



Aged Care

Standards and Accreditation Agency Ltd

Decision to Accredite Woodend Community Aged Care

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

The Agency has decided that the period of accreditation of Woodend Community Aged Care is 3 years until 6 July 2012.

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

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

The Agency will undertake support contacts to monitor 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:	Woodend Community Aged Care		
RACS ID:	4184		
Number of beds:	80	Number of high care residents:	62
Special needs group catered for:	<ul style="list-style-type: none">Residents living with dementia		

Street/PO Box:	2 Sullivans Road				
City:	Woodend	State:	Victoria	Postcode:	3442
Phone:	03 5422 1950		Facsimile:	03 5422 6617	
Email address:	scroft@croft.com.au				

Approved provider

Approved provider:	Innisfree Aged & Community Care Pty Ltd
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Assessment team

Team leader:	Liz Sweeney
Team member/s:	Lorraine Davis
	Matt Doyle
Date/s of audit:	31 March 2009 to 1 April 2009

Executive summary of assessment team's report	
Standard 1: Management systems, staffing and organisational development	
Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
Standard 2: Health and personal care	
Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

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

Accreditation decision

Agency findings
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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	Woodend Community Aged Care
RACS ID	4184

Executive summary

This is the report of a site audit of Woodend Community Aged Care, RAC 4184, 2 Sullivans Road, Woodend, Victoria from 31 March 2009 to 1 April 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Woodend Community Aged Care.

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 2 unannounced support contacts 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 31 March 2009 to 01 April 2009

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

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

Assessment team

Team leader:	Liz Sweeney
Team members:	Lorraine Davis
	Matt Doyle

Approved provider details

Approved provider:	Innisfree Aged & Community Care Pty Ltd
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Details of home

Name of home:	Woodend Community Aged Care
RACS ID:	4184

Total number of allocated places:	80
Number of residents during site audit:	79
Number of high care residents during site audit:	62
Special need catered for:	Residents living with dementia

Street:	2 Sullivans Road	State:	Victoria
City:	Woodend	Postcode:	3442
Phone number:	03 5422 1950	Facsimile:	03 5422 6617
E-mail address:	scroft@croft.com.au		

Assessment team's recommendation regarding accreditation

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The assessment team recommends the period of accreditation be 3 years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least two 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
Approved provider	1	Residents/relatives	15
Quality managers	2	Physiotherapist	1
Home's facility manager	1	Lifestyle team leader	1
Facility manager (observer)	1	Lifestyle staff	3
Registered nurses division one	3	Cook-team leader	1
Health, safety, risk officer	1	Catering staff	1
Care staff	2	Laundry staff	1
Administration assistant	1	Cleaning staff	2

Sampled documents

	Number		Number
Residents computerised files	12	External contracts/agreements	12
Computerised and hard copy care plans	12	Personnel files	10

Other documents reviewed

The team also reviewed:

- Action plans and action plan register
- Activity preference report
- Approved supplier list
- April 2009 laundry cleaning schedule
- Asset register
- Behaviour management policy
- Care staff guidelines folder
- Certification assessment instrument

- Change of diet form
- Communication book
- Contracts of employment
- Cook and food assistant manual
- Cooling log
- Domestic guidelines
- Duty statements
- Emergency procedures documentation
- Environmental inspection
- Environmental inspection audits
- Essential service annual report
- External audits
- External courses form
- Fire and building certification
- Fire and emergency evacuation manual
- Fire equipment testing records
- Focus group folders including schedules for 2009
- Focus team meeting minutes
- Food and refrigerator, freezer temperature check records
- Food certificate
- Food safety folder and food safety registrations, audits and register
- Food safety manual
- Food safety plan
- Handover sheet
- Hazard alert forms and hazard log
- Improvement forms
- Independent food audit
- Internal assessment schedule
- Italian books
- Job descriptions
- Kitchen cleaning schedule
- Lifestyle manual
- Maintenance action plan
- Maintenance request logs
- Managers quality activities folder
- Mandatory reporting folder
- Material safety data sheets
- Medication charts
- Memorandums
- Menu
- Minutes of meetings
- Monthly activities plan
- Monthly education calendar
- Monthly maintenance report
- Newsletter
- Orientation folder
- Police certificate register
- Policies and procedures
- Policy manuals
- Position descriptions
- Pre admission procedures

