



Aged Care
Standards and Accreditation Agency Ltd

St Ann's Homes Inc. Compton Downs Nursing Home

Approved provider: St Ann's Homes Inc

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 25 July 2014. We made the decision on 7 June 2011.

The audit was conducted on 3 May 2011 to 4 May 2011. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Home and approved provider details					
Details of the home					
Home's name:		St Ann's Homes Inc. Compton Downs Nursing Home			
RACS ID:		8061			
Number of beds:		108	Number of high care residents:		76
Special needs group catered for:			<ul style="list-style-type: none"> Dementia care 		
Street:					
24 Stanfield Drive					
City:	Old Beach	State:	Tasmania	Postcode:	7017
Phone:		03 6262 6000		Facsimile:	03 6263 4100
Email address:		execassistant@stannshomes.com			
Approved provider					
Approved provider:		St Ann's Homes Inc			
Assessment team					
Team leader:		Kathryn Bennett			
Team members:		David Barnett			
		Fiona Taylor			
Dates of audit:		3 May 2011 to 4 May 2011			

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.		
Expected outcome		Accreditation Agency decision
1.1 Continuous improvement		Met
1.2 Regulatory compliance		Met
1.3 Education and staff development		Met
1.4 Comments and complaints		Met
1.5 Planning and leadership		Met
1.6 Human resource management		Met
1.7 Inventory and equipment		Met
1.8 Information systems		Met
1.9 External services		Met

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

Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.		
Expected outcome		Accreditation Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.		
Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met

SITE AUDIT REPORT

Name of home	St Ann's Homes Inc. Compton Downs Nursing Home
RACS ID	8061

Executive summary

This is the report of a site audit of St Ann's Homes Inc. Compton Downs Nursing Home 8061 24 Stanfield Drive OLD BEACH TAS from 3 May 2011 to 4 May 2011 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 St Ann's Homes Inc. Compton Downs Nursing Home.

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 May 2011 to 4 May 2011

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:	Kathryn Bennett
Team members:	David Barnett
	Fiona Taylor

Approved provider details

Approved provider:	St Ann's Homes Inc
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Details of home

Name of home:	St Ann's Homes Inc. Compton Downs Nursing Home
RACS ID:	8061

Total number of allocated places:	108
Number of residents during site audit:	103
Number of high care residents during site audit:	76
Special needs catered for:	Dementia care

Street:	24 Stanfield Drive	State:	Tasmania
City:	Old Beach	Postcode:	7017
Phone number:	03 6262 6000	Facsimile:	03 6263 4100
E-mail address:	execassistant@stannshomes.com		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit St Ann's Homes Inc. Compton Downs Nursing Home.

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
Chief executive officer	1	Residents	15
Deputy chief executive officer	1	Representatives	7
Director of care services	1	Extended care assistants/care staff	7
Site manager	1	Physiotherapist	1
Chief financial officer	1	Leisure and lifestyle staff	2
Director customer services and products	1	Leisure and lifestyle coordinator	1
Executive support	1	Services manager	1
Manager of client services	1	Catering manager	1
Quality coordinator	1	Catering staff	2
Payroll/Human resource coordinator	1	Environmental services team leader	1
Human resources assistant	1	Environmental services staff	1
Clinical nurse	1	External fire consultant	1
Registered nurses	4	Unit administration staff	1
Enrolled nurses	3	Customer services officers	2

Sampled documents

	Number		Number
Residents' files	10	Medication charts	10
Summary/quick reference care plans	10	Lifestyle assessments and care plans	10
Personnel files	10	Resident administration files	12

Other documents reviewed

The team also reviewed:

- Activity calendar
- Admission interview checklist
- Advanced care directives
- Annual evaluation of service providers
- Assessments/care plans
- Audit tools, audit and survey schedule and audit, audit reports and action plans
- Behaviour management plans
- Blood glucose charts
- Business improvement register
- Changes to dietary information forms
- Checklist for prospective new admissions
- Church service roster
- Communication books/diaries
- Complex health care schedules
- Compulsory reporting register and related records and checklists
- Contractor orientation booklet
- Cultural information to assist staff
- Daily activity records
- Daily staff allocation list
- Diabetic guidelines
- Dietary advice forms
- Education calendar
- Emergency contact list
- Essential services manual and checklists
- Extended care assistant orientation booklet
- Feedback forms and register
- Fees and charges schedule
- Fire and emergency equipment testing logs
- Fire and evacuation procedures
- Fire safety inspection checklist
- Fluid balance charts
- Food safety program, audits and certifications
- Food safety training records
- Glucometer calibration records
- Handover sheets
- 'Harry's House' brochure
- Hazardous substances register
- House beverages requirements
- Incidents
- Infection data
- Interim care plans
- Intervention/observation charts
- Kitchen cleaning checklists
- Leadership statements
- Leisure and lifestyle documentation review schedule
- Leisure and lifestyle questionnaire
- Letter advising residents of changes in status
- Linen order list
- Medication administration records
- Medication refrigerator temperature records
- Meeting agendas and minutes

