



Decision to accredit Shawford Lodge

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

The Agency has decided that the period of accreditation of Shawford Lodge is three years until 1 May 2013.

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

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

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

[This home is a Better Practice in Aged Care Award winner. To find out more about this home's "Better Practice", click here](#)

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:	Shawford Lodge		
RACS ID:	7263		
Number of beds:	102	Number of high care residents:	43
Special needs group catered for:	<ul style="list-style-type: none"> Residents with dementia and related illnesses 		
Street:	8 Twyford Place		
City:	INNALOO	State:	WA
		Postcode:	6018
Phone:	08 9244 8477		Facsimile:
			08 9244 8488
Email address:	shawford@aegiscare.com.au		

Approved provider

Approved provider:	Aegis Aged Care Group Pty Ltd
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Assessment team

Team leader:	Jennifer Bailey
Team members:	Karen Malloch
	Dennys Burns
Dates of audit:	3 March 2010 to 5 March 2010

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
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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
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Agency findings
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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	Shawford Lodge
RACS ID	7263

Executive summary

This is the report of a site audit of Shawford Lodge 7263 8 Twyford Place INNALOO WA from 3 March 2010 to 5 March 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Shawford Lodge.

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 3 March 2010 to 5 March 2010

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of three 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:	Jennifer Bailey
Team members:	Karen Malloch Dennys Burns

Approved provider details

Approved provider:	Aegis Aged Care Group Pty Ltd
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Details of home

Name of home:	Shawford Lodge
RACS ID:	7263

Total number of allocated places:	102
Number of residents during site audit:	98
Number of high care residents during site audit:	43
Special needs catered for:	People with dementia and related disorders

Street:	8 Twyford Place	State:	WA
City:	INNALOO	Postcode:	6018
Phone number:	08 9244 8477	Facsimile:	08 9244 8488

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Shawford Lodge.

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 and a half days on site and gathered information from the following:

Interviews

	Number		Number
Manager	1	Residents/representatives	15
Clinical nurse manager	1	Administration assistant	1
Registered nurses	1	Care staff	12
Clinical resource manager	1	Laundry staff	2
Manager clinical governance	1	Cleaning staff	2
Group hospitality services manager	1	Maintenance staff	1
Chef	1	Catering staff	5
Occupational therapist	1	Occupational therapy assistant	2
Physiotherapist	2	Physiotherapy assistant	1

Sampled documents

	Number		Number
Resident files	12	Medication charts	13
Summary/quick reference care plans	12	Personnel files	12
Pain record and ongoing evaluation	8	Palliative care plans	2

Other documents reviewed

- Activity schedule
- Admission planner
- Asset register
- Audit schedule
- Audits/surveys
- Blood sugar level monitoring charts
- Care conference schedule
- Charter of rights and responsibilities
- Christmas file
- Cleaning file
- Cleaning schedule
- Clinical indicator data
- Communication diary
- Contenance file
- Continuous improvement plan 2010
- Continuous improvement policy
- Corrective action report
- Dietary intake record
- Duty statements
- External contractors file
- Facility manager checklist
- Family care conference file
- Fire and emergency procedures
- Fire panel prompt sheets
- Flow chart for residents' mouth care
- Food safety tips brochure
- Fridge temperature monitoring records
- Group attendance lists
- Handover file
- Hazard reports file
- Induction and orientation program
- Infection management log
- Information pack for residents and families
- Job descriptions
- Language cue cards
- Maintenance log
- Maintenance notebook
- Maintenance report
- Mandatory training
- Material safety data sheets
- Medication – self administration consent form
- Medication administration competency
- Meeting minutes
- Memoranda file
- Menus
- Mini nutritional screening tool
- Minutes of meetings
- Multi-cultural resource kit
- Newsletter (Shawford times)
- Nourishing fluid recipe
- Nutrition and hydration assessment and management flowchart
- Occupational therapy statistics

- Personnel file checklist
- Pharmacy notification form
- Physiotherapy statistics
- Police certificate register
- Policies and procedures
- Policy and procedure flow charts
- Purchasing invoices
- Recruitment policies and procedures
- Request wish list
- Resident flu vaccination log
- Resident infection surveillance monthly report analysis
- Resident list and next of kin contact
- Resident satisfaction survey
- Residents agreement and handbook
- Residents' information package and surveys
- Restraint authorisation analysis data sheet
- Schedule 8 medication register
- Skin integrity/wound management log
- Specimen signature list
- Sprinkler maintenance checklist
- Staff Handbook
- Staff incident report and review
- Staff training records
- Therapy orientation book
- Thickened fluids recording records
- Training and meeting calendar
- Treatment forms
- Weight chart file
- Wound assessment and treatment form

