



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit St Ives Murdoch

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

The Agency has decided that the period of accreditation of St Ives Murdoch 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

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:	St Ives Murdoch				
RACS ID:	7261				
Number of beds:	34	Number of high care residents:	11		
Special needs group catered for:	<ul style="list-style-type: none"> • Nil specified 				
Street:	20 Windelya Road				
City:	MURDOCH	State:	WA	Postcode:	6150
Phone:	08 9312 7777		Facsimile:	08 9312 6931	

Approved provider

Approved provider:	St Ives Care Pty Ltd
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Assessment team

Team leader:	Anne Rowe
Team member:	Claire Ryan
Dates of audit:	3 March 2010 to 4 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
Does comply
Does comply
Does comply
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Does comply

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

Accreditation decision

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

Agency findings
Does comply
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Does comply
Does comply

Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	St Ives Murdoch
RACS ID	7261

Executive summary

This is the report of a site audit of St Ives Murdoch 7261 20 Windelya Road MURDOCH WA from 3 March 2010 to 4 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 St Ives Murdoch.

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 4 March 2010

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Anne Rowe
Team member:	Claire Ryan

Approved provider details

Approved provider:	St Ives Care Pty Ltd
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Details of home

Name of home:	St Ives Murdoch
RACS ID:	7261

Total number of allocated places:	34
Number of residents during site audit:	32
Number of high care residents during site audit:	11
Special needs catered for:	Nil specified

Street:	20 Windelya Road	State:	WA
City:	MURDOCH	Postcode:	6150
Phone number:	08 9312 7777	Facsimile:	08 9312 6931

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit St Ives Murdoch.

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 2 days on site and gathered information from the following:

Interviews

	Number		Number
Facility manager	1	Residents/representatives	17
Care services manager	1	Compliance officer	1
Enrolled nurses	2	Quality services officer	1
Registered nurse (agency)	1	Administration assistant	1
Physiotherapist	1	Activities staff	3
Hotel services manager	1	Cleaning staff	1
Chef manager	1	Cleaning staff (agency)	1
Assistant supervisors	4	Maintenance staff	1

Sampled documents

	Number		Number
Resident files including assessments	8	Medication profiles and signing sheets	10
Care plans, including specialised and short term	8	Personnel files	9
Resident's agreements	3		

Other documents reviewed

- Accident, incidents and hazards
- Activities and therapy statistics
- Agency and contractor induction record
- Annual leave file
- Annual prudential compliance statistics 2008 – 2009
- Assets register and inventory record
- Business plan
- Cleaning charts and duties task lists
- Clinical incidents reporting system including falls, medication, and other incidents
- Compliance register and review form
- Continence allocation charts
- Contractor log
- Critical incident investigation
- Daily menu choice
- Diabetic management records and plans, including insulin intake chart
- Duty lists and position descriptions
- Education records and training matrix 2010
- Elimination file
- Emergency procedures manual
- Evidence file Standards one, two, three, four
- External appointment forms
- External contracts
- Fire education planner and pendant checklist
- Fire equipment and detection system maintenance book
- Flow charts
- Food and equipment temperature recording
- Hazard reports
- Internal and external audits and surveys, including results
- Kitchen cleaning schedule
- Laundry procedure manual
- Maintenance logs and schedule
- Maintenance manual
- Material safety data sheets
- Medication incidents
- Meeting schedule and agenda
- Memoranda
- Monthly program evaluation
- No smoking policy
- Organisational chart
- Outbreak guidelines
- Physical assault action guide
- Physiotherapy program
- Plan for continuous improvement activity and summary sheets - open and closed
- Police certificate and professional registration register
- Police certificate file
- Policies, procedures and flowcharts
- Privacy policy
- Register of schedule 8 drugs
- Resident information pack
- Resident newsletter
- Residents' meal requirements

