



Australian Government

Australian Aged Care Quality Agency

Albany Gardens Nursing Centre

RACS ID 5786
55 Faheys Road West
ALBANY CREEK QLD 4035

Approved provider: Shownoff Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 12 July 2017.

We made our decision on 13 June 2014.

The audit was conducted on 06 May 2014 to 07 May 2014. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

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.

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

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.

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

Standard 3: Resident lifestyle

Principle:

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

Expected outcome	Quality Agency decision
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 Resident security of tenure and responsibilities	Met

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.

Expected outcome	Quality Agency decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



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Audit Report

Albany Gardens Nursing Centre 5786

Approved provider: Shownoff Pty Ltd

Introduction

This is the report of a re-accreditation audit from 06 May 2014 to 07 May 2014 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 06 May 2014 to 07 May 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

Assessment team

Team leader:	Paula Gallagher
Team member/s:	Stewart Brumm

Approved provider details

Approved provider:	Shownoff Pty Ltd
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Details of home

Name of home:	Albany Gardens Nursing Centre
RACS ID:	5786

Total number of allocated places:	71
Number of residents during audit:	70
Number of high care residents during audit:	70
Special needs catered for:	Residents with dementia

Street/PO Box:	55 Faheys Road West
City/Town:	ALBANY CREEK
State:	QLD
Postcode:	4035
Phone number:	07 3264 4850
Facsimile:	07 3264 4822
E-mail address:	albanygardens@cookcare.com.au

Audit trail

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

Interviews

Category	Number
Director of Nursing	1
Assistant Director of Nursing	1
Operations Manager	1
Registered nurses	3
Care staff	4
Residents/representatives	10
Receptionist	1
Recreational activity officers	3
Hospitality staff (catering, cleaning and laundry)	6
Maintenance staff	1

Sampled documents

Category	Number
Residents' files (including clinical and social assessments, progress notes and care plans)	7
Medication charts	15
Personnel files	4
Diversional therapy daily record	15
Bowel charts	15

Other documents reviewed

The team also reviewed:

- "BSL Monitoring form"
- "BSL order form"
- "RN nurse initiated medication list"
- Care plan and restraint reviews
- Cleaning schedules
- Communication diary

- Controlled drug register
- Daily shift assignment covering
- Diet analysis forms
- Diversional therapy program
- Education evaluation form and summary
- Education records and attendance sheets
- Emergency management schedule site certificate
- External contractor service agreements
- Family conference form
- Flow charts
- Focus resident of the day checklist
- Food business licence
- Food safety manual and associated documentation
- General observation chart
- Heat pack assessments
- Improvement logs
- Incident forms
- Internal and external activity sheet
- Mandatory reporting folder and documentation
- Memorandum
- Menu (four weekly rotating menu)
- Minutes of meetings
- Monthly indicator reports and summary
- Monthly infection surveillance report form
- Newsletter
- Ongoing treatment record
- Pain directives
- Pain interventions record

- Police certificated matrix
- Policy and procedures
- Position descriptions
- Preventative and reactive maintenance records
- Quality management audits and results
- Record of daily care
- Record of physiotherapy interventions
- Register of hazardous substances and dangerous goods
- Registration to practice matrix
- Resident evacuation register and emergency contact number list
- Resident's daily leave book
- Residential medication management review
- Residents' handbook
- Roster and roster amendment forms
- Schedule 4 drug register
- Shower allocation list
- Skin integrity data collection form
- Staff citizenship documentation
- Staff duty lists
- Staff orientation form
- Staff replacement sheets
- Temperature records (food and equipment)
- Urinary catheter change record
- Visitor sign in/out books
- Weight monitoring chart
- Wound assessment
- Wound management chart

Observations

The team observed the following:

- Activities in progress
- Assembly points
- Cleaning in progress
- Colour coded equipment
- Designated smoking areas and signage
- Directional signage
- Diversional therapy program displayed
- Emergency evacuation plans displayed throughout
- Emergency exits, lighting and paths of egress
- Equipment and supply storage areas
- Firefighting equipment and inspection tags
- Fire panel and zone maps
- Hand washing facilities
- Interactions between staff and residents
- Internal and external living environment
- Kitchen dietary information board
- Maintenance in progress
- Meal service and delivery
- Menu on display
- Morning and afternoon tea service
- Personal protective equipment in use
- Resident and relative notice boards
- Secure residents mail box and envelopes
- Short group observation
- Staff practices
- Storage and access to medical equipment

- Storage of medications

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

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 findings

The home meets this expected outcome

Albany Gardens Nursing Centre (the home) has a continuous improvement system which identifies opportunities for improvement and monitors performance against the Accreditation Standards. The program is monitored by the Director of Nursing (DON) in conjunction with key personnel through the organisations management quality system.