- Meeting attendance records
- Memoranda
- Menu review by dietician
- Monthly infection statistics
- Newsletters
- Nurse initiated medications
- Nurses registration database
- Nursing admission assessments checklist
- Occupational health and safety action list
- Occupational health and safety workplace inspection audit
- Performance appraisals by management
- Performance self-appraisal
- Pest control service register
- Police check database and statutory declaration system for international staff
- Policies and procedures
- Position descriptions
- Powers of attorney
- Preventative and corrective maintenance programs
- Progress notes/allied health notes
- Resident admission booklet
- Resident care reviews
- Resident evacuation list and mobility requirements
- Resident handbook and information packs
- Resident medication management reviews
- Resident satisfaction survey
- Restraint assessments/monitoring
- Risk acknowledgement form
- Rosters
- Smoking assessments
- Specialised nursing care plans
- Speciality menu
- Staff handbook
- Staff interview guide and orientation information
- Staff training records and data base
- Supplement signing sheets
- Temperature monitoring records
- Training evaluation forms
- Volunteer police check database statutory declaration system
- Weight charts
- Wound management plans

Observations

The team observed the following:

- Activities in progress
- Blood spills kit
- Call bell system
- Charter of residents' rights and responsibilities displayed
- Chemical storage
- Clinical and non clinical stock
- Clothing labelling system
- Computerised kitchen temperature testing system
- Doctor in attendance
- Electrical test tags

- Emergency exits and paths of egress
- Environmental services store
- Equipment and supply storage areas
- Evacuation supplies and equipment
- Fire plans and fire fighting equipment
- Hand washing areas/signage
- Information brochure displays
- Interactions between staff and residents
- Intranet
- Keypad security
- Lifting equipment
- Living environment
- Lunch time meal and snack service to residents
- Maintenance shed
- Material safety data sheets displayed
- Medication administration, storage, trolley, disposal systems
- Medication imprest
- Medication refrigerators
- Mobility aids in use
- Notices, signs and information displays
- Outbreak kits/information
- Oxygen signage/storage
- Personal protective equipment
- Sachet medication system
- Spills kit
- Ward narcotic substance register
- Wound trolley/supplies

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 a continuous improvement system that shows improvements in management, staffing and organisational development. Opportunities for improvement are identified through mechanisms such as feedback forms and register, scheduled audits, satisfaction surveys and business improvement plans. The system also includes risk management processes, performance scorecards, meetings and an ‘open door’ policy of access to the management team. Information is regularly collated, reviewed and analysed for trends, discussed with stakeholders as appropriate and actioned. Staff confirmed the home actively pursues continuous improvement. Residents and representatives are satisfied their views about matters affecting them are actively sought.

Examples of improvement in Standard one include:

- At management’s initiative, the home developed and introduced a streamlined improvement system that includes a business improvement register. Management reports the system is user friendly, increases staff access, facilitates required reporting and is cost effective.
- Following discussions with residents and representatives, management are now invited to resident and representative meetings. Management reports to residents and representatives at these meetings, responds to queries raised and actions issues arising at meetings. Residents and representatives are satisfied with the changes to the meeting structure and format.
- Following feedback from stakeholders, reception hours, formerly from 9.00am to 1.00pm, are now increased from 9.00am to 4.00pm. Stakeholders are satisfied with the additional administrative contact hours.
- As a result of staff feedback and management initiative, a care staff orientation manual has been developed. Staff feedback indicates satisfaction with the practical content of the new manual and its plain English format.
- As an outcome of an emergency planning meeting, small laminated reference cards are now attached to key rings carried by the nurse in charge. The information is available to assist the nurse in charge to respond to management issues such as responding to any compulsory reports and work injuries. Key staff confirmed ready access to concise reference information.
- The home’s pre-admission processes for residents are now electronic and documentation is conveyed to appropriate staff in a timely manner. Residents, representatives and staff indicate satisfaction that the resident admission processes are effective.