Residents' weight records

- Rosters and allocation sheets
- Self administration of medication consent forms
- Staff information package
- Staff newsletter
- Staff, residents and management meeting minutes
- Treatment charts and wound care file
- Weekly activity program

Observations

- Activities in progress
- Brochures and information regarding external services/clinical information/advocacy groups
- Cleaning in progress
- Equipment, including hoists and medical equipment, fire extinguishers and fire fighting equipment
- External and internal living environments and gardens
- Interactions between staff and residents
- Kitchen and laundry areas
- Midday and evening meal and drinks rounds
- Outbreak and spills kits
- Storage and administration of medication
- Supply storage areas including laundry, kitchen, medical and chemical 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 organisation has a framework that supports the home to actively pursue continuous improvement. Feedback mechanisms are in place that encourages residents and staff to contribute and provide opportunities for improvement via suggestions, comment and complaint forms, meetings, hazard and incident reports, and surveys. The home’s systems are monitored via audits that assist to identify any gaps or opportunities for improvement. Gaps and opportunities are logged, actioned and documented on a plan for continuous improvement, and reviewed by the quality committee on a six weekly basis. Residents and staff were able to provide examples of improvements, and are satisfied that their suggestions are acknowledged and actioned, where appropriate.

Some examples of improvements, either planned or currently in progress, in relation to Standard one, are list below.

- A maintenance officer has been employed by the home in place of a previously contracted service, to improve the responsiveness, and develop a systematic approach to maintenance. Following the recruitment of the new position, a maintenance manual has been developed to guide staff in maintenance processes, and to ensure a consistent approach to planned, and corrective maintenance.
- Vacant positions and employment opportunities are now advertised across the organisation, to increase the retention of staff and provide opportunities to transfer, and up-skill to other roles and positions. Due to the initiative, several staff have moved to higher positions, with the support of the home.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

Systems and processes are in place at the home to identify and ensure compliance with relevant legislation, regulations, standards and guidelines. The home maintains membership with peak bodies and industry groups that advise of changes, and updates and notification are received from the Department of Health and Ageing. Relevant changes are logged on a compliance register, and a review of the information is conducted, forwarded to the manager, and discussed at quality committee meetings. Information is disseminated to staff via memoranda. Staff meetings provide discussion of changes to policies or processes, and toolbox education is provided as needed. The home recently reviewed employment and termination processes, and advised all staff of the changes to minimum employment standards, and distributed an information sheet to all staff regarding the *Fair Work Act 2009*. A system is in place to monitor currency of police certificates, and ensures all staff provide a current police certificate.

1.3 Education and staff development:

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

Team's recommendation

Does comply

Management and staff have the opportunity to maintain and improve their knowledge and skills through various training and education opportunities, and role specific competencies. Each employee is required to undertake mandatory training on commencing employment, and on an annual basis. Staff are orientated to their specific role and requirements, resident's needs and preferences, and then buddied with a mentor for the first week. Training needs are identified through resident's needs, audit results, surveys, training evaluations, and performance appraisals. Management and staff confirmed they are offered opportunities to increase knowledge, up-skill to other roles, and are satisfied with the level of education and training offered by the home.

Examples of education and staff development delivered in relation to Standard one are listed below.

- Comments and complaints
- Certificate III and IV in Aged care
- Customer service

1.4 Comments and complaints

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

Team's recommendation

Does comply

Residents and representatives have access to the home's comments and complaints system, with information regarding internal and external complaints mechanisms documented in the resident agreement. Feedback forms and pamphlets are available in the main reception area of the home, and a suggestion box is available for the submission of confidential suggestions and complaints. Resident's meetings provide residents and representatives with the opportunity to raise suggestions, issues or complaints. Surveys are conducted following admission, throughout the year and on discharge, to generate feedback and identify any areas that need to be addressed. Staff described how they would assist a resident to make a complaint, should the need arise. Residents and representatives are satisfied with how the home addresses any issues raised, and feel confident to make a complaint.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home's vision, mission, philosophy and objectives are clearly displayed around the home. Information on the statements is also included in resident and staff information packages, and is consistent throughout each publication. The home holds monthly operational group meetings to assist with the planning and roll out of the new building, and

extension of the service, to assist with the consistent delivery of care and services to residents.

