



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit The Pines Aged Care Facility

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

The Agency has decided that the period of accreditation of The Pines Aged Care Facility is three years until 24 November 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: | The Pines Aged Care Facility | | | | |
| RACS ID: | 7244 | | | | |
| Number of beds: | 78 | Number of high care residents: | 63 | | |
| Special needs group catered for: | Residents with a diagnosis of dementia | | | | |
| Street: | 167 Ponte Veccio Boulevard | | | | |
| City: | ELLENBROOK | State: | WA | Postcode: | 6069 |
| Phone: | 08 9297 9100 | | Facsimile: | 08 9297 9121 | |
| Email address: | fmellenbrook@aegiscare.com.au | | | | |

Approved provider

| | |
|--------------------|-------------------------------|
| Approved provider: | Aegis Aged Care Group Pty Ltd |
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Assessment team

| | |
|-----------------|--------------------------------------|
| Team leader: | Julia Horton |
| Team member: | Karen Malloch |
| Dates of audit: | 1 September 2010 to 2 September 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 |
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| Does comply |
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| Agency findings |
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| Executive summary of assessment team's report | |
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| 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 |
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| Does comply |
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| Agency findings |
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Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

| | |
|--------------|------------------------------|
| Name of home | The Pines Aged Care Facility |
| RACS ID | 7244 |

Executive summary

This is the report of a site audit of The Pines Aged Care Facility 7244 167 Ponte Veccio Boulevard ELLENBROOK WA from 1 September 2010 to 2 September 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 The Pines Aged Care Facility.

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 1 September 2010 to 2 September 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: | Julia Horton |
| Team member: | Karen Malloch |

Approved provider details

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

| | |
|---------------|------------------------------|
| Name of home: | The Pines Aged Care Facility |
| RACS ID: | 7244 |

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|--|--|
| Total number of allocated places: | 78 |
| Number of residents during site audit: | 74 |
| Number of high care residents during site audit: | 63 |
| Special needs catered for: | Residents with a diagnosis of dementia |

| | | | |
|-----------------|-------------------------------|------------|--------------|
| Street: | 167 Ponte Vecchio Boulevard | State: | WA |
| City: | ELLENBROOK | Postcode: | 6069 |
| Phone number: | 08 9297 9100 | Facsimile: | 08 9297 9121 |
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Assessment team's recommendation regarding accreditation

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

Assessment team's recommendations regarding support contacts

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Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

| | Number | | Number |
|------------------------------------|--------|--------------------------------|--------|
| Facility manager | 1 | Occupational therapist | 1 |
| Training and development manager | 1 | Care staff | 8 |
| Manager clinical governance | 1 | Physiotherapy assistant | 1 |
| Clinical resource manager | 1 | Occupational therapy assistant | 3 |
| Clinical nurse manager | 1 | Chef | 1 |
| Group hospitality services manager | 1 | Catering staff | 1 |
| Registered nurse | 1 | Laundry staff | 2 |
| Enrolled nurse | 2 | Cleaning staff | 3 |
| Physiotherapy consultant | 1 | Maintenance staff | 1 |
| Physiotherapist | 1 | Residents/representatives | 18 |

Sampled documents

| | Number | | Number |
|---|--------|------------------------|--------|
| Residents' electronic assessments, and progress notes | 8 | Allied staff contracts | 3 |
| Care plans | 9 | Residents' agreements | 4 |
| Medication charts | 8 | Personnel files | 8 |