- Preventative maintenance schedule 2009
- Recipes
- Resident admission policy
- Resident agreements
- Resident birthday and religious visitors lists
- Resident care information package
- Resident electronic management database
- Resident evacuation list
- Resident handbook
- Resident menu lists folder
- Resident social interests and activities
- Residents continence management information cards
- Risk assessments
- Rosters
- Safe environment manual
- Special project action plan
- Spiritual and cultural needs report
- Staff appraisal schedule 2009
- Staff appraisals
- Staff development folder 2009
- Staff handbook and staff package
- Staff memo's folder
- Testing/tagging books
- Training needs analysis
- Vision and mission statement
- Weight charts

Observations

The team observed the following:

- Activities in progress
- Administration and storage of medications
- Charter of residents rights and responsibilities posters
- Chemical storage area
- Cleaning in progress
- Comments and complaints box
- Companion animals
- Equipment and supply storage areas
- Equipment and supply storage areas
- Equipment and supply storage areas
- Hand washing facilities
- Interactions between staff and residents
- Internal and external complaint mechanism brochures
- Internal and external living environment
- Kitchen and food storage areas
- Maintenance office and storage area
- Noticeboards and whiteboards
- Oxygen storage
- Resident communal computer
- Resident libraries
- Secure archive room

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

Woodend Community Aged Care demonstrates that they actively pursue continuous improvement opportunities through the implementation of a comprehensive quality activities system. Various meetings, focus groups, internal and external assessments, audits, comments and complaints, improvement forms and surveys are utilised to identify areas of improvement. Action plans and special project action plans are maintained to document quality activities with results and evaluations discussed at the various meetings held in the home. Staff said they are informed of the continuous improvement improvements that occur.

Recent continuous improvement activities in relation to standard one are;

- Four team focus groups have been implemented that correlate with the four standards. All staff is a member of one of the focus groups. Focus groups are responsible for all quality activities relating to their standard which includes internal assessments and review of policies and procedures.
- An action plan register has been implemented for each team focus group.
- Felt display boards have been installed in each household enabling resident’s access to relevant information of meeting schedules and other events.
- Recruitment processes were changed to include representation on the interview panel by one of the home’s residents.
- Position descriptions have been reviewed and all staff has been provided with a copy. Duty statements and copies of position descriptions are available for staff reference in the guidelines folder in each households nurse station.
- Copies of all focus group and household meeting minutes are available for reference at each nurse station.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems to identify and ensure compliance with relevant legislation, regulatory compliance requirements, professional standards and guidelines. Management receives updates from relevant peak bodies and legislation update services through subscription services. Policies and procedures are updated as appropriate and changes communicated to staff through memorandums and meetings. Staff are provided with further information through the orientation program and information packages that includes an explanation of the home’s policies and procedures and refers to mandatory training to meet legislative requirements. An effective system is in place to ensure that all staff have a current police

check and reference on file. Information regarding regulatory compliance is located on site and is readily accessible to staff.

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

Training needs for staff are identified from a conducted training needs analyses, staff appraisals, and policy and procedure changes and through the continuous improvement system. An education planner has been developed and education attendance records show staff attend compulsory education and training. Individual records of staff attendance at training sessions are maintained by management. Some staff has commenced certificate IV training and assessment education to enable them to educate fellow staff members. Staff said training occurs, with resource material also available. Opportunities for support from management to attend external training are observed to be available to staff.