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

Systems and process of recruitment, selection and performance management are in place to ensure appropriately skilled and qualified staff are able to deliver care and services. Position descriptions and duty lists are available to guide staff as to their role, responsibilities, and skills required. Management and staff have access to education and training, and attend performance reviews on an annual basis. Staffing levels and skills mix is reviewed as resident needs change, and will continue to increase as new residents enter the home. The tracking and analysis of hazards and incidents is also utilised to indicate if there are gaps in staffing levels that may require action. A roster and allocation sheets are posted in advance, and arrangements for leave and absences are in place with students, casual and agency staff utilised. Residents and representatives 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

The home ensures there are suitable goods and equipment available for quality service delivery via an asset register, minimum stock levels, stock rotation, and a schedule of preventative and breakdown maintenance. Equipment is maintained and repaired by maintenance personnel, and external contractors and suppliers. New equipment is trialled by staff, and deemed as appropriate prior to purchase. Education is delivered in the safe use and storage of goods and equipment. Planned and periodic replacement of equipment occurs on an as needs basis. Environment and equipment audits, and hazard identification and reporting, ensure that goods and equipment are maintained at sufficient levels and are correctly stored, maintained, and used safely and correctly. Residents, representatives, and staff, reported satisfaction with the availability and suitability of goods and equipment at the home.

1.8 Information systems

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

Team's recommendation

Does comply

Management and staff have access to accurate and appropriate information to assist them to perform their role. Policies and flowcharts are in place to guide management and staff as to the appropriate collection, storage, access, use and destruction of information. Confidential information is securely stored in locked cupboards and offices. Electronic information is password protected and backed up centrally. Management communicate with staff via meetings, memos and newsletters, and day to day information is provided through

communication books and diaries, care plans, minutes and verbal/written handovers. Residents and representatives are provided with information to assist in making decisions via care conferences, meetings, minutes, newsletters, noticeboards, and one to one discussion. An archiving system and schedule is in place for the storage, retrieval and destruction of documents. Residents, representatives and staff are satisfied they are provided with, and have access to current information, according to their needs.

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 external contractors and preferred suppliers that meets the homes needs and requirements. A standard contract is developed for essential services such as allied health providers, linen, pest control, fire services and food and consumables which are reviewed on an annual basis. A preferred suppliers list that meets the requirement of the home is available for services that are regularly used. Feedback on service quality is encouraged from management, staff and residents, that assists to determine the choice of service provider, and the organisation has commenced looking at contracting suppliers across the organisation for economies of purchase, and a consistent approach in quality service delivery. Residents and staff are satisfied with the service provided with externally sourced services.

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

For further information please refer to expected outcome 1.1 Continuous improvement.

Some examples of improvements either planned or currently in progress, in relation to Standard two, are list below.

- In response to residents care needs, the residential care line has been utilised by the home to provide specialist clinical services for residents, and has provided education to enrolled nurses in the care of supra-pubic catheters. The enrolled nurses are now able to oversee specialised care of residents with supra- pubic catheters.
- Following several episodes of wandering by a resident, an identification (ID) card has been developed that the resident carries on their person. This assists in the correct return of the resident should they become lost, and includes the name and address of the resident, and phone number of the home. The home intends to develop the ID cards for each resident to take on outings to assist with orientation.

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

Systems and processes are in place at the home to identify and ensure compliance with relevant legislation, regulations, standards and guidelines. The home maintains membership with peak bodies and industry groups that advise of changes, and updates and notification from the department of health and Ageing. Relevant changes are logged on a compliance register, and a review of the information is conducted and forwarded to the manager and discussed at quality committee meetings. Information is disseminated to staff via memoranda. Staff meetings provide discussion of changes to policies or processes and toolbox education is provided as needed. A system for monitoring the professional registrations of nursing and allied health staff is in place, to ensure current registrations are maintained.