Other documents reviewed

- Accidents/incidents and analysis
- Acknowledgement of risk form
- Activity program
- Admission nursing document checklist
- Aromatherapy assessment and massage treatment sheet
- Assessment of resident to self-administer medication
- Audit schedule
- Audits/surveys
- Blood sugar level records
- Bowel charts
- Cleaning schedule
- Clinical indicator data
- Comments/complaints file
- Complementary therapy care plans
- Consent form for aromatherapy and reflexology
- Continuous improvement plan 2010
- Corrective action reports
- Diet analysis and menus
- Dietary notification reports
- Doctors' communication books
- Drinks and snacks list
- Duty statements
- External appointments form
- External contractors' file
- Family conference schedule
- Fire and emergency procedures
- Food and fluid intake charts
- Food safety monitoring records
- Grief management follow-up form
- Handbook for families of residents in palliative phase
- Hazard reports file
- Heat pack signing sheet
- Hospitality staff orientation
- Imprest log
- Induction and orientation program
- Indwelling catheter management chart
- Infection management log
- Information pack for residents and representatives
- Job descriptions
- Maintenance records
- Material safety data sheets
- Medication competencies
- Medication self-administration consent form
- Meeting minutes residents, representatives and staff
- Memoranda file
- Memory book
- Menus
- Newsletters
- Nutritional drinks signing sheet
- Occupational therapy statistics

- Pain patch application history
- Pain record and ongoing evaluation
- Palliative care treatment chart
- Personnel file checklist
- Physiotherapy statistics
- Police clearance file
- Policies and procedures/flowcharts
- Resident cultural and spiritual list
- Resident infection surveillance monthly report analysis
- Residents' handbook
- Restraint assessments and authorisation, and two-monthly reviews
- Restraint trend analysis datasheet
- RN/EN nurse initiated medication list
- Rosters
- Staff allocation book
- Staff handbook
- Staff incident report and review
- Staff training records
- Staff/allied health communication books
- Training calendar 2010
- Vaporising evaluation record chart
- Weekly oxygen checklist
- Weight monitoring records
- Wound assessments and management plans

Observations

- Access to aids to maintain independence
- Activities in progress
- Adaptive crockery and cutlery in use
- Charter of residents' rights and responsibilities displayed
- Dangerous drugs cupboard
- Equipment and supply storage areas
- Fire detection and fighting equipment
- First aid box
- Hairdressing salon
- Hearing loss instructions in resident's room
- Heat pack microwave oven
- INI kit
- Interactions between staff and residents
- Internal and external complaints service, and advocacy information
- Internal and external living environment including garden areas
- Kitchen
- Language interpretation word list in resident's room
- Large clocks
- Laundry
- Leaflets regarding grief and funeral wishes
- Maintenance shed
- Medication administration
- Medication fridge
- Midday meal
- Noticeboards and displayed information for residents/representatives and staff
- Palliative care box
- Personal protective equipment in use

- Physiotherapy equipment
- Poison permit
- Postcard display and map
- Provision of private and quiet spaces
- Reflexologist with resident
- Resident's companion card
- Residents' access to telephones, and call bells
- Residents' general appearance in relation to physical and psychological comfort and wellbeing
- Residents' rooms
- Sensory garden, and raised garden beds
- Sensory room
- Spill kit
- Storage of medications
- Suggestions box
- Water jugs in residents' rooms
- White board with dietary requirements in kitchen

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.

Team's recommendation

Does comply

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

Examples of recent or current improvement activities related to Standard 1 are described below:

- Management identified that the site specific home orientation could be improved. In response, a power point presentation has been developed, and is available for new staff to view. Management reported that the presentation provides consistent and comprehensive information for new staff, and will improve resource management, as the previous orientation was conducted on a one to one basis. This initiative will be implemented at the next staff appointment.
- Following a staff suggestion to improve access to residents' care information, care plans have been placed in residents' rooms. Management and staff reported that information is more accessible, and has improved recording relevant to residents' care. Representatives interviewed reported that they feel better informed about the care provided.
- To improve regulatory compliance, the organisation is upgrading the electronic roster system to include police check, professional registration expiry dates, and mandatory training reminders. Management reported that this will ensure an effective alert system, and prevent staff being rostered on duty without current certification. The organisation's human resource department will monitor the system daily, and provide the home with regular reports. Management also reported that, as an additional security measure, a statutory declaration is now completed by all staff.

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

There are processes in place to ensure the organisation complies with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation receives updates on legislative and regulatory changes from various industry groups, and policies are updated accordingly. The manager is notified of changes, and staff are informed as required via memoranda, letters, notices, and meetings. The home has processes for monitoring professional registrations and police checks on new and existing staff, volunteers and contracted professionals. Residents, representatives, and staff have access to brochures

regarding the complaints investigation scheme. Residents and representatives were informed of the accreditation audit.