Recent education has included;

- New computerised documentation system
- Risks and hazards
- Management have attended continuous improvement education

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

Information regarding external and internal complaints mechanisms is included in resident's handbooks, resident agreements, staff handbooks and is discussed with residents and their representatives on entry to the home. Comments, compliments and complaints forms and brochures relevant to internal and external systems are on display in the foyer of the building and throughout the home. Residents, their representatives and staff are encouraged to make comments or complaints through improvement forms, meetings or directly to management and a secure suggestion box is available. Each complaint or suggestion is documented, monitored, reviewed and actioned on a regular basis. Residents, representatives and staff are aware of the home's complaint mechanisms and state they feel comfortable raising any concerns with management.

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 and organisation's statement of mission, vision, values and philosophy of care are documented throughout the service. The planning and leadership statements are displayed in prominent locations within the home and organisation and are conveyed to residents and

their families and friends through information brochures and handbooks, one to one contact on entry to the home and ongoing and through meetings. Staff are informed about planning and leadership, including the home's values of 'integrity, privacy and dignity', at orientation and ongoing.

1.6 Human resource management

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

Team's recommendation

Does comply

The home has systems and processes in place for the recruitment, orientation and ongoing monitoring of staff practices. Appropriately skilled and qualified staff are employed at the home to meet resident care needs and services. Position descriptions reflect current duties and form the basis of the selection process to ensure that staff are employed on the basis of skills and experience required for a particular role. Staff appraisals are conducted at the end of the probation period and annually thereafter. Staff confirmed they are provided with extensive orientation and residents interviewed by the team were complimentary about the level of care that staff delivers to them.

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

Woodend Community Aged Care has an effective system for maintaining stocks of goods and equipment that support quality service delivery. Equipment is trialled prior to purchase and added to an assets register to monitor and maintain. Preventative maintenance is planned annually and corrective maintenance records show that requests are handled promptly. Each department is responsible for its own stock levels and ordering, with management monitoring overall budget control. Changes in resident care requirements prompt review of equipment or supplies. Staff are encouraged to submit improvement forms if they see a need for supplies or equipment. Staff and residents confirmed their satisfaction with the availability and quality of equipment available.

1.8 Information systems

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

Team's recommendation

Does comply

Documentation systems are in place to make sure that confidentiality and security is maintained. Computers are networked and controlled by passwords; access is restricted only to areas relevant to staff roles. Computer data is regularly backed up and stored in a fire resistant area. Care plan documentation is current and handovers between shifts is used by staff to keep each other informed of each resident's current needs. Personnel and resident financial files are securely stored with restricted access. There is a separate archive room that is well maintained and disposal of documentation occurs appropriately. Systems are in place to enable staff to remain informed and current with the home's operations including

memorandums, meeting minutes, handover notes, communication diaries, noticeboards and guidelines. Staff confirmed they are informed in changes of processes.

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

External contractors and services are identified and sourced to ensure that they meet the requirements of the home and have appropriate qualifications and registrations. The home has established contracts or service agreements with external providers, specifying the home's needs including regulatory requirements and specific services required. External providers are orientated to the home, provided with information related to the home and management monitors service performance. Contractors are required to provide necessary police check records. All external service providers are reviewed on an annual basis and management could demonstrate where changes had been made following evaluations that resulted in improved services and resident satisfaction. Residents and staff reported satisfaction with the services provided by the home's current contractors

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The health care focus group drives the continuous improvement systems relating to health and personal care. Scheduled internal assessments and monthly data analysis reporting provides the opportunity to identify areas for improvement in conjunction with the comments and complaints system and household meetings. Continuous improvement activities are evaluated and feedback is provided through the various meeting processes. Staff said they are informed of the continuous improvement improvements that occur.

The following continuous improvements have been achieved in relation to standard two;

- A palliative care box has been set up that contains aromatherapy, lip balms, bed wash equipment, music, touch lamp and is maintained in the medication room for access as required.
- Snack jars, review of menu and availability of night snacks in the special needs wing has resulted in anecdotal evidence of resident increased natural sleep patterns, weight increase and reduction of wandering behaviours.
- A hydration program was introduced that involved increased availability and encouragement of fluid intake resulting in a reduction of infections in the warmer weather.
- There has been a marked reduction of medication incidents since the introduction of the registered nurse division two medication endorsed shifts in each household. This has been attributed to the reduction of interruptions during a medication round.
- A staff member with appropriate skills has been appointed as the dental link nurse and has undertaken oral and dental assessments of all residents.
- A falls focus group has been implemented resulting in individual analysis and actions for residents who are at risk of falling.