Residents/representatives are informed of the continuous improvement system on entry to the home, through the initial orientation process, the resident handbook and through monthly resident meetings. Staff are informed of the continuous improvement system through the orientation program and through relevant meetings. Staff, residents and representatives contribute to the improvement system through a multi-purpose form, comments, complaints, and suggestions, incident and hazards, at meetings, through audits and surveys.

Improvement logs are maintained by the DON and discussed, tracked and evaluated through the home’s continuous quality meeting. Evaluation and monitoring of improvements is conducted by management and key personnel through feedback from residents and staff, re-auditing where necessary, competency assessments and monitoring of incident data.

Examples of improvement initiatives related to Standard 1 Management systems, staffing and organisational development implemented by the home include:

- In acknowledgement of the work done by staff and a way of showing staff their appreciation, management purchased a massage chair for the staff room to create a relaxed atmosphere for staff while on their breaks. Staff and management reported the chair is used on a daily if not hourly basis.
- Management reported to encourage staff development and extend staff to their full potential, the home has supported staff to participate in and complete educational courses and certificates to increase staffs skills and knowledge and/or advance in their career. For example:
 - Two care staff have completed their diploma of nursing
 - Six registered nurses have completed certificate IV in frontline management
 - One kitchen hand completed their certificate IV in hospitality
 - One care staff completed certificate IV in leisure and health

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 findings

The home meets this expected outcome

The home in conjunction with head office has established systems to identify and ensure compliance with current legislation, professional standards and industry guidelines through government and industry peak body membership. Head office disseminates relevant information and updated policies and procedures via the intranet to the DON who updates the home’s policies or procedures, where required and distributes relevant information through memoranda and meetings to staff for acknowledgement and action such as training. Where changes to legislation directly affect the day to day lives of the residents this is discussed at the residents meetings and a memorandum attached to accounts. Systems to inform residents, their representatives and other stakeholders of complaints mechanisms are effective. Compliance with legislation is monitored through the audit process, staff and resident feedback and observation of staff work practices.

In relation to Standard 1 Management systems, staffing and organisational development, systems ensure:

- All staff, volunteers and appropriate contractors have a current police certificate of which they have passed.
- Registered staff have appropriate qualifications and registration.
- Residents/representatives and staff are advised of re-accreditation audits.

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 findings

The home meets this expected outcome

Management is responsible for coordinating and developing mandatory and specific education programs and sessions to ensure management and staff have the knowledge and skills to perform their roles. The DON and the Assistant Director of Nursing (ADON) review the contents of all training to ensure it is up to date with current best practice and changes to government requirements and standards. New staff participate in an orientation program and fire and safety training on commencement of their employment. Staff are advised of upcoming education sessions and required attendance through the monthly education calendar to ensure ongoing training is provided in relation to mandatory education and other competencies. Individual staff training records are maintained to capture attendance at education sessions. All staff attend mandatory education on an annual basis to ensure their skills and competencies are current. Staff are encouraged to take responsibility for their professional development through requesting training from external providers and the home supports attendance.

In relation to Standard 1 Management systems, staffing and organisational development education has been provided in relation to:

- Management systems
- Documentation – write it right
- Incident reports and investigation

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 findings

The home meets this expected outcome

Residents/representatives reported they have access to internal and external complaints mechanisms and are satisfied with the way feedback is managed. The home has systems and processes to ensure each resident, representatives, and other interested parties, have access to internal and external complaints mechanisms and advocacy services. Information is provided in formal resident agreements, the resident handbook and during orientation to the home. Brochures and literature regarding external and internal complaints are available in the main foyer. Staff are aware of processes to assist residents to lodge a complaint.

Management advised for the residents who are unable to verbally communicate they have access to picture/cue cards, basic sign language and family members assist as required, the home is able to access to external interpreter services if required for non-English speaking residents.

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 findings

The home meets this expected outcome

The organisation's mission, vision, philosophy, objectives and goals are documented and included in the residents' and staff handbook. The orientation program for new staff includes the quality commitment of the organisation.