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 systems in place for identifying relevant legislation and regulatory requirements and promoting the home's compliance with required practice. Information and updates are received via peak body memberships, Government bulletins and independent publications and via a legislative update service. The executive team interprets legislative information and communicates any changes to management and staff across the organisation. Staff are informed about compliance requirements through mechanisms including intranet notifications, meetings and education, memoranda, newsletters and revised policies and procedures. Management demonstrates compliance is monitored through mechanisms such as audits and inspections, competency testing, incident reporting and observation. Staff confirmed they are informed about regulatory compliance and residents are satisfied with information given by the home about the accreditation visit.

Examples of responsiveness to regulatory compliance obligations relating to Standard one include:

- The organisation has systems in place for ensuring police checks for staff occur and applicable statutory declarations for international staff are maintained.
- Volunteers and external services personnel have police checks, statutory declarations and credential checks undertaken as appropriate.

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 demonstrates management and staff have the knowledge and skills required to perform their roles effectively in relation to the four Accreditation Standards. The annual education calendar is a responsive working document and schedules on-site mandatory and formal education with on-going additions and changes as needed. Informal education is also provided through meetings and one-on-one. Off-site education and up-skilling is encouraged and supported. All education records for all staff are maintained and monitored. Staff complete competencies relative to their duties and education is evaluated. The home provides sufficient education resources and facilities. Education completed in this standard includes code of conduct, equipment training, funding instrument training, leadership and documentation training.

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 comment and complaint mechanisms that are accessible to residents and representatives, staff and visitors. The comments and complaints system includes feedback forms, meetings, access to the management team and letterboxes located around the home for posting any comments and complaints. Information about internal and external complaint

services and advocacy services is accessible via information brochures, handbooks for stakeholders and via the resident agreement. Complaints are logged and actioned; feedback is provided to initiators and meetings are organised as required to ensure complaint resolution occurs to the satisfaction of residents and representatives. The home shows comments and complaints are responded to in a timely manner. Staff stated they advocate for residents as appropriate. Residents and representatives said they know about the home's comment and complaint processes and have access to 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 organisation has summarised the service vision, values, philosophy and objectives in a strategic mission document. A commitment to the provision of quality services, partnerships and choices that enrich the lives of service recipients is documented throughout the service. Handbooks for residents, representatives and staff convey the organisation's leadership statements to stakeholders.

1.6 Human resource management

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

Team's recommendation

Does comply

Management demonstrates and staff confirm there are appropriately skilled and qualified staff in the home. Rosters and systems ensure types and numbers of staff are maintained at all times and vacant shifts are appropriately filled. A registered nurse is on site at all times, annual leave is managed, nursing registrations and police checks are monitored and maintained. All staff are supplied with position descriptions and regular appraisal processes. Recruitment systems and orientation packs/programs are in place for new staff and the home has been actively recruiting staff with agency staff now rarely required. The home demonstrates staff numbers, allocation and skill mixes are monitored to meet changing resident needs. Residents and representatives state general satisfaction with the responsiveness of staff and the level of care provided.

1.7 Inventory and equipment

This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".

Team's recommendation

Does comply

The home has systems and processes in place to ensure appropriate goods and equipment are available to meet residents' care and service needs. An electronic asset register is maintained and budget allocations ensure inventory and equipment are maintained, replaced and supplemented as appropriate. Capital equipment is purchased following trial and evaluation. Key staff regularly order catering supplies, clinical and non-clinical supplies, continence products and chemicals through preferred suppliers. Inventory stock lists and effective stock rotation systems are in place; goods are stored safely in secure areas and there are processes in place to meet any urgent supply needs and stock return requirements.

A computerised maintenance management system tracks the home's corrective maintenance program and a preventative maintenance system is in place. Staff, residents and representatives are satisfied with the availability of equipment, supplies and linen stock and with the home's preventative and corrective maintenance services.

1.8 Information systems

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

Team's recommendation

Does comply

The home has an effective and systematic approach to the management of information about all components of clinical and non-clinical residential care. Policies, procedures and information resources are accessible and current. Appropriate sharing of information occurs through mechanisms such as electronic clinical documentation systems, intranet services, electronic mail, information booklets, handover, memoranda, communication books, meetings and training. Confidentiality and security of staff and resident information is maintained according to processes that are controlled, documented and explained to stakeholders. Resident and staff information is securely stored and obsolete documents are shredded or archived as appropriate. Staff are satisfied the home's information systems are timely and effective. Residents and representatives indicated satisfaction with the home's information systems.