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

Established processes are in place to ensure that staff have appropriate knowledge and skills to perform their roles effectively. These include specific recruitment criteria, organisational and on-site orientation/inductions, regular performance appraisals, and an ongoing education and staff development program. Training needs are identified from information gathered during performance appraisals, interviews, results of audits and incident reports, staff and resident meetings, and staff, resident and representative feedback. Staff interviewed demonstrated a sound understanding of their roles and responsibilities in relation to their positions. Residents and representatives interviewed expressed satisfaction that staff are sufficiently knowledgeable and skilled to provide the care they need.

Examples of education and staff development in relation to Standard 1 are listed below:

- Organisational induction
- Electronic care management system.

1.4 Comments and complaints

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

Team's recommendation

Does comply

There are processes in place to ensure that residents and their representatives have access to internal and external complaints mechanisms. These include information provided at the time of moving into the home, in the residents' handbook, and in the signed agreement. Brochures providing information on the external complaints investigation scheme are located at strategic points around the home. A secure suggestions box is available, and the organisation's comment, complaint and suggestions forms are visible throughout the home. Staff are aware of the internal and external complaints procedures, and discussed how they would respond to any complaints. Residents and representatives interviewed reported that they are satisfied they have access to the complaints mechanisms

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home has a documented vision, values and philosophy system that reflects a commitment to quality throughout the organisation. Information is provided to residents and representatives on entry via a resident information brochure, and is displayed throughout the home. Staff are introduced to the organisation's values, vision and philosophy at the time of recruitment and this is reinforced at the corporate induction program, and through the home's policies and procedures.

1.6 Human resource management

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

Team's recommendation

Does comply

There are policy guidelines and processes in place to ensure there are appropriately skilled and qualified staff, sufficient to ensure services are delivered in accordance with the Accreditation Standards, and the home's philosophy and objectives. Monitoring of staffing levels is based on feedback from residents, representatives, staff, and information from accident and incident reports, audit results and changes in resident needs. Staff job descriptions are used to identify suitable skills and employment requirements for all positions. Staff are initially orientated, at both head office and on-site, and are provided training in a range of mandatory subjects. Two yearly performance appraisals are conducted, and processes are in place to identify and manage staff performance. Residents and representatives reported they are satisfied staff have the skills required, and that there are sufficient numbers of staff to meet their needs.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

There are systems and processes in place to ensure adequate stocks of goods and equipment are available for quality service delivery. Procedures to monitor the quality and stock levels of goods and equipment used within the home are established. Designated staff order stocks and supplies, and the team noted that ordering is done systematically, stock items are rotated, and equipment is purchased in consultation with stakeholders. A planned and corrective maintenance program is established for essential equipment, and hazard reporting and workplace safety inspections are undertaken to ensure that all equipment remains operational. Residents, representatives and staff reported satisfaction with the availability and suitability of goods and equipment provided and used.

1.8 Information systems

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

Team's recommendation

Does comply

The home has effective information management systems in place. Policies and procedures guide the use, disclosure, storage, back-up, retrieval, and destruction of information. Staff are educated regarding information management and privacy issues at orientation. Memos, care plans, duty statements, handovers, email, diaries, and meetings are used to ensure that information is communicated effectively. Staff reported, they have access to sufficient information to guide their work in delivering care and services to residents. Residents and representatives interviewed expressed satisfaction with the range of information available to them at the home.

1.9 External services

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

Team's recommendation

Does comply

There are systems in place to ensure all externally sourced services are provided to meet the needs of the home and quality service levels. The corporate office manages most contracts with approved suppliers and contractors. Service agreements are in place that describe the responsibilities of the relevant parties, insurance arrangements, police clearance and qualifications where appropriate. The contracts are reviewed on a regular basis, and feedback is obtained from the home regarding service performance. Management, staff, residents and representatives are satisfied with the quality of services from external service providers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

Refer to expected outcome 1.1 Continuous improvement for an overview of the home's continuous improvement systems.

Examples of recent or current improvement activities related to Standard 2 are described below.