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 findings

The home meets this expected outcome

Residents/representatives are satisfied with the responsiveness of staff and their level of skill to meet residents' needs. The home has a system to recruit appropriately skilled and qualified staff that is based on policies and procedures and regulatory requirements. This includes recruitment, selection, an orientation program, education and questionnaire sheets, buddy shifts and mandatory training. All staff are required to have a valid police certificate and evidence of professional registration prior to commencement of work and staff are notified when police certificates are due to expire. Rosters are planned in advance which includes access to qualified staff 24 hours a day with planned and unplanned leave filled by casual staff members and/or agency staffing should the need arise. Position descriptions are provided to staff at commencement of work; duty lists guide staff on required tasks appropriate to the shift and job role and are available to staff. Staff performance is monitored via initial and annual appraisals, feedback mechanisms such as complaints, surveys, audits, and clinical indicators. Staff are satisfied they have sufficient time and appropriate skills to carry out their duties effectively.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Residents/representatives and staff reported satisfaction with the availability and suitability of goods and equipment. Processes such as stock takes and minimum and maximum stock levels ensure appropriate stocks of goods and equipment are available for quality service delivery. Stock control including levels, labelling, secure storage, rotation and other practices ensure the home can verify the safety, working order and useability of appropriate goods and equipment. Training is provided to staff when new equipment is purchased. The preventative and reactive maintenance program ensures equipment is identified, maintained, repaired, or replaced as required. Management and key personnel review and monitor work being carried

out on site and audits are undertaken to ensure goods and equipment are maintained at sufficient levels.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Residents/representatives reported sufficient information is provided, and residents' personal and private information is managed sensitively and appropriately. Processes implemented by the management and key personnel guide the effective collection, use, storage and destruction of information in accordance with regulatory requirements. Staff receive information relevant to their specific roles through policies and procedures, care plans, memoranda, communication books, on notice boards, at handover and during meetings.

Electronic information is secured by individual password access and systems are in place for the automatic back up of all information stored electronically. Security of confidential information is maintained. Residents and representatives are provided with information when moving into the home, in meetings, on notice boards, mail-outs, newsletters, and verbal reminders from staff. Staff advised they have access to sufficient information to perform their role.

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 findings

The home meets this expected outcome

Management, key personnel, staff and residents are satisfied with the quality of services provided by the organisation's external service providers. There are processes to identify, select and monitor externally sourced services. The organisation in conjunction with the home enters into formal service agreements with external service providers and contactors which contain reference to relevant legislation and guidelines, while ensuring services are provided to meet the home's requirements. External service providers are given the opportunity to improve their service and/or take appropriate action if required. The quality of service is monitored through audits and feedback from key personnel, staff and residents.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement system and processes.

Examples of improvement initiatives related to Standard 2 Health and personal care implemented by the home include:

- In response to the identified changing health needs of residents in relation to pain management, a pain intervention nurse was employed to work four hours a day, five days a week. Their role is to work in conjunction with the physiotherapist and the residents' medical officer to provide other strategies such as heat therapy applications, massage and transcutaneous electrical nerve stimulation (TENS). Management reported the feedback from residents has been positive, with residents looking forward to their next appointment. Management advised as a result of the strategies implemented by the pain intervention nurse there has been a reduction in pain medication usage and a decrease in behavioral incidents.
- In response to the number of resident falls identified through the monthly clinical incident data, management implemented a falls prevention program. The falls prevention program is designed to increase staff knowledge of frequent fallers. As part of the program residents' care plans were reviewed and referrals made to the resident's medical officer and the physiotherapist. Management implemented testing and trials of equipment such as sensor mats for residents at risk of falls. Strategies and interventions of residents identified as frequent fallers is documented on a white board in the nurses' station to alert staff. Management has also implemented a falls prevention questionnaire sheet to test staff knowledge. Management reported as a result of the falls prevention program monthly clinical has shown a decrease in the number of resident falls with no injury.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes.

In relation to Standard 2 Health and personal care, systems ensure:

- The reporting of unexplained absences,
- Care tasks are conducted by a qualified person as per the *Quality of Care Principles 1997* and,
- Medications are provided in compliance with regulations and guidelines.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s systems and processes.