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

The home has systems to identify and ensure compliance with relevant legislation, regulatory compliance requirements, professional standards and guidelines. Management receives updates from relevant peak bodies and legislation update services through subscription. Changes to health and personal care standards and guidelines are communicated to staff through memorandums and meetings. Registered nurses are annually required to produce evidence of their continuing registration and during the orientation process staff receive information on professional clinical guidelines that define their role and responsibilities. Drugs of dependence and other medication are properly stored and administered. Certification of allied health personnel is also reviewed.

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

The home organises education and training in response to needs identified through mechanisms including; observations of staff practise, resident diagnosis and regulatory compliance. Staff skills and knowledge are monitored through competencies, observations and audits. Training provided includes, group sessions, one on one education and the distribution of educational materials. Staff said they are notified of training sessions through and including; flyers, the education planner and attachments to payslips. The team observed education resources available for staff use.

Recent education has included;

- Contenance management
- Pain management
- Grazby pump education

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has a system in place that ensures residents receive clinical care, which is appropriate to their needs and preferences. On entry to the home residents’ are orientated to the home, assessment data collected and interim care plans are established. Care plans are completed by a division one registered nurse. Care plans are reviewed monthly with a formal evaluation occurring at least three monthly. Residents’ medical officers and care staff are notified of changes to a residents care needs via the database progress notes, the handover sheet, communication books and shift handover. The Staff interviewed were aware of their roles and responsibilities in regard to assessments and care planning. Residents/relatives confirmed satisfaction with the care being provided.

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

As per their needs and preferences residents specialised nursing care needs are identified, assessed, met and reviewed by appropriately qualified nursing staff. Residents’ weights, vital signs, blood sugar levels and wound care are documented and monitored via an electronic database. Daily monitoring of vital signs and blood sugar levels are documented in the appropriate folder. Each unit in the home has a wound trolley and wounds are attended daily, as per the required needs of the resident. Indwelling catheter care is well managed by nursing staff and consultations with general practitioners occur. The team spoke with residents who confirm the appropriateness of their specialised nursing care, which they receive according to their needs and preferences.

2.6 Other health and related services

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

Team’s recommendation

Does comply

Residents are referred to appropriate health specialists in accordance with residents assessed needs and preferences. Resident referrals to specialists are assessed during initial entry to the home and ongoing care plan reviews. Residents have access to the following specialists including; physiotherapist, podiatrist, and dietician are available on a regular basis. A review of residents’ files shows referrals to physiotherapist, podiatrist and other health specialists do occur appropriately. Information regarding resident referrals is communicated to the care staff via a communication book, progress notes, handover sheet and shift handover. Residents who spoke with the team confirm that they are referred to appropriate specialist as per assessed needs and preferences.

2.7 Medication management

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

Team’s recommendation

Does comply

Residents’ medication is being managed safely and correctly. Medications are pre-packaged in a dose administration aid with the resident’s details and medication information listed on the pack. Medicines are administered by a registered nurse division one or endorsed division two registered nurses. Medication charts show clearly an up to date resident’s photo and identification details. Residents who wish to self administer their own medications undergo a medication administration assessment which determines their ability to do so safely. Residents confirmed their medication needs are being met with effectively.

2.8 Pain management

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

Team’s recommendation

Does comply

Residents’ pain management care needs are assessed on entry in consultation with the resident, their representative and general practitioner. A pain management care plan includes medication and alternative pain management strategies. Strategies aim to maximise a resident’s comfort and quality of life. Care plans are reviewed as appropriate and evaluated three monthly for its effectiveness. Medication management includes providing break through pain and longer acting analgesia. Residents interviewed by the team referred to their pain as being managed effectively.