Observations

- Activities in progress
- Church service
- Cleaning in progress
- Equipment and supply storage areas
- Gastroenteritis outbreak kit
- Interactions between staff and residents
- Kitchens
- Living environment
- Meals in progress
- Notice boards and displayed information
- Noticeboards
- Nourishing drink rounds
- Oxygen storage
- Residents' meal service
- Security camera and screen
- Spills kit
- Storage of medications

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

There is framework in place that assists the home to actively pursue continuous improvement across the four Accreditation Standards. The framework has multiple mechanisms for identifying areas of improvement including internal and external audits, incident reports, and the use of comments and suggestions from staff, residents and representatives. The home regularly collects data relating directly to residents, that identifies key objectives of improvement activities. Staff reported on the manner in which they are involved in the home’s continuous improvement, and the feedback that they receive from management through meetings and memoranda. Residents and representatives confirmed their satisfaction with the manner in which continuous improvement takes place.

Examples of continuous improvements relevant to Standard One are listed below:

- The organisation has implemented an electronic human resource system. Prior to the system being implemented there was inconsistent interpretation of awards, and rostering practices did not identify correct staff levels. The electronic model identifies resident care ratios based on the organisations data of care needs for correct staffing levels.
- Management identified that documentation did not have the capacity to progressively document staff information according to legislation. A personnel checklist was developed, that includes all legislation and organisational policy and procedure requirements for staff from appointment to the present. Management reported the checklist contains all necessary information required.

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 organisation has membership of industry bodies and access to external consultants that provide guidance and interpretation on regulatory changes. Staff are informed of changes through memoranda, notices, meetings on site and organisational training. Policy and procedure amendments are carried out by the organisation, and this information is communicated to management through network meetings. The home has a system to ensure that relevant staff have current police checks. Staff demonstrated appropriate knowledge of the home’s policies, procedures, and practices.

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's organisational systems ensure that appropriately qualified staff are employed. The home has information that indicates that staff and management have the knowledge and skills that are required for effective performance in relation to the care needs of residents. Appropriate competencies are set out for staff roles, with the knowledge and skills that are required for effective performance. New staff are oriented to their roles at organisational orientation, and on site education by the clinical nurse manager. Training is provided on an ongoing basis, to assist staff attain the knowledge and skills that are required for effective performance. Staff reported, that they have the appropriate training to enable them to perform their roles effectively. Residents and representatives stated that staff have the skills and knowledge to attend to their care needs and preferences.

Education that has been provided relevant to this Standard includes:

- Electronic training
- Complaints resolution

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

The home has a complaints management process that ensures the residents and their representatives receive information regarding the internal and external comments and complaints systems. The home's suggestion box and complaint forms are prominently placed in the home. The complaints resolution policy was updated in 2009, and is included in residents' information booklets. The organisation's systems complaint resolution mechanism outlines the processes relating to the response and management of complaints. Staff are aware of the internal and external complaint mechanisms, and their role in acting as an advocate for residents. Residents and their representatives interviewed commented that they feel comfortable in approaching staff and management, and are aware of the internal and external complaints mechanisms.

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 has documented mission, vision, philosophy, objectives and key standards that reflect the organisation's commitment to residents. Organisational charts are available that outline internal reporting requirements and key standards. Staff and management reported on the manner in which they work together to fulfil the mission and achieve the home's objectives.

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 information which demonstrates that the numbers and types of staff are appropriate to ensure that services are delivered in accordance with the home's philosophy and objectives. The home recruits and trains staff in accordance with their duty statements and job descriptions. Staff are employed and allocated roles according to their qualifications, and the current level of care needs and preferences of residents. Performance appraisals are undertaken at the end of the probationary period, and annually according to the organisation's policies and procedures. Human resource management processes and procedures are documented within the home's management system manual, and reflect systems that identify areas of responsibility in relation to care and service delivery. Staff reported that they have sufficient time to undertake their roles, and residents and representatives reported they are satisfied with the responsiveness of staff and the adequacy of care.