- The organisation has introduced a nutritional project to standardise nutrition management across all homes. A nutritional screening tool has been implemented, residents' weights are monitored to identify residents at risk, and relevant staff have completed a competency in thickening fluids. Residents who receive textured modified food and fluids have access to a choice of snack at morning and afternoon tea, and these include pudding and puree cakes. The kitchen has systems in place to ensure dietary information of residents is current. Management and staff reported that residents' nutrition is managed effectively, and representatives interviewed reported that the home manages nutrition well, and provides a variety of snacks for residents requiring vitamised diets
- To improve residents' oral and dental care, the home has accessed training through the 'Better oral health in residential care' project, and a program of staff training is planned for October 2010.

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

All registered nursing staff and allied health care professionals are registered with the appropriate bodies. Medications are stored and administered in accordance with relevant guidelines. The home monitors any changes in legislation and alerts the staff through meetings or memoranda. All residents are provided with care, delivery of services, and goods and equipment in accordance with legislative requirements.

2.3 Education and staff development

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

Team’s recommendation

Does comply

See expected outcome 1.3 Education and staff development for an overview of the education and staff development system.

Examples of education and training provided relevant to Standard 2 are listed below:

- Palliative care
- Pressure care
- Pain management
- Behaviours of concern
- Dysphagia management
- Continence management.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has effective systems and processes in place to ensure each resident receives appropriate clinical care, according to their needs and preferences. On entry to the home, a care needs plan for residents is implemented to guide staff in the delivery of care. After a settling-in period, residents’ clinical needs are assessed using a range of functional assessments, observation charts and risk assessments over six to eight weeks, and a full care plan is developed that is reviewed six monthly, or sooner if required. Registered nurses oversee care plan review that is conducted in consultation with residents, representatives, and health professionals, and family conferences are offered annually. Staff receive information about changes in care needs via handover on the electronic care management system, and communication books. A system of audits, surveys, and data analyses enables management to monitor and evaluate the effectiveness of the home’s clinical care processes. Staff interviewed reported that they follow care plans and provide care appropriate to their qualifications. Residents and representatives advised that they are satisfied with the care they receive, and that it is appropriate to their needs and preferences.

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

Registered nursing staff are responsible for assessment, care planning and ongoing management of residents’ specialised nursing care needs such as diabetes management, catheter care, oxygen therapy, pain, and wound care. Care plans for residents with specialised nursing care needs are developed in consultation with residents, representatives,

medical practitioners, allied health professionals, and specialist advisors. Registered nursing staff oversee all clinical care in the home and there are registered nurses available at all times. Staff practices are monitored via observation and auditing, and those interviewed demonstrated an appropriate understanding of the delivery of specialised nursing care needs. Residents and representatives reported that they receive specialised nursing care according to their needs and preferences.

2.6 Other health and related services

This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.

Team’s recommendation

Does comply

Residents’ needs and preferences regarding referral to appropriate health specialists are established through initial assessments and thereafter, through an ongoing process of care planning and review that is conducted in consultation with residents and representatives. The physiotherapist and occupational therapist complete assessments and formulate care plans for each resident that are reviewed on an ongoing basis. The podiatrist, reflexologist, aromatherapist, and audiologist visit the home routinely, and residents are referred to health specialists such as dietician, speech pathologist, wound care specialist, continence advisor, mental health team, dentist, dermatologist, and Parkinson’s nurse. Following review by a health specialist, relevant information is transferred to residents’ care plans, and staff are notified of any changes in care needs. Residents and representatives interviewed stated that they are referred to appropriate specialists as needed and preferred.

2.7 Medication management

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

Team’s recommendation

Does comply

Residents’ medication needs and preferences are identified on entry to the home, in consultation with medical practitioners and residents and representatives. A medication profile including photographic identification, information on allergies and method of administration is produced. Medications are administered by nursing staff and care staff deemed competent by a registered nurse, via a multi dose sachet pack system. An imprest supply is available, there is a list of medication that registered nurses can initiate, all medication is stored appropriately, and unused or out-of-date medications are returned to the pharmacy. Medication management monitoring includes audits, incident reporting and analysis, medication advisory committee meetings and regular review of residents’ medications by the medical practitioner and pharmacist. Medication incidents are recorded and trended monthly, and used to monitor processes. Residents and representatives interviewed reported that medication is managed safely and correctly.