1.9 External services

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

Team's recommendation

Does comply

The home has processes in place to source and retain suitable external service providers to meet the home's needs and quality goals. External services include suppliers, external tradespeople and contracted service providers such as information technology consultants, allied health professionals, pharmacy, hairdressing and security services. Service providers comply with the home's credentialing processes and sign agreements that specify the timeframe of service provision and the required standards of service delivery. Documented contractor orientation processes are in place. External service provision is monitored and formally evaluated through observation, documentation review, feedback from stakeholders about service quality and timeliness and via satisfaction surveys. Staff, residents and representatives are satisfied with the services provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home has an established continuous improvement system that shows ongoing improvement in resident health and personal care. For a description of the home's system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement.

Examples of continuous improvement in Standard two include:

- At clinical managers' initiative, a holistic clinical assessment tool has been developed for resident care review. The 'resident care review' tool, used initially and then as necessary when a resident's condition changes, addresses a comprehensive range of clinical issues. Implementation of the new process has commenced. Management reports the recently implemented tool identifies necessary changes in care requirements and informs resident care.
- In response to residents' increasing clinical needs, a palliative care policy and procedure has been developed and specific palliative care planning has been introduced. Clinical staff reported there is now more continuity in palliative care and expressions of appreciation from families are on file.
- At the initiative of the organisation, a multi dose medication sachet system has been introduced. Staff confirmed the amount of time for medication administration is reduced and medications can be crushed as appropriate in the sachet.
- A physiotherapist has now been recruited to provide services to the home one day per week. Residents now have access to increased physiotherapy services as appropriate.

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

Management has systems in place to identify and ensure the home meets regulatory compliance obligations in relation to resident health and personal care. For a description of how the home identifies and ensures compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, refer to Expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard two include:

- The home has a registered nurse on all shifts across the week and guidance and support for staff from a registered nurse is always available.
- The home demonstrates knowledge of its legislative obligations in relation to medication management and storage and shows evidence that relevant protocols are followed.
- Specific care planning activities and care tasks are carried out by an appropriately qualified person. For example, care plans of residents with high care needs are overseen by a registered nurse.

- The home has specified policies and procedures to guide staff response if a resident is inexplicably absent from the home.

2.3 Education and staff development

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

Team’s recommendation

Does comply

Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to health and personal care. The annual education calendar schedules mandatory and formal education with informal education also provided through meetings and one-on-one. All education records for all staff are maintained and monitored. Care staff complete competencies relative to their duties and state satisfaction with the education and educational opportunities provided by the home. The on-site clinical educator/mentor also assists in the training of care staff. Education recently completed in this standard includes palliative care, pain, continence, meal management and swallowing, complex health care, medication, hearing and falls management.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home demonstrates that residents receive appropriate clinical care. An interim care plan guides staff in resident care needs until all the assessments are completed and a more detailed care plan is developed. Care plans are reviewed regularly, as changes occur and the complex health schedule tracks when resident clinical documentation and tasks are to be completed. A holistic care conference is held six weeks after entry and as required and families are advised of incidents. The director of care and clinical care nurse oversees clinical care, clinical audit results, data collection and analysis for trends and implements planned changes. The registered and enrolled nurses manage the different house units with support from the extended care assistants. Staff stated they are informed of changes and the summary care plan in the resident’s room informs them of residents’ individual needs. Residents and representatives stated they have input into residents’ care and staff assist residents as needed.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

Residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Residents’ specialised nursing care needs are identified through the assessments and care plans detail individual needs. Care plans are reviewed regularly and the complex health schedule ensures timely reviews, new assessments and completion of specific tasks. Specialised care needs include insulin and non insulin dependant diabetes, catheter care, pain and anticoagulant medication. The medical practitioner visits regularly; referrals are made to allied health specialists by the medical practitioner and by nursing staff as required. Residents and representatives stated the staff are kind and caring and assist residents with their specialised nursing needs.

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 with the residents’ needs and preferences. Resident needs are discussed and assessed on entry to the home and on an ongoing basis and in response to changes in health status. Care plans document individual resident needs, are regularly reviewed and changes in care needs are referred to the medical practitioner and allied health specialists. Residents have access to a range of regular and referral services such as physiotherapist, dietician, speech pathologist, dental, palliative and mental health services. Recommendations are communicated to the registered and enrolled nurses, care plans are updated and care and catering staff are informed of the changes. Staff, residents and representatives confirmed residents are referred to appropriate specialists as required.