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

Management assesses the goods and equipment staff need for quality service delivery. External suppliers are reviewed and evaluated routinely by the organisation's staff, and through information supplied by the home. All equipment is purchased in consultation with residents and staff. The organisation has established systems for the management of goods and equipment that reflect the contractual arrangements with suppliers. The home has an effective storage and ordering process that includes consideration of the need for rotation of goods. Residents and their representatives stated the appropriate availability of goods and equipment for the delivery of services to meet their care needs and preferences.

1.8 Information systems

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

Team's recommendation

Does comply

There are organisational systems and processes in place for the management of the home's information systems. The guidelines ensure that staff have access to, and use of accurate and appropriate information to perform their roles and in the delivery of care to residents. Information is stored and retrieved according to privacy legislation. Staff have information technology systems available as well as paper based information such as communication books, staff handover, maintenance and training records. Confidentiality of information is maintained and staff reported their responsibility in relation to privacy of information. Staff stated the effectiveness of the home's procedures for the storage and management of information. Residents and representatives have access to information appropriate to their needs, and to assist them with their preferences.

1.9 External services

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

Team's recommendation

Does comply

The organisation has management systems in place to define requirements relating to the engagement, conditions, and review of external service providers. Annual reviews at organisational and facility level give external providers and management the opportunity to discuss required improvements or modifications to service delivery needs. The home has a systematic process to ensure that the home's service quality requirements are identified and maintained, such as contracts are current and in place according to regulatory guidelines. The quality of goods and services provided is monitored on an ongoing basis, through audits, surveys, and feedback from staff and residents. External contractor agreements at organisational and facility level demonstrate the requirement to maintain performance against the specified services for residents. Staff and residents reported on the quality of services provided by the home.

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

See continuous improvement in Standard One: Management Systems, Staffing Organisation Development for an overview of the continuous improvement system.

Examples of continuous improvement relevant to Standard Two are listed below:

- Management identified that the form used to record residents' nourishing drinks was not adequate. Management designed and issued a signing form that gave staff detailed instructions on the recording of residents nourishing drinks. The form has not been evaluated.
- The home did not have guidelines for residents returning to a normal diet after a gastroenteritis outbreak. As a result, management developed guidelines for residents' gradual return to a normal diet. Management reported that the guidelines are now observed by staff.

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 nurses and allied health professionals are required to produce their current registration to management on an annual basis. The home monitors changes in legislation

such as medication management, and alerts the staff through meetings and memoranda. Medications are stored and administered according to regulatory requirements.

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

See Education and Staff Development in Standard 1: Management Systems, Staffing and Organisational Development for an overview of the education and staff development system. Examples of education and training provided within the last 12 months and related to the Standard are:

- Burns
- Continence
- Dysphagia
- Falls
- Fracture trauma
- Gastroenteritis outbreaks
- Medication management
- Minimal restraints
- Modified textures
- Stoma care
- Wound management

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has processes in place to identify and assess the clinical care needs of all residents on entry to the home. Care plans that guide staff in the delivery of resident’s care, are developed and reviewed six monthly, or more often as required. Care conferences are held annually with residents and representatives, to review the residents ongoing care needs. Policies and procedures guide staff in all aspects of clinical care, and referrals are made to residents’ medical practitioners and other health services appropriately. Training and education are provided to ensure staff are competent in the delivery of clinical care. Residents and representatives interviewed, confirmed they are consulted about residents’ clinical care, and expressed satisfaction with the care they receive.

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 systems and processes in place to ensure residents’ specialised nursing care needs are identified and met. Registered nursing staff assess, implement strategies, and monitor residents with specialised care needs, including complex wound care, continence issues, behaviour, and pain management. Treatment sheets are developed in consultation with the resident and representative, the medical practitioner, and other specialised services. Registered nursing staff are on site at the home to provide care and supervision at all times.

Staff undertake education to enhance their knowledge and skills, and have access to external services if required. Residents and representatives confirmed residents receive specialised nursing care 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 are referred to appropriate health specialists in accordance to their needs and preferences. A multidisciplinary team contributes to residents’ assessments and identifies the need for input from other health specialists, on entry to the home. The home accesses a number of specialist services, including speech pathology, podiatry, dental, mental health services and the group dietician. Information and recommendations resulting from specialists reviews are provided to the home’s clinical staff, and adjustments to care or medication are implemented. Residents and representatives confirmed satisfaction with the residents’ access to health specialist services as needed.