In relation to Standard 2 Health and personal care, education has been provided in relation to:

- Palliative care
- Medication administration
- Foot care

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive appropriate clinical care. Residents’ care needs are assessed on entry, an interim care plan (care summary) is commenced, progress notes and handover processes are utilised to ensure care staff have current information to provide care. An assessment process, including use of focal assessments is then undertaken by the registered and activities staff; from this information a care plan is developed. Care plans are reviewed third monthly by the registered nurse. Resident/representative consultation occurs during the assessment process

and annual case conferences are offered to residents/representatives. Care delivery is monitored by the registered staff and ADON. Residents are referred to their medical officer or specialist service as required. Staff are aware of the care requirements of residents. Residents/representatives are satisfied with the care being provided at the home.

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 findings

The home meets this expected outcome

Residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Residents requiring specialised nursing care are identified on entry through the assessment process and specialised nursing care directives are recorded on the care plan. The registered nurse conducts the assessment of specialised nursing procedures, with registered staff conducting the management of specialised nursing. Staff have access to resources and specialist information and equipment requirements are identified and available to ensure residents’ care requirements are met. The ADON generally monitors the implementation of specialised care and the effectiveness of care is reviewed during the care plan reviews. Residents/representatives are satisfied with the care provided at the home.

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 findings

The home meets this expected outcome

Residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences. Registered staff liaise with the resident’s medical officer, to co-ordinate health specialist appointments for residents in a timely manner. Staff and resident representatives support and assist residents to attend external appointments with health professionals of their preference. Care plans are amended as required following referrals. Monitoring of the processes is carried out by the ADON and registered nurses.

Residents/representatives are satisfied the resident receives referrals to appropriate health specialists of their choice when required.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Residents’ medication is managed safely and correctly. Medical officers prescribe medication orders and these are dispensed by the external pharmacy service. The home utilises both a multi dose sachet system and original dispensed containers. Resident medication is stored safely and securely. Medication incidents are recorded and reviewed by the ADON. Effectiveness of the medication management system is monitored through the completion of

medical and pharmaceutical reviews and audits. Staff administering resident medications demonstrated awareness of their responsibilities in relation to medication administration and of the guidelines in place to ensure residents medications are administered safely and correctly. Residents are satisfied with the management of their medications.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Residents are as free as possible from pain. Residents’ pain is identified during the assessment process, and reassessment is undertaken as needed. Care plans are developed from the assessed information and reviewed by the registered nurse to ensure interventions remain effective. The medical officer and allied health professionals are involved in the management of residents’ pain; strategies to manage pain include non-pharmacological and pharmacological interventions. Non-verbal pain assessment tools are available for residents unable to articulate their pain. The home employs a pain intervention nurse to monitor and implement pain management strategies. Residents are satisfied with current pain management strategies and the provision of additional assistance if and when pain persists.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The comfort and dignity of terminally ill residents is maintained. The assessment process is used to obtain residents’ end of life care wishes in consultation with residents/representatives, the information obtained is recorded in the resident’s clinical record and provided to staff as residents’ care needs change. Residents at the end of life are supported and cared for at the home whenever possible and according to the resident’s/representative’s wishes. Residents’ pain, comfort and spiritual needs are managed in consultation with the resident/representatives, to provide physical, psychological, emotional, cultural and spiritual support to residents and family members according to their needs and preferences. Palliative care is monitored by the ADON and registered nurses.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents receive adequate nourishment and hydration. Residents’ dietary requirements, preferences, allergies and special needs are identified and recorded on entry to the home and this information is forwarded to the catering staff. Residents are weighed on entry and then monthly and any variations are assessed, monitored and actioned with strategies implemented to manage unplanned weight loss or gain if required. The ADON monitors the weight management at the home. Residents are assisted with meals and fluids, and special eating

utensils supplied as necessary. Care and catering staff are generally aware of the dietary requirements of residents. Residents are satisfied that their nutrition and hydration requirements are met.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Residents’ skin integrity is consistent with their general health. On entry to the home residents are assessed for their skin care needs through the assessment process and in consultation with residents to determine their needs and preferences. Care plans reflect strategies to improve and/or maintain residents’ skin consistent with their general health. Care strategies include the daily application of moisturisers, correct manual handling procedures, pressure area care, and pressure relieving aids. Podiatry services are available. The registered nurse oversees wound management and registered staff are responsible for wound treatments, completion of treatment records, and documenting interventions.

