Aged Care
Standards and Accreditation Agency Ltd

Decision to Accredit
Caloundra Nursing Home

The Aged Care Standards and Accreditation Agency Ltd has decided to Accredit Caloundra Nursing Home in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Caloundra Nursing Home is 3 years until 23 December 2011.

The Agency has found that 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 that the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor Compliance with the Accreditation Standards

Ken Jones
State Manager

Information considered in making an accreditation decision
The Agency has taken into account the following matters, as required, by the *Accreditation Grant Principles 1999*:
● The desk audit report and site audit report received from the assessment team created for the purpose of conducting the audits; and
● Information (if any) received from the Secretary (of the Department of Health and Ageing) about matters that must be considered, under Division 38 of the Aged Care Act 1997, for certification of the home; and
● Other information (if any) received from the Secretary; and
● Information (if any) received from the applicant in response to the major findings that were presented to the applicant at the conclusion of the site audit. This may include information that indicates the home rectified deficiencies identified by the assessment team at the time of 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:	Caloundra Nursing Home
RACS ID:	5993

Number of beds:	80	Number of High Care Residents:	59

Special Needs Group catered for:	• Dementia and related conditions

Street/PO Box:	Lyon Street

City:	CALOUNDRA	State:	QLD	Postcode:	4551
Phone:	07 5491 5155		Facsimile:	07 5491 9140

Email address:	helen.jones@principalcare.com.au

Approved Provider

Approved Provider:	Principal Health Care Finance (No 3) Pty Ltd

Assessment Team

Team Leader:	Rens Korver
Team Member/s:	Jill Winny
Date/s of audit:	7 October 2008 to 9 October 2008

Executive summary of assessment team's report			Accreditation Decision

Standard 1: Management Systems, Staffing and Organisational Development

Expected Outcome	Assessment Team Recommendations	Agency Findings
1.1 Continuous Improvement	Does comply	Does comply
1.2 Regulatory compliance	Does comply	Does comply
1.3 Education and staff development	Does comply	Does comply
1.4 Comments and complaints	Does comply	Does comply
1.5 Planning and leadership	Does comply	Does comply
1.6 Human resource management	Does comply	Does comply
1.7 Inventory and equipment	Does comply	Does comply
1.8 Information systems	Does comply	Does comply
1.9 External services	Does comply	Does comply

Standard 2: Health and Personal Care

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

Executive summary of Assessment Team's Report		Accreditation Decision
Standard 3: Resident Lifestyle		
Expected Outcome	**Assessment Team Recommendations**	**Agency Findings**
3.1 Continuous improvement	Does comply	Does comply
3.2 Regulatory compliance	Does comply	Does comply
3.3 Education and staff development	Does comply	Does comply
3.4 Emotional support	Does comply	Does comply
3.5 Independence	Does comply	Does comply
3.6 Privacy and dignity	Does comply	Does comply
3.7 Leisure interests and activities	Does comply	Does comply
3.8 Cultural and spiritual life	Does comply	Does comply
3.9 Choice and decision-making	Does comply	Does comply
3.10 Resident security of tenure and responsibilities	Does comply	Does comply
Standard 4: Physical Environment and Safe Systems		
Expected Outcome	**Assessment Team Recommendations**	**Agency Findings**
4.1 Continuous improvement	Does comply	Does comply
4.2 Regulatory compliance	Does comply	Does comply
4.3 Education and staff development	Does comply	Does comply
4.4 Living environment	Does comply	Does comply
4.5 Occupational health and safety	Does comply	Does comply
4.6 Fire, security and other emergencies	Does comply	Does comply
4.7 Infection control	Does comply	Does comply
4.8 Catering, cleaning and laundry services	Does comply	Does comply

SITE AUDIT REPORT

Name of Home	Caloundra Nursing Home
RACS ID	5993

Executive summary

This is the report of a site audit of Caloundra Nursing Home 5993, Lyon Street, Caloundra Qld 4551 from 7 October 2008 to 9 October 2008 submitted to the Aged Care Standards and Accreditation Agency Ltd on 23 October 2008.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through the audit of the home indicates 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 Caloundra Nursing Home.

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

Assessment team's recommendation regarding support contacts

The assessment team recommends there should be 3 support contacts 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 believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

Site Audit Report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 7 October 2008 to 9 October 2008.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of 2 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:	Rens Korver
Team Member/s:	Jill Winny

Approved provider details

Approved provider:	Principal Health Care Finance (No 3) Pty Ltd

Details of home

Name of home:	Caloundra Nursing Home
RACS ID:	5993

Total number of allocated places:	80
Number of residents during site audit:	61
Number of high care residents during site audit:	59
Special needs catered for:	Dementia and related conditions

Street/PO Box:	Lyon Street	State:	QLD
City/Town:	Caloundra	Postcode:	4551

Phone number:	07 5491 5155	Facsimile:	07 5491 9140
E-mail address:	helen.jones@principalcare.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Caloundra Nursing Home.