2.7 Medication management

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

Team’s recommendation

Does comply

The home demonstrates medication is stored and managed safely and correctly. Resident medication requirements are identified and discussed on entry to the home and are reviewed regularly and as care needs change. Medications are administered by the registered and enrolled nurses from a sachet system and non packaged medication with separate signing sheets. Residents who wish to self administer medications have regular assessments completed and their medications are stored in a locked drawer in their room. Medication audits and pharmacy reviews are conducted regularly. Medication incidents are recorded and actioned by the director of care and discussed at medication meetings. A new imprest system for pain medication ensures residents receive timely pain management as required. Staff are aware of the imprest system guidelines and complete new online medication education. Residents and representatives are satisfied with residents’ medication management.

2.8 Pain management

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

Team’s recommendation

Does comply

The home demonstrates residents are as free as possible from pain. Residents are assessed on entry, six monthly and as care needs change to identify their pain and discomfort. Care plans are reviewed regularly and document individual comfort strategies such as heat packs, position changes, massage and medications. Staff monitor residents’ pain through residents’ verbal and non verbal cues and document episodes of pain and medication administered. The medical practitioner is notified of the any resident’s discomfort and the new imprest system ensures timely pain medication administration if required. Resident and representative feedback and survey results confirmed satisfaction with the management of any pain residents may experience.

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 comfort and dignity of terminally ill residents is maintained. Residents’ advanced care wishes are discussed and documented on entry to the home and case conferences are held as the resident’s condition becomes palliative. A palliative care plan is developed in consultation with the resident, family and nursing staff to ensure each resident’s wishes are respected and appropriate care is provided. The medical practitioner and external palliative services oversee pain management and provide support and guidance in the care of the resident and family. Palliative care policies, procedures and documentation are in place and palliative care and syringe driver education is provided. Staff stated they ensure resident comfort and support is provided to enable the resident to remain in the home.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents receive adequate nourishment and hydration. Residents’ nutritional and hydration needs and preferences are identified, assessed and documented on the care plans and reviewed regularly. Resident weights are monitored regularly through the complex health schedule and supplements are implemented by nursing staff as appropriate. The medical practitioner is notified of changes and referrals made to allied health specialists for review. Dietary changes are communicated to catering staff by the dietary advice form and to care staff through the handover process. Residents were observed using assistive devices and being assisted respectfully by staff. Residents have access to water jugs in their rooms, in kitchenettes throughout the home and snacks are available. Residents and representatives are satisfied residents receive adequate food and fluids.

2.11 Skin care

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

Team’s recommendation

Does comply

Residents’ skin integrity is consistent with their general health. Residents’ skin integrity is assessed and care plans document individual interventions such as sheepskins, pressure relieving aids, emollient creams and shin protectors. Wound care charts are implemented as required and wound management is overseen by the registered and enrolled nurses. Resident falls and alterations to skin integrity are documented on incident reports, monitored for trends and reported at meetings. Manual handling training is mandatory and lifting and transfer equipment is available and maintained. Residents and representatives stated staff assist residents to maintain skin integrity.

2.12 Continence management

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

Team’s recommendation

Does comply

Residents are assessed and individual needs are identified on entry to the home and as care needs changes. Individual requirements are documented on the care plans such as toileting times and habits, type of continence aids and level of assistance or independence. Care plans are reviewed regularly to ensure the interventions are appropriate and adequate fluids and natural fibre is encouraged in residents. A new continence supplier has commenced in the home and has provided education to staff and is training a staff member in a continence advisory role. Residents stated staff assist them as required and maintain their privacy.

2.13 Behavioural management

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

Team’s recommendation

Does comply

The home has systems in place to assess, manage and review residents with challenging behaviours. Resident behaviours are assessed and identified and individual behaviours, triggers and strategies are documented on the care plans and behaviour management plans. Behaviour management strategies are reviewed regularly to ensure they are effective and incident reports are completed and reviewed. The medical practitioner is notified of changes in behaviours and referrals are made to external mental health and aged services. The home has a sensory room in ‘Harry’s House’, the secure dementia unit, that assists in behaviour management. Risk assessments are completed and minimal restraint is implemented after discussion with the medical practitioner, nursing staff and family and monitored regularly. Staff stated they have received education in behaviour management, dementia care and compulsory reporting. Residents and representatives are satisfied with the home’s approach to the management of 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

