have security of tenure within the scope of care provided at the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's recommendation

Does comply

Examples of recent improvements undertaken or in progress in relation to Standard Four are described below:

- In order to provide a smoke free environment, management identified the need to have a designated smoking area for residents and staff. Following council approvals and discussion with stakeholders, a gazebo was constructed in an open and ventilated location. Staff and residents interviewed expressed satisfaction with the allocated smoking area. The team noted that the home implemented a smoking policy and displayed it throughout the home.
- Following a suggestion from staff regarding residents' privacy and comfort in a communal area, the home identified the need for having custom made blinds applied to windows in the lounge. The team noted that the identified opportunity for improvement was logged and discussed at the quality improvement meeting. Management reported that the home is waiting for measurement and quote from the local blind company.

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

Processes and systems are in place to identify and ensure that the home has ongoing regulatory compliance in relation to the physical environment and safe systems. Food, occupational health and safety, emergency preparedness, living environment, chemical storage, laundry and cleaning services are audited regularly by internal and external auditors, and statutory bodies. The home is aware of, and has access to the government gastroenteritis outbreak guidelines, and staff interviewed described reporting and management strategies undertaken if such event occurs. Changes to regulations relevant to Standard Four are tabled at the appropriate meetings, and policies and procedures are amended accordingly. Staff, residents, relatives and stakeholders are formally notified of regulatory 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

There is a system in place to ensure that management and staff have the appropriate knowledge and skills to perform their roles effectively. All staff are required to undergo a formal orientation induction process and mandatory in-service sessions to promote skills and development related to the physical environment and safety systems. Relevant staff have completed approved training in occupational health and safety, and the enrolled nurse coordinating the infection control program has undertaken relevant training. Hospitality staff have attended training related to chemicals, food handling and safety, and hygiene. The on-site physiotherapist provides ongoing manual handling education to staff.

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

There are established processes to ensure that resident' environmental needs and preferences are identified and acted upon. Residents are provided with temperature controlled, lockable single rooms with en-suite and equipped with call bell systems. Residents have access to communal and private areas, as well as covered outdoor areas for group engagement and enjoyment. Residents are encouraged to personalise their rooms with furniture and mementos to provide a familiar environment. Staff and residents utilise the feedback and reporting system to inform of any environmental identified issues, and audits and surveys are used to monitor the living environment. Residents and representatives reported satisfaction with their accommodation and safety within the home.

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

Processes are established to ensure that staff are educated during their orientation, and thereafter, about their occupational health and safety (OSH) responsibilities. The home has policies and procedures in place that support and guide staff in relation to their responsibilities under OHS regulations. The home undertakes regular environmental and OSH monitoring to identify and manage actual or potential hazards, and ensures that equipment is routinely maintained through a preventative and corrective maintenance program. OSH matters are reported and discussed at the relevant meetings. Safety representatives have undertaken specific training to their roles, and participate in the quality and compliance committee. Staff demonstrated awareness of safety management processes and understanding of their responsibilities regarding identification and reporting of hazards and incidents.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has systems and processes in place for detecting and acting on fire, security and other emergency risks and incidents. The home is fitted with a fire board and there are appropriate fire detection, safety and fighting equipment in place that is maintained and regularly inspected by approved professionals. Visual floor plans, emergency evacuation lists and response procedures are documented and displayed in each house for access by staff, residents and visitors. Emergency exits are clearly marked, well lit, and free from obstruction. A duress call system is in place for residents and staff to signal for help, and security guards patrol the premises at night time. Staff reported they attend mandatory annual training in relation to fire and emergency, and residents reported that the home provides a safe environment.

4.7 Infection control

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

Team's recommendation

Does comply

Processes are established to direct staff practice in minimising or managing infections. These include orientating staff to the home's infection control policy and procedures, and providing regular education about infection minimisation practices, monitoring the incidence of infection through surveillance reporting, and audits. The infection control representative has undertaken specific training to the role, and participates in the quality and compliance committee. An infection control consultant is engaged for specialised advice when required. The home has a food safety program in place, and utilises the government guidelines for the management of outbreaks. Staff demonstrated awareness of, and competence in infection control procedures and practices.

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

Systems and processes for catering, cleaning and laundry are provided to meet the individual needs of residents. The home monitors the quality of hospitality services through resident satisfaction surveys and feedback mechanism. Residents' dietary and nutritional needs are documented on admission and reviewed regularly or as required, and information is conveyed to the kitchen staff by registered staff. Catering services are provided by the on-site kitchen in accordance with a dietician approved rotational menu, which is reviewed with residents' input and allows for a choice of meal. Housekeeping services are undertaken according to a schedule that is audited regularly, laundering of residents' personal clothing and linen is undertaken on-site where there is a system of tracking lost or damaged clothing. All hospitality services are provided in a manner that meets current infection control guidelines and requirements. Resident and representatives reported satisfaction with the home's hospitality services.