2.7 Medication management

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

Team’s recommendation

Does comply

The home has systems and processes in place to ensure that medications are ordered, stored, administered, documented, and disposed of safely and correctly. Registered nurses and medication competent care staff administer residents’ medications via a pre-packed multi-dose medication administration system. Residents’ individual medication profiles identify the level of help, or the alteration of medication, for example the crushing of the medication, to assist residents to take their medication. Management monitors the safety of the home’s medication management processes through internal and external auditing, and medication incidents are recorded and analysed, with follow-up actions as required. Residents and representatives confirmed they are satisfied that their medication is administered and 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’ have a pain assessment on entry, and on an ongoing basis. Assessment tools include identifying non-verbal cues to determine pain in residents with cognitive or communication deficits. A pain management care plan is developed that contains pain-relieving interventions and strategies, including repositioning, thermal therapy, emotional support, physiotherapy, and medication. Staff assess and review the effectiveness of pain management interventions, and processes are in place for the monitoring of ‘as required’ medication. Residents are regularly reviewed by their medical practitioner in relation to pain identification and management. Residents and representatives confirmed they are satisfied with how residents’ pain is managed.

2.9 Palliative care

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

Team’s recommendation

Does comply

The home’s approach to palliative care ensures the comfort and dignity of terminally ill residents is maintained, in accordance with their needs and preferences. Residents and representatives have the opportunity to record their end of life wishes on entry, or thereafter as preferred. Residents’ terminal care wishes are reviewed annually at case conferences, and as required. When necessary, palliative care plans are implemented to guide staff, and maintain the comfort and dignity of terminally ill residents. Staff reported they have sufficient equipment, training, and knowledge to enable them to provide care for terminally ill residents at the home. Representatives interviewed confirmed the home’s practices maintain terminally-ill residents’ comfort and dignity.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

All residents’ needs in relation to nutrition and hydration are assessed on entry to the home, and monitored on an ongoing basis. Residents’ preferences, special needs, allergies, and cultural requirements are recorded and communicated to relevant staff. Residents’ weight is monitored monthly, or more frequently as required, and those who are identified as below the normal weight range underweight or who lose weight, are placed on nutritional drinks to supplement their diet. The dietician provides advice on appropriate food supplements for individual residents experiencing loss of appetite and alteration in weight. Following assessment modified cutlery, crockery, and altered textured meals are ordered, as required. Residents who are identified with swallowing difficulties are referred to their general practitioner and speech pathologist for review. Staff were observed to be assisting residents with their meals and drinks. Residents and representatives confirmed they are satisfied with the home’s approach to meeting residents’ nutrition and hydration needs.

2.11 Skin care

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

Team’s recommendation

Does comply

There are processes in place to ensure that residents’ skin integrity and associated health risks are assessed on entry, and on an ongoing basis. Regular reviews are conducted, and where a risk of compromised skin integrity is identified, treatments and nursing interventions are implemented. A range of aids to maintain and promote skin integrity are available for use, and include the provision of pressure-relieving mattresses and cushions, limb protectors, and moisturising and emollient creams. Staff undertake education on maintaining residents’ skin integrity, and specialist wound services are also utilised if required. Residents’ skin integrity incidents are noted, documented, and appropriate actions taken. The incident data is reviewed and analysed monthly by the clinical nurse manager. Residents and representatives confirmed they are satisfied with the skin care provided by the home.

2.12 Continence 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. Continence assessments are conducted for all residents on entry, and individualised continence care plans are developed, reviewed six monthly, or as required. Residents are assisted to manage their continence through a range of measures, including scheduled toileting, and the use of suitable continence aids. Residents have access to internal and external continence advisors, as required. Staff interviewed stated that they have sufficient supplies of equipment, and appropriate skills to enable them to manage the continence needs of residents. The environment was observed to be clean and free from odour. Residents and representatives interviewed, confirmed that the home is effective in meeting residents’ continence needs.