Residents are supported to achieve optimum levels of mobility and dexterity for all residents. A new physiotherapist has commenced and is assessing all residents for their mobility and transfer needs. Care plans document and review regularly individual needs such as mobility aids, transfer equipment, falls risks and individual exercise programs are developed. A new physiotherapy assistant will assist residents with their individual exercise programs, take residents for walks and conduct the falls prevention program. Resident incidents of falls are documented, reported to the physiotherapist for review if required and discussed at the falls prevention committee. Staff education in manual handling, use of lifting and transfer equipment and specialised devices is conducted by the physiotherapist. Staff assist residents to maintain their mobility and monitor their pain levels. Residents and their representatives reported residents are assisted to optimise 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

Residents’ oral and dental care is maintained. Residents’ oral and dental needs are identified and individual preferences documented on the care plans such as natural teeth and dentures, cleaning and storage. Care plans are reviewed regularly and the hygiene assessments are completed annually and as care needs change. Residents are encouraged and supported to maintain their own oral hygiene and assistance and prompting offered as required. Residents are assisted to attend their own dental practitioner or dental clinic and dental services attend the home as required. Staff state there is oral and dental care information available. Residents and their representatives are satisfied with the assistance provided in relation to residents’ oral and dental health.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents’ sensory losses are assessed, identified and individual requirements documented on the care plans. Residents have access to visual services that visit the home and referrals are made to hearing and visual services as required. Resources such as large print books and notices, ‘hear-a-books’ and communication cards are accessible. A sensory room has been created in the dementia specific unit and residents have access to the garden areas for sensory stimulation. Staff assist residents in the maintenance and application of their hearing and visual aids. Residents are able to move freely around the home with the wide corridors, hand rails and well maintained environment. Residents and representatives are satisfied with the support residents receive to manage sensory loss.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents are able to achieve natural sleep patterns. Residents are assessed on entry to the home for their sleep and rest preferences and documented on the care plan such as rising and settling times, bedding, lighting and hot drinks. Residents’ sleep patterns are reviewed regularly. The medical practitioner is consulted if changes are observed in a resident’s sleep patterns and medication may be ordered. Residents are accommodated in single rooms and state they feel safe and comfortable at night and the home is quiet.

Standard 3 – Resident lifestyle

Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The home actively pursues improvements in the areas of resident lifestyle. For a description of the home’s system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement.

Examples of improvements in Standard three include:

- In response to staff suggestions, the home’s entry procedures have been reviewed. A welcome kit, including a card with contact information for any queries and a plain English booklet in large font describing what will happen in the first six weeks following admission, has been developed for residents and their families. Residents, representatives and staff are satisfied the new booklet supports the resident’s initial adjustment to residential care.
- As a result of feedback from families, management now sends a letter from the chief executive officer and a lavender plant to families following bereavement. The personalised letter acknowledges the life of the resident at the home and the family’s loss. Management and staff are satisfied the new processes have been well received by families.
- As an outcome of internal review, the environment and functioning of ‘Harry’s House’, the dementia specific unit of the home, is changing from a task focus to a person centred approach. Art therapy has been introduced and leisure and lifestyle staff and care and nursing staff have attended education such as dementia care and sensory therapy training to assist in the transition to a person centred approach.

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

Management has systems in place to identify and ensure the home meets regulatory compliance obligations in relation to resident lifestyle. For a description of how the home identifies and ensures compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, refer to Expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance related to Standard three include:

- The home shows how it complies with obligations related to security of tenure and specific services. For example, any change of rooms happens rarely and only after discussion with the resident and representative occurs and agreement is reached and documented.
- The home has processes to manage compulsory reporting obligations and to educate staff in recognising and responding to circumstances that may require mandatory reporting.

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

Management and staff demonstrate appropriate knowledge and skills to perform their roles effectively in relation to resident lifestyle. The annual education calendar schedules mandatory and formal education with informal education also provided through meetings and one-on-one. All education records for all staff are maintained and monitored. Lifestyle staff state satisfaction with the education and educational opportunities provided by the home. Education completed in this standard includes compulsory reporting, sensory therapy, exercise, dementia and behaviour management, dealing with grief and loss, sexuality and culturally and linguistically diverse training.

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 demonstrates residents are supported on entry to the home and on an on-going basis. Customer service officers, care and lifestyle support and assist residents and their families through the home's admission processes. Residents' individual emotional needs are assessed when entering their new environment and regularly reviewed. Residents and their families are provided with a user-friendly admission booklet to help them through the first six weeks in the home and settling in to their new environment. Documentation and interviews confirm emotional support is regularly provided to residents through one-to-one chats and individual activities and assistance. Residents and representatives confirm emotional support is provided by the home's staff.