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

For further information please refer to expected outcome 1.3 Education and staff development.

Examples of education and staff development delivered in relation to Standard two are listed below.

- Parkinson’s disease
- Toolbox education relating to new equipment
- Death and dying
- Oral and dental care
- Wound care
- Supra- pubic catheters
- Medication management and competencies
- Insulin and care education, and competencies
- Dementia care workshops

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has a process in place for assessment of residents clinical care needs on entry, with an initial data base undertaken, followed by a number of comprehensive assessments. A care plan is developed, reflective of the assessment information to guide staff. Regular consultation is conducted with the residents’ medical practitioner, and formal and informal family conferences are held as required, and annually. Care plans are reviewed according to the home’s policy, and short term/ temporary changes are recorded in the residents’ care plan. Residents interviewed, reported that the staff assist them, when required, with their

care needs. Staff described how residents' care is delivered according to the care plans, and the way in which changes of care needs are communicated to them via daily handover, through the diary, informal conversation and in the progress notes.

2.5 Specialised nursing care needs

The expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's recommendation

Does comply

Specialised nursing care needs are identified by registered staff on entry, and assessment and care planning is conducted. Referrals are made to external specialist services for assessment, and assistance to undertake care, as required. Staff are provided with education and training to ensure they have the skills and knowledge required in clinical care, and the residents' medical practitioner liaises with registered staff. Residents and representatives reported they are satisfied and confident that staff have the skills to undertake their clinical care, and registered staff reported that they follow the specialised care plan, and liaise with external specialists for guidance, when required.

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

Systems are in place for the referral of residents to an appropriate health specialist. A physiotherapist and podiatrist undertake regular assessment, and provide care on a regular basis. Other health services accessed include external medical specialists, dietician, speech pathology, and the residential care line. An external appointment form is used to provide information, prior to, and following the consultation. Instructions are documented to provide staff with information on the short term care plan, appointment form, or in the residents' progress notes. Staff reported that changes in residents' care needs are clearly communicated to them, and residents and representatives reported that they have appointments with external health providers when required.

2.7 Medication management

This expected outcome requires that "residents' medication is managed safely and correctly".

Team's recommendation

Does comply

Systems are in place to guide staff in the safe and correct ordering, storage, administration, documentation, and disposal of medications. Residents' medication is ordered by the medical practitioner, and administered via a multi-dose blister pack by registered and enrolled nurses and medication competent care staff. Medication variances are recorded, and follow-up action is taken. Medication is regularly reviewed by the resident's doctor, and an accredited pharmacist conducts a review. Residents who self administer medication are authorised to do so, and are provided with a secure drawer for storage. Regular auditing is undertaken, and residents reported satisfaction with the service provided.

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 that residents’ pain history is recorded on entry, and further pain assessment is undertaken as required. The assessment tool includes identification of verbal reports, and non-verbal cues for residents with communication deficits. A pain evaluation is conducted to ensure that the strategies implemented for pain relief are effective. Medication for pain management is regularly reviewed by the doctor, and residents are referred by the general practitioner to external health specialists for further assistance in pain management, when required. Strategies to minimise pain include heat packs, massage, exercise, and pressure relieving cushions. Residents interviewed, reported that staff provide assistance to reduce their pain. Staff reported that they assist residents when they have pain by reporting it to registered staff, providing a heat pack when it is ordered, rubbing the area, or spending time with them.