2.13 Behavioural management

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

Team’s recommendation

Does comply

There are processes in place to ensure that the needs of residents with challenging behaviours are managed effectively. All residents with identified challenging behaviours are assessed on entry, and as required. Care plans are developed, that outline triggers and interventions, to minimise and manage challenging behaviours. Regular reviews are undertaken, and care interventions are discussed with residents, representatives, and the medical practitioner. Referrals to specialist services, including mental health services, are made in consultation with the medical practitioner. The home has policies and procedures to minimise and monitor the use of restraint, and appropriate authorisation, and review is completed. Residents and representatives reported that they are not adversely affected by the behaviour of other residents.

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

The home has processes in place to support residents in achieving and maintaining their optimum levels of mobility and dexterity. All residents receive an assessment of their mobility and dexterity by the physiotherapist and occupational therapist on entry to the home. The assessment indicates support and appropriate assistive equipment required, and individual exercise programs are implemented by the therapy assistants who monitor progress. The team observed residents using mobility aids and handrails, suitably placed throughout the home. An accident and incident reporting system is in place that includes analysis of incidents to identify trends, and implementation of strategies to reduce falls. All staff complete training on manual handling annually. Residents and representatives interviewed, by the team expressed their satisfaction with the support provided to maintain their mobility and dexterity.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

There are processes in place to ensure residents’ oral and dental health is maintained. Residents’ oral and dental health is assessed on entry, and as required. Care plans identify assistance residents require to maintain their oral and dental hygiene needs and these include assisting residents to clean their teeth or dentures. Care plans are reviewed six monthly to assess the effectiveness of the care interventions. An annual dental examination is offered to all residents, and follow up treatment is arranged with family consultation. Staff reported that they routinely undertake oral care for residents, and ensure they have appropriate oral health equipment and products. Residents and representatives interviewed expressed satisfaction with the oral and dental care provided by the home.

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 sensory loss are assessed on entry, by registered nursing staff and the occupational therapist, and strategies are implemented to manage these effectively. Residents’ care needs related to sensory loss in all five senses are identified in the care plan. Assistive devices are available for residents to minimise the effects of sensory deficits, and maximise each resident’s independence and interaction in activities of daily living. Residents have access to health specialists, including audiologists and optometrists. The activities program has opportunities for the residents’ sensory enrichment, and staff interviewed described how they assist residents to manage their sensory devices. Residents and representatives stated they are satisfied with the assistance they receive from staff to manage their sensory losses.

2.17 Sleep

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

Team’s recommendation

Does comply

Processes are in place to assist residents to achieve natural sleep patterns. Residents sleep patterns are assessed on entry, including rituals and preferences for settling routines. Care plans are developed, reviewed six monthly, and as required. Sleep patterns are monitored, and the environment is maintained to provide conditions conducive to a restful night’s sleep. Staff reported using a number of interventions and strategies to assist residents achieve a natural sleep, such as dimming of lights, emotional support, pain management, warm drinks, and repositioning. Residents and representative advised the team that they are satisfied with the way staff help the residents to achieve a restful night sleep.

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

See continuous improvement in Standard 1: Management Systems, Staffing and Organisational Development for an overview of the continuous improvement system.

Examples of continuous improvement relevant to Standard Three are listed below:

- Management and allied health staff identified the need to design an activity program to meet the changing needs of residents, and the level of skill and knowledge of the allied health team. This resulted in staff having ownership of the activities. The program has not been evaluated.
- The extension to the building has increased the home’s capacity to accommodate residents with dementia. The building is designed with shorter corridors so residents are less likely to pace, there is improved observation of residents by staff, and dining areas are smaller. Management reported, that the extension has provided residents with dementia, a safer and home like environment.

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. Policies and procedures are changed according to the new regulations. The charter of residents’ rights and responsibilities is displayed in the home and are included in the residents’ handbook that residents receive on admission. On employment, staff are required to sign a confidentiality agreement. Staff are respectful of residents’ privacy and dignity at all time.

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

See Education and Staff Development in Standard 1: Management Systems, Staffing and Organisational Development for an overview of the education and staff development system.

Examples of education and training provided within the last 12 months and related to this Standard are:

- Palliative care
- Manual handling
- Independent living

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

The home has a system in place to support residents' adjustment to life in the home's environment. All new residents and their families have a pre-admission interview and tour of the home, to ensure the services offered meets the needs of the incoming resident. Residents are encouraged to bring in possessions to personalise their room to promote a sense of familiarity. Information about social and family history, personal routines, preferences, and specific emotional needs is collected throughout the assessment process and in consultation with the residents and representatives. The care staff informed the team of ways in which they provide residents with emotional support particularly after arrival, such as introducing them to other residents, familiarising residents with the home's environment and routines, and encouraging residents to attend activities. Residents and resident representatives confirmed they are satisfied with the home's management of the settling in period, and are provided with appropriate ongoing emotional support.