2.8 Pain management

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

Team’s recommendation

Does comply

Nursing staff assess all residents on entry to the home and on an ongoing basis for signs of pain, source, location, intensity, non-verbal indicators, precipitating, and relieving factors. Pain is managed in consultation with residents and representatives, medical practitioners and allied health professionals. Pain records are kept in the medication files, and registered nurses have time allocated specifically for pain management including massage, heat packs,

and pain cream. Other non-pharmacological interventions that are used include exercise, aromatherapy, repositioning, and specialised equipment such as mattresses and cushions. Pain audits enable management to monitor the effectiveness of its pain management system. Staff have had training in pain management, and they described how to identify pain and appropriate action to take. Residents and representatives advised that they are satisfied with the way in which residents' pain is managed.

2.9 Palliative care

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

Team's recommendation

Does comply

On entry to the home, residents and representatives have the opportunity to discuss and complete a terminal wishes form, and this is reviewed at the annual family conferences. When a resident enters the palliative phase, families are given a handbook of relevant information, and a care conference is held to discuss pain management, food and fluid, physical, emotional, spiritual and cultural support needs. A palliative care plan is developed that guides staff in areas of care such as pain management, alternative comfort strategies, repositioning, oral and skin care, and nutrition and hydration. Families are encouraged to visit, and they are able to stay overnight if they wish. A palliative care box is available that contains soothing music, and aromatherapy products. Staff have received training in palliative care, and those interviewed displayed knowledge and sensitivity about palliative care processes. Residents and representatives reported that the home's practices maintain the comfort and dignity of terminally ill residents.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Residents' dietary requirements, preferences, allergies and special needs are identified and recorded on entry to the home, and this information is provided to the kitchen. Residents are weighed monthly, and the clinical nurse manager monitors these. Significant weight losses, and changes in residents' ability to eat and drink are acted on accordingly, and referrals made, as necessary, to medical practitioner, dietician, and speech pathologist, and food supplements or modified diets implemented as directed. Residents are assisted with meals and fluids, and special eating utensils supplied as necessary. Staff have received training in the management of swallowing difficulties and mixing thickened fluids. Residents and representatives interviewed reported satisfaction with the home's approach to meeting residents' nutrition, hydration and associated support needs.

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 assessed on entry to the home, and reflected in a care plan that directs staff practice. Contributing factors that may present a risk to skin integrity are identified and addressed in the care plan. Skin integrity is supported by adequate hydration, nutritional supplements, gel wash, emollients, routine pressure care, limb protectors,

pressure relieving aids, and correct manual handling techniques. Processes are in place for the identification, reporting and management of skin tears and wound, and pressure incidents including consultation with residents, representatives, medical practitioners, physiotherapist, occupational therapist and external wound care specialist, and dermatologist if required. A podiatrist and hairdresser visit the home regularly, and care staff attend to residents' fingernails. Staff have attended wound care training, and staff practice is monitored via review and analysis of incidents' reports. Residents and representatives expressed satisfaction with the care provided in relation to residents' skin integrity.

2.12 Continence management

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

Team's recommendation

Does comply

Residents' continence needs and preferences are established on entry to the home, and a care plan is developed, and reviewed six-monthly, or sooner if necessary. A range of continence management practices are used that include the use of continence aids, scheduled toileting, fibre supplements, use of suppositories, monitoring of medication, and food and fluids. Urinary tract infections are identified and treated, and when required preventive strategies are implemented. Staff have received training in continence care, and they reported that there is enough stock of continence aids. Residents and representatives advised that residents' continence needs are met.

2.13 Behavioural management

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

Team's recommendation

Does comply

On entry to the home, behaviours of concern are identified, and care plans implemented that outline the identified behaviours and strategies to address them. Where the need for restraint is identified, appropriate documentation and monitoring is completed in consultation with representatives, and medical practitioners. External mental health specialists are accessed as necessary. Staff receive training in behaviours of concern, and those interviewed reported appropriate methods for managing residents with challenging behaviours. Residents and representatives reported satisfaction with the home's approach to managing challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all residents".