2.9 Palliative care

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

Team’s recommendation

Does comply

Residents and representatives are provided with the opportunity to record preferences regarding end of life wishes on entry, or thereafter. The home has access to external services to assist them supply terminal care services as required. Palliative care plans are developed to guide staff in residents’ end of life care. Staff reported that they have adequate knowledge and skills to assist residents and representatives during the palliative phase of life. A palliative care champion has completed palliative care education, and reported that the opportunity to undertake palliative care will increase with the future changes at the home, and the increased number of residents with higher care needs.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

The nutrition and hydration requirements of all residents are identified on entry and monitored on an ongoing basis. Residents’ likes, dislikes, allergies, and specialised diets are recorded and communicated to kitchen staff. The residents’ weight is monitored monthly, or more frequently. Residents with swallowing difficulties are referred to the speech pathologist for further assessment and care planning, and specialised diets are ordered. Modified cutlery and crockery, altered textured meals, and thickened fluids are provided as required, and residents of concern are referred to a dietician. Supplements are provided to maintain nutritional status, and staff were observed to be assisting residents with their meal and drinks. Residents and representatives reported that they are satisfied with the meals and drinks, and there are adequate staff to serve them.

2.11 Skin care

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

Team’s recommendation

Does comply

The skin integrity of all residents is assessed on entry, and special requirements are identified if required, and documented on the care plan. Interventions to maintain residents’ skin integrity include preventative strategies such as pressure relieving cushions and emollient creams. Registered and enrolled nurses and senior care staff, undertake wound management. Clinical indicators that include skin tears, wounds, and pressure areas, are reported and collated monthly for analysis of trends. Resident’s and representatives interviewed reported that staff are skilled, and assist them with any wounds or skin tears they sustain. Staff reported they have adequate supplies to enable them to undertake wound care.

2.12 Contenance management

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

Team’s recommendation

Does comply

There is a system to identify, assess, monitor and evaluate residents’ continence care needs on entry, and as required. Care plans detail individual toileting programs, and the use of continence aids. Bowel management programs include daily monitoring, and bowel management strategies including adequate fluids, high-fibre diet, regular toileting, suppositories, and medication. External specialist services assist with continence services as required. Clinical audits monitor urinary tract infections and continence management. Staff interviewed described how they assist residents to maintain their continence and dignity. Residents and representatives are satisfied with the support provided to enable them to manage their continence.

2.13 Behavioural management

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

Team’s recommendation

Does comply

A brief history and assessment of residents behaviour is completed on entry, followed by a more comprehensive assessment when behaviours of concern are identified. A behaviour assessment chart identifies behaviour observed, and is followed by a behaviour incident and intervention chart. Strategies to manage the behaviour are documented in the progress notes and entered on to the care plan. Discussions with representatives are held for residents of concern, and behaviour management is reviewed on a regular basis by the residents’ doctor. Residents and representatives reported that the home is peaceful, and they are not disturbed by other residents. Staff reported that processes of reporting challenging behaviour are followed, to ensure strategies to manage behaviours are identified.

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

An initial assessment is conducted by the physiotherapist to determine residents' mobility and dexterity function, and care plans are developed reflective of information. The physiotherapy program includes individual and group exercises and walking clubs and are undertaken by the physiotherapist, activity, and care staff. Statistics are maintained to provide data to assist ongoing evaluation of the effectiveness of the program. Residents are referred to external physiotherapy for further treatment as required, and mobility aids are monitored. Falls risk assessments are conducted regularly, falls are reported, and clinical data is collated. Residents and representatives reported that they enjoyed the exercise group, and going for walks in the external areas. Staff reported that they have had adequate training to assist residents in their mobility and transfer needs.

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 requirements are documented on an initial data base on entry to the home, and a more comprehensive oral and dental assessment is undertaken as required. Information regarding the residents' oral and dental care is provided to staff on the care plan. Residents have access to the government dental health program for a dental check, and residents are assisted to attend an external dentist as required. Information regarding nursing strategies, following dental treatment, are provided to staff on the short term care plan. Residents are referred to the speech pathologist when swallowing difficulty is identified, and residents and representatives reported that staff assist them with their dentures, when required. Staff reported that they have attended training in oral and dental care, and are skilled and knowledgeable regarding dental health.