2.9 Palliative care

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

Team’s recommendation

Does comply

The home has a system for assessing and managing the comfort and dignity of terminally ill residents. A holistic multidisciplinary approach is taken with assessing and developing care plans for residents requiring palliative care. Care plan reviews are conducted monthly or as required, in conjunction with the resident, their representative and general practitioner. Care focuses on the resident’s needs and preferences with a view to maintaining their comfort and dignity, while respecting residents’ choices. Medication management, alternative therapies, referral to palliative care services, pastoral care and counselling services are offered to residents and as appropriate these services are offered to families. The home has appropriate equipment to assist in providing comfort and care to terminally ill residents.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

The home has systems in place to ensure residents’ receive adequate nourishment and hydration. Residents’ dietary requirements, likes and dislikes, allergies, assistance required with meals and hydration requirements are assessed on entry to the home and documented in care plans. Residents are referred to a speech pathologist or dietician as identified during the assessment process and on an ongoing basis. Kitchen staff confirm that resident’s dietary requirements or changes is communicated to the kitchen. Residents are generally weighed monthly. The team observed care staff encouraging and assisting residents with their meals. Residents are satisfied their nutritional and hydration needs are met.

2.11 Skin care

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

Team’s recommendation

Does comply

Skin assessments are completed in consultation with the resident/representative on entry to the home and as changes in care are identified. Care plans include strategies and interventions for maintaining residents’ skin integrity and for preventing pressure ulcers. Changes to a resident’s skin condition is identified through regular care staff observation and is referred to the general practitioners for advice. Wounds are documented and management strategies show ongoing assessment occurring. The home has access to skin specialists and has pressure relieving equipment available for all residents. Residents/relatives confirmed that skin care needs are being met appropriately.

2.12 Contenance management

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

Team’s recommendation

Does comply

Residents on entry to the home are assessed for continence care needs and have a bowel and bladder management care plan established. The residents’ care plans are evaluated at least three monthly for effectiveness of care. Care plans also show individually assessed continence aids required and the times and frequency of regular support to be provided. The home has a continence nurse who oversees the homes continence team and program and ensures ongoing provision of appropriate continence aids for residents.

Residents/representatives interviewed confirm that continence needs are being met in a timely manner.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Management was able to demonstrate its approach to behavioural management as being effective in meeting residents’ needs. On entry to the home residents are monitored for challenging behaviours and as identified assessments are conducted to determine the cause and possible contributing factors and successful interventions. Care plans are reviewed monthly with a formal evaluation occurring at least three monthly. Review of some residents’ files confirms residents are referred to the appropriate health specialist in accordance with their assessed needs and preferences. The team observed staff to attend to a resident and implement strategies for behaviour management as per the resident’s care plan.

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

On entry to the home, residents have a functional assessment that identifies their transfer and mobility care needs which are reflected in their interim care plan. All residents are referred to a physiotherapist who initially assesses residents’ functional ability, completes a falls risk assessment and provides a treatment plan and recommendations for care and equipment use. Residents are reviewed six monthly and staff are made aware of changes to a resident’s functional ability. Recommended care changes are outlined via a communication book, the physiotherapist folder and care staff handover. The team observed residents to be in receipt of appropriate care and equipment. A review of some residents’ files and residents interviewed confirmed their independence as being optimised through provision of care and equipment.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

The home has a system in place to ensure residents oral and dental health is maintained. Residents are assessed for oral and dental health care needs on entry to the home. Care plans are established in consultation with the resident/representative and specify level of staff assistance required. The home has access to a qualified dental nurse who has conducted a full dental examination of all of the residents. Residents have access to the choice of a local dentist. Care plans are reviewed monthly with a formal evaluation occurring at least three monthly. Residents toiletry supplies are checked monthly and replacements organised as per the homes obligation and residents preferences. Residents interviewed confirm their care needs were being met.