Team's recommendation

Does comply

There is a system in place to ensure optimum levels of mobility and dexterity are achieved for all residents. The physiotherapist and occupational therapist assess residents on entry to the home, and develop care plans and suggest appropriate mobility and independent living aids, in consultation with residents and representatives. Registered nurses conduct falls risk assessments, and the physiotherapist is notified of any falls and follows these up as necessary. Re-assessments occur routinely, or in response to changes in residents' status. The team observed a variety of physiotherapy equipment, and the therapy team deliver group and individual therapy programs including walking, standing rail and pedal exercises, and spa therapy. The physiotherapist and occupational therapist keep records of attendance

to monitor the effectiveness of their programs. Residents and representatives expressed satisfaction with the home's approach to optimising residents' 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 health status is assessed on entry to the home, and this is documented on residents' care plans which are reviewed six-monthly, or sooner if residents' needs change. Oral hygiene needs, preferences and level of assistance required are included in care plans. Residents are assisted to access dental care providers as required in consultation with residents and representatives. Staff stated that they have received training in oral and dental care, and confirmed they assist residents with oral hygiene on a daily basis. Residents and representatives reported satisfaction with the home's approach to managing residents' oral and dental care.

2.16 Sensory loss

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

Team's recommendation

Does comply

Sensory losses are assessed on entry to the home, and on an ongoing basis in response to staff feedback and observation of sensory issues, and are documented in residents' care plans. Resources are available such as large print books, talking books, large clocks, a sensory garden, and a sensory room that includes music, fibre optic and coloured lighting, and pictures in motion. Olfactory and gustatory stimulation includes cooking activities, and a taste and smell kit. Residents are offered massages and have access to an aromatherapist and reflexologist. Hearing and vision services are accessed as required. Staff assist residents to use and maintain their assistive devices. Residents and representatives stated that they are satisfied with the home's approach to managing residents' sensory losses.

2.17 Sleep

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

Team's recommendation

Does comply

Sleep assessments are conducted on entry to the home, and residents' preferred sleep patterns are documented on residents' care plans. These are reviewed six-monthly or sooner if sleep disturbances are identified. Residents are referred to medical practitioner and a sleep clinic, if necessary, and pharmacological and non-pharmacological interventions such as heat packs, massage, warm drinks, snacks, television, and reassurance are utilised to aid sleep, in consultation with residents and representatives. The environment is monitored for appropriate lighting, noise levels and temperature. Staff reported that they are sensitive to residents' sleep habits. Residents and representatives advised that residents are able to achieve natural sleep patterns.

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

Refer to expected outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement systems.

Examples of recent or current improvement activities related to Standard 3 are described below.

- The organisation has identified the need to provide additional support to therapy staff across all homes. Following consultation and review, a therapy services consultant has been appointed. This role provides governance to therapy staff, and will establish a standardised approach to therapy services.
- Following a suggestion from staff, the home has joined an on-line communication project. Membership allows residents to send and receive postcards around the world. A colourful world map has been purchased, and pins are used to identify countries the home has received post cards from. Management and staff reported that residents enjoy sending and receiving post cards, and that it provides the opportunity to communicate with people around the world.
- Staff identified that, from across the lounge, residents were unable to see the time on the clocks, or the dates displayed on the board. In response, the home has purchased large clocks that display the date and days. Residents reported that they are able to see the time more clearly.

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

The home has processes and systems in place to identify and ensure that the home has ongoing regulatory compliance in relation to residents’ lifestyle. The home offers each resident an agreement that outlines fees and tenure arrangements. The charter of residents’ rights and responsibilities is included in the residents’ handbook, and displayed in the home. Compulsory reporting of unexplained absence, and reporting of assaults procedures are in place to ensure residents are protected, and education records viewed showed that staff receive appropriate training. Residents and representatives interviewed confirmed residents receive care and services appropriate to their required level of residential care.

3.3 Education and staff development

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

Team’s recommendation

Does comply

See expected outcome 1.3 Education and staff development for an overview of the education and staff development system.