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 assists residents to achieve maximum independence and maintain community ties. Lifestyle staff display awareness of individual residents' needs and preferences to maintain their independence. Interviews, lifestyle calendars, care plans and observations confirm resident independence is facilitated by the home. Transport, community workers and volunteers enable residents to attend group and individual activities outside the home. Community groups are encouraged to attend the home to meet residents' interests. Residents generally confirm they are encouraged and supported to participate in and maintain a range of individual interests in the home and the broader community. Mobility aids are in place to assist resident independence. Residents stated general satisfaction with their independence according to their individual needs and preferences.

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 recognises and respects each resident's privacy, dignity and confidentiality. Residents are consulted in relation to their privacy and dignity needs and preferences which are documented on care plans. Privacy and consent statements are provided to and signed by each resident and privacy statements are contained in resident handbooks and information packs. Staff are provided with relevant training and information and privacy statements are contained in the staff handbook. Residents are accommodated in single rooms with ensuite bathrooms and common areas allow sufficient personal space and privacy. Information is securely and appropriately stored. Residents and representatives stated residents are treated with dignity and their privacy is respected.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

The home demonstrates and residents generally confirm they are supported and encouraged to participate in individual and group activities of interest to them. Residents' individual histories and lifestyle needs and preferences are assessed and care plans regularly reviewed through consistent documentation practices. The home demonstrates resident input to the lifestyle program and changes implemented following monitoring of individual attendance records. There is formal and informal resident lifestyle input through surveys, meetings and comments. Activities are provided by dedicated lifestyle staff across five days each week. The home runs additional group and one-on-one activities for residents with dementia where required. A fortnightly lifestyle calendar is provided to each resident. Residents and representatives are satisfied with the activity 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' individual customs, beliefs and cultural backgrounds are fostered in the home. The home celebrates culturally significant days and residents' ethnic and cultural backgrounds are supported and valued. The home caters for each resident's spiritual and denominational needs on a regular basis. Staff have access to cultural information and aids. Residents and representatives confirm residents' cultural and spiritual needs and preferences are met and fostered by the home.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

The home demonstrates the right of each resident and representative to make decisions and exercise choice and control over the resident's lifestyle in the home. Documentation confirms residents are consulted, their preferences identified and they are assisted in the choice and decision making processes on entry to the home and on an on-going basis. Information and forums are provided to residents and their representatives to encourage and facilitate choice and decision making. Audits, surveys, meetings and comment/complaint processes monitor resident choice and satisfaction. Residents and representatives confirm residents are generally able to exercise choice and control appropriate to their care and lifestyle needs and preferences.

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

The home's systems and processes ensure each resident is provided with comprehensive information including security of tenure, financial information and rights and responsibilities on entry to the home and on an on-going basis. Resident agreements are offered and in place, a range of independent advice and advocacy information is available and resident rights and responsibilities posters are displayed. Residents and their representatives are advised of the services provided by the home if the status of the resident changes from low care to high care. Next of kin and power of attorney information are appropriately in place. Residents say they feel secure in the home and are aware of 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

The home has a system that shows ongoing improvements in the area of physical environment and safe systems. For a description of the home’s system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement.

Examples of improvements in Standard four include:

- As a result of internal review, changes have been made to the living environment in the dementia specific unit, ‘Harry’s House’. Improvements include the purchase of tablecloths and additional tables and chairs to create a warm communal lounge/dining area. The large courtyard area has been re-developed with raised garden beds and plantings. An activity room has been designated for residents’ recreation pursuits, including arts and crafts. Stakeholders are satisfied with improvements to the unit’s living environment.
- Through emergency planning meetings, a bushfire policy has been developed. The home now has clear policies and procedures in the event of bushfire and clarifies actions needed for the home’s bushfire alert system.
- As a result of resident and representative feedback, an additional bain marie with a hot cupboard has been purchased and an expanded bain marie service has been implemented. Residents confirmed satisfaction with the temperature of meals and stated hot desserts are regularly served.
- In response to resident request, the home has expanded vegetarian and vegan menu options. Management report the meals are accessible to all residents and increase available menu choices.
- Following suggestions from cleaning staff, a steam generation cleaner has been purchased after on site trial and evaluation. Sanitisation and cleaning of all hard floor surfaces, furniture and mattresses is enhanced and infection control is promoted.
- In response to stakeholder feedback, environmental services now operate between 7.00am and 5.00pm. Management reports positive feedback from stakeholders in relation to the increased span of cleaning hours.
- At organisational initiative, all laundry services for the two homes in the organisation now occur on site at Compton Downs. A new truck with sealed compartments that separate ‘clean’ and ‘dirty’ items has been purchased, a new washing machine, two new drying machines are in use and 18 new laundry trolleys have been purchased. Management reports the improvements are cost effective and stock control is improved. Residents and representatives confirmed improvements to the laundry service.