2.16 Sensory loss

This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's recommendation

Does comply

The sensory impairment of all residents hearing, vision and speech are identified and recorded on the admission assessment, and information regarding residents' sensory needs are documented on the care plan. Residents are referred to external specialists, such as an ophthalmologist or audiologist, and residents are assisted to attend appointments. Sensory activities are provided such as walking in the gardens and cooking, and the physiotherapist assesses for sensory loss, as required, for heat pack administration. Staff reported that they identify residents with hearing aids, and residents reported that they are knowledgeable and competent to fit their own aids, but would ask staff for assistance, if it was required.

2.17 Sleep

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

Team’s recommendation

Does comply

The sleep observation record and sleep assessment is recorded during the first few weeks following entry to the home, and a care plan developed, reflective of the information. Strategies to assist the resident with a natural sleep pattern are identified, with the preferred number of pillows, usual time to settle at night, sleep aids, and interventions to assist the resident back to sleep. Staff monitor the resident’s sleep routines and liaise with the residents’ doctor for medication to assist, as required. Staff reported that they have information provided at the morning handover regarding residents who have a disturbed sleep, and residents reported to the team, that they are not disturbed during the night.

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

For further information please refer to expected outcome 1.1 Continuous improvement.

Some examples of improvements, either planned or currently in progress, in relation to Standard three, are list below.

- Following a review of all residents social, leisure activities, and cultural and spiritual needs and preferences, the home has reviewed the lifestyle programme. Gaps were identified in the programme, and the content of the activities were reviewed and adjusted to better cater for residents. Residents are satisfied with the content, and variety of activities, now offered by the home.
- A sensory garden has been planned, and started, in the main entrance of the building, with various herbs planted in pots. The home intends to provide a further sensory garden with fruit trees, herbs and vegetables in the memory loss centre, in the new area of the building.

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

Systems and processes are in place at the home to identify and ensure compliance with relevant legislation, regulations, standards and guidelines. The home maintains membership with peak bodies and industry groups that advise of changes and updates, and notifications are received from the Department of Health and Ageing. Relevant changes are logged on a compliance register, and a review of the information is conducted and forwarded to the

manager, and discussed at quality committee meetings. Information is disseminated to staff via memoranda. Staff meetings provide discussion of changes to policies or processes. Toolbox education regarding changes is provided as needed. A process is in place to monitor and respond to unexplained absences, missing residents, and elder abuse, as per the compulsory reporting requirements. Staff described the process for reporting elder abuse, and missing residents.

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

For further information please refer to expected outcome 1.3 Education and staff development.

Examples of education and staff development delivered in relation to Standard three are listed below.

- Advocare - residents rights and responsibilities
- Elder abuse
- Falls management and prevention

3.4 Emotional support

This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".

Team's recommendation

Does comply

Residents are assisted to adjust to life in the new environment. Activity staff reported that they assist residents to settle into the home by initially introducing themselves, supplying residents with a weekly activity program, inviting them personally to attend the activities, and introducing them to other residents. Information is provided to the residents and representatives prior to entry via a residents' information package, and a tour of the home. Residents decorate their apartment with their personal furniture, and representatives are encouraged to visit whenever they wish. Case conferences with family members are held after the initial settling-in period, and residents emotional support strategies are documented on the residents' care plan. The team observed staff speaking and interacting with residents in a supportive and respectful manner, and residents and representatives reported that staff encourage them to attend activities, and are friendly, caring and supportive.

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 cognitive, physical, and emotional status of each resident is assessed on entry, and care plans developed that identify interventions to encourage and assist residents to maintain their independence. Suitable aids and therapy programs support the residents to maintain their mobility, cognitive status, and dignity. Residents participate in activities in the community, with examples provided to the team that include external specialist day centres,

swimming groups, and spending time at family functions. Suitable aids, therapy programs, and support from staff ensure that residents' communication and mobility levels are maximised, and residents are able to participate in social events within the home. Staff interviewed reported on local community activities that are accessed by residents, and residents stated that they enjoy going on the bus trips.