3.5 Independence

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

Team's recommendation

Does comply

The home has systems in place to assist residents to achieve maximum independence, maintenance of friendships and participation in the community. Residents' abilities and wishes in relation to independence and lifestyle needs are assessed on entry to the home, and documented on their care plans. Individual and general strategies are implemented to promote independence, such as equipment to assist mobility, leisure activity and individualised exercise program. Relatives, friends, and community groups frequently visit the home, and a bus is available for residents to undertake activities outside the home. Residents and resident representatives confirm they are satisfied with the assistance the home provides in relation to residents' independence, and continuing participation in the life of the community within, and outside the home.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

The home has systems and processes in place to ensure residents' privacy, dignity and confidentiality is recognised and respected. Residents and representatives are provided with information about privacy, dignity and confidentiality. Resident records and personal information are securely stored. Staff address residents in a respectful manner, and all staff ensure resident related information remains confidential. Observations of staff practices demonstrated these are consistent with the home's privacy and dignity related policies and procedures, and are undertaken in a manner that promotes residents' confidentiality. Residents and resident representatives confirmed that residents' privacy, dignity and confidentiality is recognised and respected, in accordance with individual needs and preferences.

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 are encouraged and supported to participate in a wide range of interests and activities. Information is gathered on entry to the home from resident and representatives on their social history, preferences, past and present interests. This information is utilised for the weekly activity program that is developed by the occupational therapist, and implemented by therapy staff. The program includes a range of activities that take into account sensory and cultural needs of residents, and, includes activities to stimulate cognitive function, physical wellbeing, and social interaction. Residents attendance and participation is monitored, and this information is used in evaluating the program. Residents and representatives reported being satisfied with the leisure and activities program.

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' spiritual and cultural requirements are identified through assessment and interview on entry to the home, and care plans include specific strategies to accommodate residents' needs and preferences. Specific cultural resources are available to guide staff practice, communication cards are available for residents unable to communicate in English and special dietary requirements are catered for. Pastoral care is provided by chaplains and acolytes and catholic and non-denominational services are held regularly. Residents are encouraged to attend their church outside the home if desired. Significant cultural days are celebrated including Christmas, Easter, and birthdays. Residents are satisfied with the support provided to them to maintain their cultural and spiritual customs 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

The home encourages residents and their representatives to have a choice, and participate in decisions about their lifestyle. Needs and preferences are recorded on entry to the home, and reviewed on a regular basis. Residents and representatives are asked to participate in surveys and audits, and consultation is sought on activities and improvements, involving residents in the events of the home. Residents are able to make choices as to their general practitioner, meals and participation in activities of daily living, leisure interests, and attendance at meetings. Information on resident advocacy groups and complaints processes is available to residents, and displayed around the home. Residents and representatives are satisfied residents are encouraged to exercise choice and maintain control over their life.

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

Information relating to security of tenure and residents' rights and responsibilities is provided to residents and representatives prior to, and at entry to the home. A resident information pack is provided that outlines security and terms of tenure, financial information of fees and charges, residents' rights and responsibilities, a schedule of specified services, privacy information, and the complaint mechanisms. Initial consultation and the orientation tour are opportunities for residents to ask questions, and understand their rights and responsibilities. Any changes to fees and other arrangements are communicated through processes such as resident meetings, the newsletter, and letters to resident and their representatives. The charter of residents' rights and responsibilities is displayed in the home, and residents' information relating to residents security of tenure is stored securely. Resident and representatives reported that they have sufficient information in relation to residents' security of tenure, and they understand their rights and responsibilities.

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

See continuous improvement in Standard One: Management Systems, Staffing and Organisational Development for an overview of the continuous improvement system.

Examples of continuous improvement relevant to Standard Four are listed below:

- Management and staff have developed an infection control log that records date, resident, bedroom, new infection and persisting infection. The documentation allows management to analyse and track all infections including resident clusters. Previously records were dependent on staff without set documentation. Management reported that documentation has assisted with infection control
- A steam oven has been installed in the kitchen with capacity to keep meals hot, and to reduce cooking time. Residents reported that the oven provided highly satisfactory meals.