Residents are satisfied with the assistance provided to maintain skin integrity

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents’ continence is managed effectively. Residents’ urinary and faecal continence needs are assessed during the assessment process and supported with the use of focal assessments, and reassessments occur as required. Continence needs are reviewed during the care plan review process. Care staff outlined continence management strategies for individual residents and understand reporting requirements should there be a change to residents’ normal patterns. Residents are satisfied with the care provided by staff in relation to continence management.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The needs of residents with challenging behaviours are managed effectively. On entry to the home residents with challenging behaviours are assessed, including the identification of known or potential triggers, then a behaviour care plan is developed. Care plans outline triggers and strategies and are reviewed third monthly. Residents are reassessed as care needs change or current interventions are ineffective. Behaviour management is monitored by the ADON and registered nurses. Recreational activities are used to enhance effective behavioural management intervention. The team observed staff interacting calmly with

residents when attending to cares or when re-directing residents. Residents/representatives are satisfied with the management of challenging behaviours at the home.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home has processes in place to ensure that residents achieve optimum levels of mobility and dexterity. Residents are assessed by the registered nurse and/or physiotherapist on entry to the home. Assessed needs and strategies for care are communicated to staff through the care plan, and care plans are reviewed to ensure interventions remain effective. Falls are reported and are monitored by the ADON. Aids to maintain and improve mobility and dexterity such as walking aids and specific dietary utensils are available.

Residents/representatives are satisfied with the assistance the resident receives in achieving optimum levels of mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Residents’ oral and dental health is maintained. Residents’ needs and preferences relating to teeth and denture management and other oral/dental care requirements are identified through the assessment process. Care strategies are documented on the care plan. Care staff assist residents with their oral care and the care staff arrange dental referrals as necessary. Equipment to meet residents’ oral hygiene needs is available. Residents are satisfied with the assistance given by staff to maintain their dentures and overall oral hygiene.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Residents’ sensory losses are identified and managed effectively. Care needs in relation to sensory loss which include vision, hearing, smell, touch and taste, is collected through the admission data base which is completed on entry to the home. Care plans identify needs and individual preferences and are reviewed third monthly. Residents are referred to specialists such as audiologists and optometrists according to assessed need or resident request and are assisted to attend appointments as required. Staff receive instruction in the correct use and care of sensory aids and are aware of the interventions required to meet individual residents’ needs. Residents are satisfied with the assistance provided by staff to optimise sensory function.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Residents are able to achieve natural sleep patterns. Residents usual sleep patterns, settling routines and personal preferences are identified during the assessment process. Care plans are developed and reviewed to ensure interventions remain effective. Residents experiencing difficulty sleeping are offered warm drinks and snacks and assisted with hygiene requirements should this be required. The registered nurse monitors ongoing needs. Residents are satisfied with the care and comfort measures implemented by staff in relation to promoting 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 findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement system and processes.

Examples of improvement initiatives related to Standard 3 Resident lifestyle implemented by the home include:

- October 2013 the home installed memory boxes on the walls outside residents’ rooms in the special care unit. The boxes enable families and representatives to place mementos which give visual insight into the history of their loved ones. The placement of the mementos provided a starting point for reminiscing and prompting a conversation. Management advised the home has been thanked and received positive feedback from family and representative in the installation of the memory boxes.
- Management hosted a morning tea for family members to learn, love and to empower the families of residents living with dementia. This was well attended and resulted in the commencement of a support group being held every four to six weeks. During the support group information is provided on different type’s dementia and real facts on what to expect. The support group gives families the opportunity to share their experiences and talk about their loved ones prior to them entering Albany Gardens. Written feedback from families members included “they felt empowered and better informed”, “found the group helpful”, “they could vent their built up feeling and frustrations with others who understood.”
- To acknowledge former residents the DON implemented a process to send “thinking of you” cards on the anniversary of a resident’s death to their families. As part of the diversional therapy program residents are encourage to make the cards for families, to send out at the beginning of the month (on the one year anniversary of their passing) to let families know the home are thinking of them. Management have received thank you cards from family member who have been sent the thinking of you cards.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes.

In relation to Standard 3 Resident lifestyle, systems ensure:

- The reporting of reportable assaults,
- Residents are aware of their rights and responsibilities as per the *User Rights Principles 1997*.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s systems and processes.