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

Systems are established to ensure residents' privacy is maintained, including the secure storage of confidential records. Resident's right to privacy is reflected in their agreement, the home's privacy policy, and in the resident's handbook. Accommodation is comprised of an apartment with a sitting room, bedroom and en-suite bathroom, and facilities for married couples. The team observed adequate staff were available to provide resident care to avoid rushing, and communicating respectfully with residents. Staff interviewed had a clear understanding of their responsibilities with regards to the confidentiality of resident information. Residents reported that they are confident their private information is managed effectively.

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 resident's social and cultural profile is completed on entry to the home, and the activity program is developed according to the residents' interests, preferences, and therapy requirements. The activity program includes cognitive, sensory, fine and gross motor skills activities, and is reviewed via feedback through attendance and participation in activities, informal discussion, and resident's meetings. The leisure program is conducted six days and five evenings per week, and includes a varied program. Residents are provided with an updated program each week, and invited to activities and therapy groups. Activity staff reported that the activities are attended by a large number of residents, and individual support is provided to those residents who prefer not to attend. Residents reported that they attend the activities and stated that they enjoy activities such as exercises, walks, quizzes and cooking.

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 interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered at the home. Information on residents' cultural and spiritual backgrounds are collected on entry and documented. Two religious services are held at the home and residents are assisted to access church services in the local community. Significant events and anniversaries are celebrated and included on the program, including Australia day, spiritual events, and war service ceremonies. Cultural theme days are held to celebrate the

culture of residents living at the home, and a Greek and Italian day are programmed. Staff reported how Italian books are accessed from the community library. Residents and representatives reported that the home supports their individual cultural and spiritual backgrounds.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Systems are established to ensure residents and their representatives are consulted regarding resident's clinical care and lifestyle preferences. Mechanisms are in place to facilitate residents and representatives suggestions and complaints that include residents' meetings, informal communication, surveys, and feedback forms. Residents are supported and encouraged to maintain control over their lifestyle within their assessed abilities, and staff interviewed, described some of the ways in which they encourage residents to make decisions about their care and lifestyle. Residents and representatives stated that they feel comfortable providing feedback, and stated that management and staff were always responsive to their concerns, and that issues are satisfactorily addressed.

3.10 Resident security of tenure and responsibilities

This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's recommendation

Does comply

Systems and processes are established to ensure that residents have secure tenure within the home, and understand their rights and responsibilities. Prior to entry, residents and representatives are encouraged to tour the home, and an information package is provided that includes general and financial information. Residents are provided with a resident agreement that outlines residents' rights and responsibilities, accommodation bond and charges, and security of tenure. Conferences have been conducted to discuss conditions and details regarding the relocation of residents into the new high care wing, and consultation regarding the room has been undertaken. Residents and representatives reported that they feel secure at the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's recommendation

Does comply

For further information please refer to expected outcome 1.1 Continuous improvement.

Some examples of improvements, either planned or currently in progress, in relation to Standard four, are outlined below.

- A formalised maintenance system has been implemented at the home that includes a record of assets, and a schedule of planned cyclical maintenance.
- A production kitchen has been built and commissioned, in the new section of the building, with the recruitment of a new chef. Residents interviewed reported, and meeting minutes verified, that the quality and quantity of the meals has improved, and the residents are satisfied with the standard of the 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

Systems and processes are in place at the home to identify and ensure compliance with relevant legislation, regulations, standards and guidelines. The home maintains membership with peak bodies and industry groups that advise of changes, and updates and notifications are received from the Department of Health and Ageing. Relevant changes are logged on a compliance register, and a review of the information is conducted and forwarded to the manager, and discussed at quality committee meetings. Information is disseminated to staff via memoranda. Staff meetings provide discussion of changes to policies or processes, and toolbox education is provided as needed. The home has achieved a “clean slate award” from the local council for maintaining food safety standards, and has a food safety plan in place. The home is currently undergoing certification of the new building and has achieved compliance in fire certification for the current occupied building.