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 the home is compliant in relation to the physical environment and safe systems. For a description of how the home identifies

and ensures compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, refer to Expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard four include:

- The home has a food safety program in place.
- Annual maintenance statements in relation to essential services and building safety management are systematically maintained and subject to external audit.
- Material safety data sheets are available where chemicals are stored and used.

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

Management and staff demonstrate appropriate knowledge and skills to perform their roles effectively in relation to the physical environment and safe systems. The annual education calendar schedules mandatory and formal education with informal education also provided through meetings and one-on-one. All education records for all staff are maintained and monitored. Staff complete competencies relative to their duties and confirm satisfaction with the education and educational opportunities provided by the home. Education completed in this standard includes fire and emergency, manual handling, infection control, chemical handling and food 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 consists of three single storey residential units; two of the three units consist of 10 houses situated in a cul de sac and linked by covered walkways. Each house has seven large individual bedrooms with ensuite bathrooms, a communal area and access to outdoor gardens. The third unit is the secure, dementia specific area, 'Harry's House', which has a large secure courtyard with raised garden beds. The home has a central recreation building with activity area, library and hairdressing facilities. The indoor and outdoor areas of the home were observed to be clean, well maintained and free of clutter and preventative and corrective maintenance programs and an electrical testing and tagging program are in place. Residents and representatives are satisfied with the comfort and safety of the living environment and with the home's maintenance programs.

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 demonstrate a safe working environment is provided in line with regulatory requirements. Occupational health and safety systems and processes in the home include departmental representation on the committee with regular meetings and follow-up, policies and procedures in place, incident management and occupational health and safety audits/checks. Risk assessments are completed where needed and hazards identified.

Occupational health and safety information is displayed and a return to work program is in place. Documentation confirms staff input and monitoring and data analysis is completed. Initial and annual manual handling training is completed by all staff. Chemicals are generally safely stored. Interviews confirm staff awareness of and satisfaction with the home's occupational health and safety systems and processes.

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 robust systems for detecting and acting on fire, security and other emergencies. Fire detection and fire fighting equipment is regularly checked by approved professionals. Audits and monitoring processes ensure safe systems are maintained and contractor work is completed. Electronic and manual locking systems are in place and electrical equipment is tested and tagged. There are designated smoking areas with fire blankets. The home has evacuation equipment and procedures readily available with current emergency manuals, emergency contact numbers and current resident lists. Emergency exits and paths of egress are clear. An external fire consultant regularly assists in all aspects of fire safety in the home including familiarisation and orientation for all staff including agency. All staff complete mandatory annual fire and emergency training. Residents and representatives stated residents feel safe and secure in the home.

4.7 Infection control

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

Team's recommendation

Does comply

The home has an effective infection control system in place. Recently reviewed policies and procedures guide staff infection control practices and the management of an outbreak. Resident infection data is recorded, collated and evaluated by the director of care and discussed at meetings and trends may prompt education and changes in care practices. Appropriate infectious waste and sharps containers were observed and personal protective equipment is available for staff. Catering services comply with food safety guidelines and temperature control records are kept for food and equipment. Environmental services follow cleaning procedures to minimise cross infection. All staff attend mandatory infection control training and staff and residents are offered annual vaccinations. Staff showed awareness of standard precautions for infection control.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".

Team's recommendation

Does comply

The home has systems in place to enable the provision of hospitality services that enhance residents' quality of life and the working environment for staff. Monitoring mechanisms include internal and external audits, reports and temperature records. Whilst some food is cooked on site, meal options are generally prepared offsite; cook-chill production is used and meals are then transported to the home. The rotating menu is reviewed by a dietitian and vegetarian and vegan meal options are available. Schedules are in place to ensure cleaning tasks are completed and the home was observed to be clean during the visit. Laundry

services are provided onsite. Adequate linen supplies were observed and there are effective processes in place to minimise any loss of clothing. Staff are satisfied with the home's environmental services and stated food served at the home is plentiful and of good quality. Residents and representatives confirmed general satisfaction with catering services and stated the home is clean and clothing and linen is very well laundered.