2.16 Sensory loss

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

Team’s recommendation

Does comply

The home demonstrated residents’ sensory loss are identified and managed effectively. Residents’ sensory loss is assessed on entry to the home and is included as part of the falls/safety assessment. Residents care needs and daily routines are reflected on care plans. Care plans are reviewed monthly with a formal evaluation occurring at least three monthly and care needs observed daily by care staff. Review of residents’ files shows assessment of sensory loss identifying triggers for referral to relevant specialists. Residents who spoke with the team confirmed satisfaction with sensory loss care provided.

2.17 Sleep

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

Team’s recommendation

Does comply

The home demonstrated its practices do enable residents to achieve natural sleep patterns. Residents settling times, sleeping routines and preferences are assessed on entry to the home and are reflected in their care plans. Pain management is also assessed as part of the management plan for identifying residents at risk of poor sleep. Care plans are reviewed monthly with a formal evaluation occurring at least three monthly. Medications as well as other strategies were noted to as documented to assist residents with sleep. Residents who spoke with the team said the home has a quiet and comfortable environment enabling quality sleep.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

Residents and representatives are encouraged to make use of the continuous improvement system by registering any concerns or areas for improvement through the improvement forms. Information is also gained through resident and relatives meetings, household meetings and resident surveys. All action plan progress is reported and residents are involved in the evaluation of effectiveness of continuous improvement activities undertaken.

Recent improvements relating to resident lifestyle include:

- Residents have been educated in the use of electronic communication systems and there is currently three residents using the visual electronic communication system enabling them to maintain communication with relatives who reside overseas.
- A qualified psychologist volunteer provides a carer support group on a monthly basis for residents and relatives.
- There has been an increase in activity hours in the special needs wing of the home that has enabled activities to be conducted seven days a week and a sundowners program during the week.
- The implementation of the three separate households in the home has resulted in the same staff providing all care and services in each household and increased resident satisfaction and emotional support.
- Residents are encouraged to become members of the focus groups in the home.
- Fundraising in the home is directed and organised by residents. All monies raised are allocated to items as identified by residents.
- Personal beauty services have been increased to include pedicures, manicures and facial waxing along with hairdressing services twice weekly.

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 systems to identify and ensure compliance with relevant legislation, regulatory compliance requirements, professional standards and guidelines relevant to resident lifestyle. Policies and procedures are updated as appropriate and changes communicated to staff through memorandums and meetings. Residents and representatives are provided with information on entry to the home that outlines all relevant legislative requirements. The charter of residents’ rights and responsibilities is displayed around the home and provided in various handbooks. Any changes to legislation or fee schedules are provided to residents through personal letters and meeting processes. The home has systems for mandatory

reporting of elder abuse in place. Staff interviewed stated they are aware of processes for mandatory reporting.

3.3 Education and staff development

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

Team's recommendation

Does comply

An education program is developed from staff performance appraisals, staff input, staff and team meetings, and from the accreditation standards. Staff skills and knowledge are monitored through competencies, tests, observations and audits. Staff confirm the availability of educational opportunities at the home. Staff said they are encouraged to expand their knowledge and skills by attending external conferences and courses. In-house study days are provided to expand staff skills and knowledge. Relatives said staff have knowledge of their family members care needs.

Recent education has included;

- External cultural diversity workshop
- Mandatory reporting of elder abuse
- Physiotherapist provided education for exercises for the elderly

3.4 Emotional support

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

Team's recommendation

Does comply

The home has processes in place to identify residents' emotional support needs in adjusting to living in the home and on an ongoing basis. The resident's social, religious and cultural requirements are assessed upon entry to the home and a plan of care is provided with consultation with residents and relatives. Residents and families are oriented to the home and new residents are introduced to fellow residents. Families are encouraged to support the resident in the settling in process. Resident files indicated that where residents had experienced a time of anxiety or needed support care staff had been responsive. Residents confirm satisfaction with emotional support provided.