4.2 Regulatory compliance

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

Team's recommendation

Does comply

The organisation has a policy manual that outlines the processes for regulatory compliance. Processes and systems are in place to identify and ensure that the home has ongoing regulatory compliance in relation to relevant legislation, professional standards and guidelines. Food safety, occupational health and safety, emergency preparedness, and

chemical storage are audited regularly by internal and external auditors and statutory bodies. Changes to regulations relevant to Standard four are tabled at appropriate meetings, and policies and procedures are amended accordingly. Notification of changes are formally provided to staff, residents, relatives and stakeholders.

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

See Education and Staff Development in Standard 1: Management Systems, Staffing and Organisational Development for an overview of the education and staff development system.

Examples of education and training provided within the last 12 months and related to this Standard are:

- Infection control
- Fire and safety
- Food safe
- Chemical handling
- Manual handling

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 regularly assesses its living environment relative to resident care needs, through environmental audits and analysis that indicate processes are effective in providing a safe and comfortable environment. Surveys and feedback from staff, residents and their representatives demonstrate that the environment is well maintained. There are small and medium sized sitting areas that provide privacy to residents and their representatives. The home has a permanent maintenance officer who stated the process for the reporting of actual and potential hazards. The organisation has a cyclical preventive maintenance process for items such as air conditioning services and fire boards. There are wide open passages with hand rails suitable for residents with mobility difficulties. Residents and their representatives reported their satisfaction with the home's living environment.

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

Management in conjunction with the occupational safety and health officer provides a safe working environment. Injuries, hazards both actual and potential are recorded, investigated, and followed up by management, preventative measures are implemented and reflect the recommended actions. Occupational health and safety training occurs at the organisation's orientation program, and is an agenda item at registered and general staff meetings, where staff are reminded of safe work practices. The organisation has an occupational health and

safety meeting that the home's officer attends, where information and data on performance is discussed and analyses is undertaken. Staff reported on the safe practices that the home has in place for the safety of residents, representatives and staff.

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 processes for identifying, managing and minimising fire, safety and security risks. The organisation has contracts with external contractor to service and maintain all fire equipment. Staff are required to attend mandatory training sessions according to their level of responsibility, there are fire extinguisher and evacuation procedure training for all emergencies. Emergency procedure manuals are strategically placed throughout the building, and there is a current list of residents. There are emergency exits that are clearly marked, free from obstruction, well-lit and secure. Staff are able to describe the necessary actions they would take in the event of discovering a fire, or other emergencies. The home has certification inspection reports, independent fire safety inspection reports, and records of fire drills. Residents and representatives reported on being given instructions at a resident and relative meeting on what to do in an emergency.

4.7 Infection control

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

Team's recommendation

Does comply

Processes and policies have been implemented to manage infection control in the clinical, catering, cleaning and laundry areas, infection control issues are managed by the clinical nurse manager. Infection control education is provided to staff at orientation and annually thereafter. Facilities, processes and equipment such as hand washing stations, anti-bacterial dispensing stations, spill kits, outbreak management plans and single-use colour coded clinical and cleaning products are provided to enable infection control practices to be implemented and maintained. Resident infections are monitored and managed by clinical personnel, an audit system is in place to monitor individual resident infections, and trends and this data is discussed at regular meetings. Residents are satisfied with the home's infection control procedures, and staff demonstrated awareness of infection control guidelines and practices applicable to their area of work. The home has an effective infection control program in place.

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/representatives interviewed, reported satisfaction with the catering, cleaning and laundry service. Dietary information including special requirements and preferences is held in the kitchen, and updated as required. Meals are fresh cooked on site with a four-week rotating menu that is reviewed by a dietician. Residents have a choice of meals and snacks. Mechanisms for feedback on catering and other hospitality services are available, and include meetings, surveys and through comments and suggestions forms. In house cleaners are scheduled each day to maintain a high standard of cleanliness and the team noted the

home was clean and odour free. Residents personal clothing is laundered within the home and returned promptly. Infection control procedures are in place to ensure hospitality services are provided in accordance with health and hygiene standards, and staff are able to describe and demonstrate application of these procedures to their work.