In relation to Standard 3 Resident lifestyle, education has been provided in relation to:

- ‘Montessori’ education
- Compulsory reporting
- Privacy and dignity

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 findings

The home meets this expected outcome

Residents receive support in adjusting to life in the new environment and on an ongoing basis. Residents/representatives are provided with information on entry which provides an overview of life within the home. Residents are assessed for their emotional support needs during the assessment process. Residents are monitored for ongoing support needs via the care and lifestyle staff. Care staff are advised of any ongoing emotional support needs through the handover process. Staff provide residents with one to one support and will refer residents to the medical officer for additional support as required. Residents/representatives are satisfied

with the level of emotional support provided, and residents are encouraged to furnish their rooms to their liking.

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 findings

The home meets this expected outcome

Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. The home assists residents to maintain independence through initial and ongoing review of their needs utilising clinical and social assessments. Strategies to promote and maximize independence are reviewed during the care plan reviews. Residents are supported to access the local community. Residents are encouraged to maintain friendships and external social networks, residents are supported by the lifestyle staff to achieve this. Care staff are aware of their responsibility to promote resident independence and follow care plans to assist residents to achieve a maximum level of independence. Residents are satisfied with the level of independence and autonomy they can exercise at the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Each resident's right to privacy, dignity and confidentiality is recognised and respected. The home has policies and procedures to govern staff practices in maintaining residents' privacy and dignity. Staff are provided training on privacy and dignity issues during orientation.

Resident information is stored in secure locations. Staff practices are monitored by the registered staff and ADON. Staff are aware of strategies to maintain residents' privacy and dignity when providing resident cares. Residents/representatives are satisfied with the level of privacy and respect for dignity being provided by staff at the home.

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 findings

The home meets this expected outcome

Residents are encouraged and supported to participate in a range of interests and activities of interest to them. Information on residents' social history, interests and lifestyle is collected on entry to the home, through the social assessment and one to one interview with the resident/representative and a care plan developed. The recreational staff have developed a monthly activity calendar and this is communicated to residents verbally, in writing and on

noticeboards. Residents provide feedback on activity programs individually and in meetings. The program is monitored by the recreational staff. Residents are satisfied that staff provide encouragement and support to participate in activities they wish to attend and that they have a range of activity opportunities of interest to them.

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 findings

The home meets this expected outcome

Individual interests, customs, beliefs, and cultural and ethnic backgrounds are valued and fostered. Resident's cultural and spiritual needs are assessed on entry to the home; a care plan is developed as required from the assessment information. Residents have access to religious services at the home. Residents are assisted to attend cultural activities conducted in the home and the community, and days of significance are celebrated at the home.

Residents' ongoing cultural and spiritual needs are monitored by the care and recreational staff. Residents are satisfied with the spiritual and cultural support provided.

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 findings

The home meets this expected outcome

Residents are encouraged and supported to make decisions about their care, lifestyle and routines; information is provided to residents/representatives on entry outlining their rights and responsibilities. Staff provide opportunities for choice and utilise strategies to incorporate choice into residents' daily care routines and leisure interests and residents are provided a choice with meal selection where appropriate. Staff practice regarding choice and decision making is monitored by the registered staff and ADON. Residents/representatives are satisfied that they are able to exercise choice in relation to resident care and lifestyle.

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 findings

The home meets this expected outcome

Residents have secure tenure within the home, and understand their rights and responsibilities. Processes are in place to provide information to residents in regard to security of tenure and their rights and responsibilities. The residential care agreement offered to new residents contains information about residents' rights and responsibilities, the terms and conditions of their tenure, fees and charges and information about dispute resolution.

Residents/representatives are consulted should any changes in resident care needs require a room transfer, or removal from the home. Residents/representatives are satisfied that they have been provided with sufficient information in relation to the resident's security of tenure and understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement system and processes.

Examples of improvement initiatives related to Standard 4 Physical environment and safe systems implemented by the home include:

- In response to a fall, by a resident in the outdoor area of the special care unit, management have enhanced the outdoor environment to remove possible risk factors such as rocks from the outside garden and replaced them with turf, camouflaged the air conditioning units with scenery pictures, installed a mailbox and telephone booth, and installed a work bench for male residents for sensory stimulation. Management reported the enhancement of the outdoor area has “lightened” up the garden and made the area more usable for residents.
- In response to a suggestion made by a staff member to have some potted plants placed on the tiled area outside the reception area to “soften up” the entrance making it more welcoming, management have installed potted plants. Written feedback has been received from family and representative who state “it looks lovely”.
- As part of staffs’ professional development, management revised the contents of the home’s annual manual handling education. The education session has been amended to have more of a focus on “looking after our own back” this included the introduction of a digital video disc and questionnaire sheet. Management also provided a treadmill in the staffroom to increase staff fitness for participation in the “look after your back walk of challenge”. Management and staff advised the additional information has increased staff knowledge around safe back care procedures at work and in their home environment.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's systems and processes.