Examples of education and training provided relevant to Standard 3 are listed below.

- Reportable assaults
- Grief and loss
- Dementia care essentials

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

Prior to entry to the home, residents and representatives are provided with information about the admission process and about the services on offer. On entry to the home, residents are oriented to the home, introduced to staff and other residents, and encouraged to personalise their rooms. After a settling in period, assessments are conducted to identify residents' emotional needs. Staff provide extra support for new residents to help them through the transition process, and care staff report any changes in residents' emotional states on an ongoing basis to registered nurses. Families and friends are encouraged to visit, and a chaplain and social worker can be accessed if needed. Residents and representatives confirmed that the support provided by the home is appropriate and effective in meeting residents' needs and preferences.

3.5 Independence

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

Team's recommendation

Does comply

The home has processes in place to ensure regular assessment of residents' needs in achieving maximum independence, and participation in the life of the community within and outside the home. Families, friends, volunteers, local children and entertainers are encouraged to visit and participate in the home's social activities. Residents are assisted to access taxis, the companion card scheme, and to participate in the life of the community outside the home such as going on bus outings, and joining in the retirement village activities. Assistive devices for mobility, meals, communication and toileting are available, and residents can opt to have a phone installed in their rooms, and can vote via a mobile polling booth. Staff described strategies to maintain residents' independence in all aspects of their lives within residents' limitations. Residents and representatives stated that they are satisfied with the home's approach to maximising residents' independence according to residents' 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

Staff receive training at orientation about maintaining privacy, and they sign confidentiality agreements. Resident information to assist with the delivery of care is securely stored. Quiet

indoor and outdoor areas are available for residents to meet with family and visitors. Staff described ways to promote residents' privacy and dignity such as knocking and waiting for an answer before entering rooms, addressing residents by their preferred names, and ensuring doors are closed, or curtains pulled when delivering personal care. Staff stated that they have sufficient time to complete daily activities, and avoid rushing residents. Residents reported that they have adequate personal space, staff avoid rushing them, and their privacy, dignity and confidentiality are 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

There are systems in place to encourage and support residents to participate in a wide range of leisure activities of interest to them. On entry to the home, assessments are conducted to identify residents' past and current interests. This information, as well as feedback from residents via meetings and surveys is used to develop the activity program that includes painting, bingo, quizzes, knitting, cooking, exercise, barbecues, ladies' and men's groups, coffee shop, and bus trips. Attendance is recorded to monitor participation in activities and to identify residents who are at risk of isolation. Staff reported that the activities program is appropriate to residents' needs. Residents and representatives advised that residents are supported to participate in activities and interests appropriate to their needs and preferences.

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, cultural and ethnic backgrounds are identified on entry to the home, and communicated to staff via care plans. The home has regular Anglican and Catholic church services, and residents who wish to access representatives of other denominations are assisted to do so. Religious days of significance are observed and celebrated such as Christmas and Easter, and there are themed days to celebrate different cultures where corresponding food and activities are provided. Information is available to assist staff in caring for residents from a range of cultures, and language cards are used for residents whose first language is not English. Support from cultural community associations and interpreters can be accessed. Residents and representatives stated that they are satisfied the home values and fosters individual residents' interests, customs, beliefs and ethnic 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

There are systems in place to ensure residents and representatives can participate in decisions about the services they receive, and can exercise choice and control over their lifestyle without infringing on the rights of others. Resident and representative input is sought during care planning and on an ongoing basis, and residents have a choice of doctor, decide

the times that they wish to attend to their activities of daily living, choice at meal times, and regarding the activities they wish to attend. Internal and external complaints mechanisms, resident and representative meetings, and annual family conferences give residents and representatives the opportunity to voice their opinions. Staff interviewed reported that resident choice and right to refuse is respected. Residents and representatives confirmed that they are able to exercise choice and control over the care residents receive, and that other residents' choices do not infringe upon them.