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

For further information please refer to expected outcome 1.3 Education and staff development.

Examples of education and staff development delivered in relation to Standard four are listed below.

- Manual handling
- Fire and emergency
- Safe food hygiene
- Chemicals
- Infection control

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

Residents have access to safe, clean, and well maintained, communal and private indoor and outdoor areas. Each resident is provided a single room with en-suite, sitting area, kitchenette, and access to a garden area from each room. Environmental audits, hazard reporting, cleaning and maintenance programs for equipment and fixtures are in place, to monitor and maintain a safe and comfortable living environment. All areas of the home are climate controlled, and residents are satisfied with the noise levels and access to call bells, and personal alarms. Communal areas have various items of equipment, and adjustable furniture is available to suit individual needs. Walkways are spacious and clutter free to enable easy access. Residents and representatives are satisfied with the living environment, and reported that residents feel safe and comfortable.

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

Systems and processes are in place to assist the home in providing a safe working environment. An occupational safety and health (OSH) committee meets with the home's operational group on a monthly basis, and discuss the results of incident and hazard reports, and issues identified by audits. Staff are consulted and informed of any OSH issues, or changes to practice through staff meetings and minutes. Regular audits, checks, and reporting of actual and potential hazards, and incidents, are addressed by the facility and care services manager. Once addressed, audits, hazards and incidents are logged, tracked and trends identified and acted upon through quality and operational meetings. Staff reported that they are satisfied management are actively working to provide a safe working environment.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has systems and processes in place to ensure a safe environment is maintained that reduces the risk of emergency, fire and security risks. Fire and emergency procedures, plans, contact details, and fire evacuation maps, are available to staff. Residents' mobility information is included, instructing staff how to proceed in the event of an emergency or critical incident. Approved professionals carry out routine inspections to fire, security systems, and equipment, and any issues identified from inspections are addressed. Closed circuit television monitor the security system that restricts access to persons without a security tag or access code. Smoking is not permitted around the home, with the exception of residents, whereby a designated a smoking area, with receptacles for extinguishing cigarettes, is made available to reduce fire risks. Staff attend annual mandatory fire and emergency training and described the homes processes in response to an emergency.

4.7 Infection control

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

Team's recommendation

Does comply

An infection control program is in place to assist the home with identifying, containing, and preventing infection. An infection surveillance program is in place whereby infections are recorded, logged and collated for trends, and actions implemented to minimise infections. A vaccination program is in place for residents and staff. Policies and procedures are available for the management of pandemics and outbreaks, inclusive of influenza and gastroenteritis, and an external consultant is utilised to conduct comprehensive audits and specialist advice as needed. Hand washing facilities, antibacterial hand gels, spills and outbreak kits, are available around the facility to control and contain the spread of infection. A food safety program is in place, regular pest control is conducted, and a contract is in place for the supply and collection of sharps containers. Staff confirmed they are aware of the home's and government, infection control practices and guidelines.

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

Catering, cleaning and laundry services are provided to residents to enhance quality of life. A seasonal menu is in place, with each day's menu displayed, and residents have a choice at each meal of the day. Cleaning is completed on a daily basis, and cleaning and kitchen staff work to a schedule of spot and spring cleaning in residents' rooms, communal and food service areas. Each resident's personal linen is laundered separately, and staff deliver ironed clothing back to resident's apartment's. Residents and representatives provide feedback in relation to hospitality services through meetings and surveys, and regular audits of cleaning are conducted, and any issues raised or identified are actioned. A colour coded system is in place for food preparation and cleaning equipment. Residents reported that the homes hospitality services meet their needs and preferences, and enhances their quality of life.