In relation to Standard 4 Physical environment and safe systems there are systems to ensure:

- A current food safety program
- A Food Supervisor is accessible and
- A Fire Safety Advisor is available.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's systems and processes

In relation to Standard 4 Physical environment and safe systems, education has been provided in relation to:

- Manual handling
- Fire safety and evacuation
- Who to contact when the fire alarm is activated

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 findings

The home meets this expected outcome

Residents reported satisfaction with the safety and comfort of the internal and external living environment. Residents are accommodated either single, twin and/or three bed rooms with communal bathrooms and/or en-suites. Residents and their representatives are encouraged to personalise residents' rooms by bringing in personal items, photos and furniture to enhance their comfort and to take ownership of their environment. The home is secure, clean and

provides a variety of private internal and external seating areas available to residents and their families. A maintenance program and schedules are in place, any additional maintenance requirements are reported by staff or residents through the maintenance book and are generally attended to by maintenance staff and/or external contractors in a timely manner. Measures are in place for internal lock up procedures each evening. Each resident has access to a resident call system for emergency assistance. Monitoring and maintenance of the living environment occurs through observation, audits, hazard identification, risk assessment and resident, staff feedback.

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 findings

The home meets this expected outcome

Management and staff are actively working actively working to provide a safe and secure working environment that meets regulatory requirements. There are processes for the identification, actioning and review of occupational health and safety issues that include policy, procedures, reporting systems and discussion through continuous quality meeting. All staff are provided with initial education at orientation, which includes informing staff of their responsibilities in maintaining a safe working environment and reporting of incidents and hazards. Material safety data sheets are available in work areas and chemicals are stored securely as per regulations. Spills kits are available and accessible for staff. Staff accidents and incidents logged are examined to determine causative factors, actioned, reviewed and analysed by management and discussed at relevant meetings to ensure effectiveness of interventions implemented. Staff demonstrated understanding of the home's safety procedures.

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 findings

The home meets this expected outcome

Management and staff are actively working to minimise fire, security and emergency risks. External providers ensure maintenance of fire detection and alarm equipment, evacuation, lighting and signage equipment in accordance with legislative requirements. Evacuation plans are displayed in prominent areas of the home; emergency exits and assembly areas are clearly marked, free from obstruction and suitable for the mobility level of the residents. Staff training in mandatory fire safety and evacuation procedures is conducted during orientation and annually thereafter. Emergency information guides staff in emergency situations, a residents' evacuation register and emergency contact number list is maintained. Monitoring of fire safety systems occurs through the home's maintenance program and inspection by external bodies; issues identified are resolved and addressed as required. Staff and residents demonstrate knowledge of fire, security and other emergency procedures including their role in the event of an alarm, emergency or evacuation.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has processes to minimise the risks associated with the transmission of infection and to promote effective infection control. Staff are provided with education regarding infection control and information and procedures are available to guide staff practices. Staff demonstrated knowledge of infection control principles in line with their roles and responsibilities, including the application of additional precautions for residents when needed. Sufficient stock and equipment is available to enable staff to effectively implement infection control procedures. Staff practices are monitored by the ADON. Records are kept of the number and type of resident infections, and data is analysed to enable additional control measures to be implemented if indicated. Residents/representatives report they are satisfied with staff hygiene practices and with the cleanliness of the home.

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 findings

The home meets this expected outcome

Residents reported satisfaction with the catering, cleaning and laundry services at the home. Staff reported satisfaction with the working environment. Hospitality services are provided in a way that enhances residents' quality of life. Meals are cooked fresh following a four weekly rotating menu. Meals are plated in the main kitchen in accordance with residents' menu choice, preferences and dietary requirements and delivered to each dining room where staff distributes trays to the dining table and/or resident rooms. Cleaning staff use schedules to ensure residents' rooms, communal areas and external areas of the home are systematically cleaned. Laundry services are provided seven days a week for residents' personal items and linen. Laundry is completed using specialised equipment and practices that minimise risk of cross infection. Mechanisms are available for residents and representatives to provide feedback about hospitality services through the home's feedback forms, resident meetings, surveys or verbally.