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

Care and lifestyle assessment processes identify each resident's level of assistance required to participate in specific interests, maintain their independence and retain ongoing community associations. The home provides a focus for various community activities including visits from local schools and community groups. Residents are also supported to maintain their independence with appropriate assessment to independently manage their own medications with staff assistance. Residents and their representatives stated that

management and staff assist them to maintain their independence and involvement in activities within the community

3.6 Privacy and dignity

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

Team's recommendation

Does comply

The home recognises and respects each resident's right to privacy, dignity and confidentiality. The team observed staff knocking on residents' doors before entering resident rooms, the use of curtains in shared rooms and warm but respectful exchanges between care staff and residents. There is a range of lounge areas for residents requiring private areas for meetings with family and friends as well as outdoor garden areas. Resident information is located securely within the locked nurse's station and staff state they have sufficient time to attend to residents' needs. Residents said care required is provided by staff in the privacy of their own room.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

The home has processes in place to identify residents' interests and preferred activities and encourages participation in a wide range of activities. A resident's social profile is completed upon entry to the home and contributes to the development with regard to participation in social and leisure activities and cultural, spiritual needs and preferences. The activities program is supported by family members and the calendar demonstrates a broad range of activities. During the visit the team observed activities for resident occurring as well as staff accompanying residents on walks in the garden area. Residents and relatives stated a high degree of satisfaction with the range and quality of activities offered to residents.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

The home values and fosters individual interests, customs, beliefs and cultural and ethnic backgrounds. Initial assessments identify a resident's spiritual and cultural needs. Residents who enter the home with individual cultural needs are supported and staff have access to cultural care information to assist in responding to residents' care needs. The home observes a range of spiritual and cultural events as part of the lifestyle program. Several denominations conduct religious services in the home as well as regular pastoral visits to residents. Residents and their representatives stated satisfaction with the support provided by management and staff in the provision of cultural and spiritual needs

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

Residents' choice and preferences are identified through the admission and assessment process and care plans are formulated. Residents have numerous choices supported by staff including choice of doctor, refusal of treatment, daily care routines, mobility aids and food choices. Residents and relatives are informed about the internal complaints mechanism. Care planning consultation with relatives and residents provides information and evaluation of care plans confirm that residents' individual wishes are followed through. Residents confirmed they have choices in their daily life at the home. Residents and relatives said they are satisfied with the support provided in choice and decision making.

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

Prospective residents and representatives are interviewed, given a tour of the home and provided with information to assist them in the process of entering Woodend Community Aged Care. They receive further detailed information upon their entry into the home. Agreements are offered to all residents and records show that these conform to regulatory requirements, are properly executed and stored securely. Reference to rights and responsibilities of residents and their freedom to access advocacy support are documented in handbooks. Management explained the consultation process that is used when residents are moved within the home due to changes of care needs. Residents and representatives interviewed by the team confirmed they had received the required information, knew their rights and felt safe and secure in their 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

The physical environment and safety systems are monitored through internal assessments, analysis of incident reports and hazard alerts, focus and household meeting processes and the comments and complaints system. Actions identified for attention are included on action plans for further development and follow up. Residents and staff confirm continuous improvement items for physical environment and safe systems.

Recent continuous improvement activities in relation to the environment and safety systems include:

- A cleaner’s trolley with a lockable cupboard was purchased for the special needs household which resulted in increased safety for wandering residents.
- A revised system for soiled linen management was implemented that resulted in a reduction of soiled linen handling and increased infection control measures.
- A bushfire evacuation kit was set up and residents/representatives and staff were given training in processes to undertake in the case of a bushfire.
- Shade sails were placed strategically in the external courtyards to enable residents to enjoy the external environment in the warmer weather.
- Handrails were placed along the pathway that leads to the external bowling green.
- Buffet breakfast and dinner menus were introduced following requests and recommendations from residents.
- Household meal times have been staggered to enable residents to receive their meals in a more timely manner.
- A manual handling team has been introduced following education of seven staff from all areas of the home. The team is responsible for the monitoring of all manual equipment including lifters, wheelchairs and trolleys and for the continued education of staff in manual handling.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

Processes and systems are in place to identify and ensure that the home has ongoing regulatory compliance in relation to the physical environment and safe systems. Food, emergency preparedness, living environment, chemicals, laundry and cleaning services are audited regularly by external auditors and statutory bodies. Changes to regulations relevant to standard four are tabled at the appropriate meetings and policies and procedures amended accordingly. Staff, residents, relatives and stakeholders are formally notified of regulatory changes.