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 has systems in place to ensure residents have security of tenure, and understand their rights and responsibilities within the home. Residents and representatives have the opportunity to undertake a tour of the building, and discuss their individual requirements from the service prior to entry. Information provided to all new residents and representatives includes the resident agreement and handbook, that details services provided, information on the home's values, vision and philosophy, residents' rights and responsibilities, and financial arrangements. Room changes are carried out with agreement from all parties. Residents and representatives interviewed are satisfied with the manner in that the home manages security of tenure.

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

Refer to expected outcome 1.1 Continuous improvement for an overview of the home's continuous improvement systems.

Examples of recent or current improvement activities related to Standard 4 are described below.

- To improve infection control management, all residents who require a hoist have been provided with individual cradle slings. Staff reported that these are readily accessible and reduce the risk of cross infection.
- To improve staff awareness of hand hygiene, a hand washing education session was carried out in July 2010, and a glow lamp was used to demonstrate effective hand washing techniques. Staff interviewed reported that the session was very informative and has increased awareness about good hand hygiene.
- To ensure the safety of residents identified at high risk when smoking, vests have been purchased for residents to wear when having a cigarette. Management reported that this has reduced the risk of burns to residents.

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 to identify and ensure that the home has ongoing regulatory compliance in relation to the physical environment and safe systems. Food safety, occupational health and safety, fire safety, chemical storage, and the living environment are regularly audited internally and by statutory bodies. Changes to regulations relevant to this are communicated to staff through meetings and memoranda, and policies and procedures are amended accordingly. Staff, residents, representatives and stakeholders are formally notified of regulatory changes.

4.3 Education and staff development

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

Team's recommendation

Does comply

See expected outcome 1.3 Education and staff development for an overview of the education and staff development system.

Examples of education and training provided relevant to Standard 4 are listed below.

- Manual handling
- Fire and emergency
- Infection control
- Food safety
- Occupational safety and health staff resource training.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".

Team's recommendation

Does comply

There are systems in place that demonstrate that management is actively working to provide a safe and comfortable environment to meet residents' needs. Residents are accommodated in rooms with en-suite facilities, and are encouraged to bring in personal belongings and mementos on entry. All residents have access to garden areas and courtyards. Call bells are accessible in residents' rooms, and handrails are installed in corridors. A comfortable ambient temperature is maintained. Environmental audits are conducted to identify and eliminate hazards, and there is a system in place for corrective and preventative maintenance of the building and equipment. Residents and their representatives advised that they are satisfied with the safety and comfort of the living environment.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's recommendation

Does comply

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

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has procedures in place for detecting and acting on fire, security and other emergency risks. The home's fire detection, security, emergency procedures and plans are documented and accessible to staff, residents and visitors. All staff reported they attend mandatory training, and are aware of their responsibilities in the event of a fire or emergency situation. Approved professionals carry out regular inspections of the home's fire equipment. A list containing the current residents' transfer needs is located centrally for staff reference in the case of an emergency. Procedures are in place to secure the home in the evenings, and staff carry duress alarms. Residents and representatives reported that residents are 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 a system in place for identifying, managing and minimising infections. There are infection control policies and procedures to guide staff, and internal audits are conducted to identify gaps and opportunities to improve. Staff are provided with infection control education, and staff practices are monitored. Resident infections are collated and strategies are implemented when trends are identified. There is a staff and resident vaccination program in place. The home has appropriate waste disposal and pest control systems in place. Staff interviewed by the team demonstrated an understanding of infection control procedures, and residents and representatives reported satisfaction with the actions taken by staff to minimise infections.

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

There are documented procedures and guidelines for catering, cleaning and laundry services in place to ensure services are provided in a way that enhances residents' quality of life. A four week rotating menu is provided that has been reviewed by a dietician. All meals are prepared and cooked in the home's main kitchen, and systems are in place to ensure residents' dietary preferences and dislikes are assessed on entry, and reviewed on an ongoing basis. Food storage and serving temperatures are monitored. Cleaning staff use colour-coded equipment and follow documented cleaning schedules. Laundering of linen is undertaken off-site, and there is a system of tracking lost clothing. There is provision for residents and representatives who wish to launder their own clothes. Residents and representatives reported that they are satisfied with the catering, cleaning and laundry services provided at the home.