4.3 Education and staff development

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

Team's recommendation

Does comply

Education and training is identified through legislation in regards to occupational health and safety, incidents, hazards and audits that are performed. All staff complete compulsory manual handling, fire safety and evacuation training provided at the home. Infection control is also provided to all staff on a compulsory basis. Staff confirm compulsory manual handling and fire safety training has occurred. Staff education and training records are maintained after sessions occur. Education sessions are evaluated for their effectiveness from staff feedback. Staff confirm training occurs as appropriate.

Recent education has included;

- Infection control
- Cleaning practises and chemical training
- Manual handling

4.4 Living environment

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

Team's recommendation

Does comply

The home is quiet, well maintained and a number of security key pads are installed throughout the home. There are policies and systems in place for the identification of hazards and repairs, which are prioritised and actioned accordingly. Preventative maintenance is monitored and maintained. Residents' rooms and bathrooms are clean and fitted out according to residents' care needs and safety considerations. Residents' environmental and safety needs are assessed and monitored accordingly. Residents, relatives and staff confirm a high level of satisfaction with the living environment provided at the home.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

There is an effective system in place for identifying, evaluating and rectifying incidents and hazards. The orientation program for staff and contractors includes compulsory training and information in safe systems for the home. Maintenance routines ensure that the environment is safe and that equipment is fit for its intended use. All new equipment is trialled prior to purchase and staff are trained in its use. Incidents and hazards are reported, collated and analysed monthly. Regular environmental audits are conducted and safety is raised and discussed in meetings of the home. The home's occupational health and safety representative has received formal regulatory training and staff interviewed demonstrated an

understanding of occupational health and safety issues. The team observed staff to be correctly utilising safety equipment when attending to resident's care needs.

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

Procedures are in place for providing a safe environment and systems of work which minimise fire, security and emergency risks. Fire and evacuation training is compulsory for all staff upon orientation and on an ongoing basis. Evacuation plans, procedures and charts are located throughout the facility. An accredited external contractor monitors and maintains the safety and functioning of the fire alarm and security system. Staff expressed satisfaction with the training provided in fire and evacuation procedures and were able to state the required response to fire and emergency as per the home's procedures. The home has specific security systems and processes throughout the facility. Residents have also undertaken fire and evacuation education. All stakeholders stated that they feel safe and secure in the home.

4.7 Infection control

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

Team's recommendation

Does comply

The home's management demonstrated its infection control program is effective in identifying and containing infections. The home has an infection control nurse who oversees the home's infection control team. Monthly data collection, trending and reporting of resident infections occurs. The team observed the home's gastroenteritis and influenza kits to be in central points of reference, allowing staff timely access. The team further observed several strategies implemented by the home in the prevention of cross contamination of infection including hand washing procedures, supply of personal protection equipment, and appropriate management of contaminated waste. Infection control education and training is included in staff orientation and in the mandatory yearly training schedule.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The home has effective systems in place to enable the provision of hospitality services according to legislative requirements. Monitoring mechanisms include internal and external audits and a food safety plan. Meals are prepared fresh in the kitchen; temperature checked and then served to residents from a food delivery trolley in dining rooms or to residents' rooms. There is a kitchenette area where meals are served to a dining room from a bain marie. The home's four week menu is reviewed by a dietician for nutritional requirements. Schedules are in place to ensure that cleaning and laundry tasks are completed. Cleaning and laundry staff confirmed they have attended chemical training. Cleaning and laundry staff are aware of their roles and responsibilities in their designated work area. There is a clearly marked clean and dirty area in the laundry and all linen is washed on site. Residents and relatives said they are satisfied with the home's catering, cleaning and laundry services.