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

Assessment team's recommendation regarding support contacts

The assessment team recommends there should be 3 support contacts during the period of accreditation and the first should be within 12 months.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

Audit trail

The assessment team spent 3 days on-site and gathered information from the following:

Interviews

	Number		Number
Director of nursing	1	Residents	10
Registered nurses	1	Relatives	3
Nurse educator	1	Diversional therapist	2
Assistants in nursing	6	Laundry staff	2
Physiotherapy aide	1	Cleaning staff	2
Pharmacist	1	Maintenance staff	1
Quality coordinator	1	Kitchenhand	1
Endorsed enrolled nurse	3	Cook	2

Sampled documents

	Number		Number
Residents' files	7	Medication charts	13
Care plans	7	Personnel files	6
Wound treatment sheets	6	Bowel charts	10
Resident financial files	6	Weight charts	10

Other documents reviewed

The team also reviewed:
- Accident/incident report
- Action priority action plan for continuous improvement
- Audits/surveys
- Care plan review matrix
- Certificate of maintenance report annual declaration May '07/'08
- Certification inspection report
- Charter of residents' rights and responsibilities
- Cleaning colour codes
- Cleaning duty list and guidelines
- Clinical refrigerator temperature records
- Comments/complaints flowchart
- Communication books
- Complaints form
- Daily cleaning schedules
- Dietary needs and special needs form
- Duty sheets
- Fire evacuation duty lists
- Fire training records
- Food business license
- Handover sheets
- Hazard identification forms
- Health specialist referrals and reports
- Improvement logs
- Incident notification plan
- Incident/accident reports
- Infection control guidelines
- Infection control manual
- Infection control statistics
- Infection control training package
- Maintenance attendance record log
- Manuals
- Material safety data sheets
- Medication crushing guide
- Meeting agenda
- Meeting minutes
- Memoranda
- Menu choices
- Mission statement and philosophy
- Notices
- Orientation program
- Outbreak manual
- Policies and procedures
- Preventative maintenance schedule
- Proposed social model of care
- Queensland fire and rescue service maintenance inspection
- Quality manual
- Quality plan 2008-10-12 Resident satisfaction survey
- Register of hazardous chemicals and dangerous goods
- Resident activity attendance records
- Resident activity calendar

- Resident handbook
- Resident newsletter
- Residential care agreements
- Residents evacuation list folder
- Residents' information brochures
- Risk assessments
- Risk control plan
- Scheduled drug register
- Service reports
- Smoke and fire door inspection
- Spring-cleaning schedule
- Staff handbook
- Surveys
- Waste management guidelines

Observations

The team observed the following:
- Activities in progress
- Activity calendars on display
- Archive room
- Assembly points
- Chemical storage and equipment area
- Cleaning trolley
- Colour coded linen bags
- Equipment and supply storage areas
- Filing and storage areas
- Fire fighting equipment
- Fire panel
- Hand washing facilities
- Interactions between staff and residents
- Internal and external living environment
- Kitchen
- Laundry
- Linen supplies
- Meal service
- Medication round
- Mobility plans in wardrobes
- Notice boards for residents and staff
- Nurses' station
- Residents participating in activities
- Safety signage
- Sharps' containers
- Spill kits
- Staff and resident interactions
- Staff wearing personal protective equipment
- Storage of medications
- Suggestion box
- Visitors sign in sign out books.

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

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

Team's recommendation
Does comply

The home has a continuous improvement system to identify, plan and implement improvement opportunities. Areas for improvement are identified through continuous improvement logs, audits, surveys, comments and complaints, meetings and the homes open door policy. Improvement are logged by the quality coordinator and monitored and evaluated through quality improvement meetings before being closed out. Feedback to residents, representatives and staff relating to progress, status and review of improvements is communicated regularly through meetings, memos, noticeboards and verbally. Residents, representatives and staff report they are aware of ways to raise improvement requests and contribute to the home's continuous improvement.

Examples of continuous improvement activities across standard one include:

- To ensure that the physio assistant is always aware of residents' current mobility needs, a communication diary has been placed on both wings. A memo was sent to all staff who report improved communication of residents' needs since the diaries have been implemented.
- The orientation program has been reviewed to ensure that new staff are fully informed of their roles and responsibilities before commencing work. Orientation packages are specific to new staff's area of responsibility.
- The director of nursing reported less signing errors and a reduction in payroll queries since the introduction of electronic rostering and timesheets.
- Night staff raised concerns that the telephone, when ringing at night, was disturbing residents. A new system has been installed enabling calls to be switched over to the reception at night and for staff to carry a portable telephone. Feedback from night staff is that residents are no longer disturbed by the telephone at night and are more settled.
- The quality coordinator has developed a quick reference information sheet to inform staff where manuals, duty sheets, and communication tools can be accessed throughout the facility. As a result staff report that they are better informed.

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 current legislation, regulatory requirements, professional standards and guidelines that relate to the accreditation standards, through access to the organisational intranet, the Internet and professional membership updates. Policies are reviewed at a corporate level and are referenced to relevant legislation or professional guidelines. Recent changes to food safety requirements and workplace health and safety legislation have been incorporated into management systems and staff throughout the facility have been informed. A comprehensive range of audits and surveys are conducted to ensure compliance with legislation, which is monitored through staff practice. Staff are made aware of changes to legislation through meetings, memos, communication books, notice boards and performance appraisals. Residents and their representatives were informed of the current accreditation audit through resident meetings and notice boards. The home has a system in place to ensure all relevant individuals have been screened through a current criminal record check.

1.3 Education and staff development

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

Team's recommendation

Does comply

The home has established processes for the recruitment and selection of staff. Position descriptions outline required knowledge and skills and staff are employed based on meeting specified criteria. New staff undertake a two day program guided by an orientation package specific to their role and responsibilities. The comprehensive education calendar enables staff to further their skills and knowledge through internal and external providers and all staff are required to maintain mandatory and specific role related responsibilities. Education needs are identified through training evaluations, annual performance reviews and the changing needs of residents.
Staff performance, including the monitoring of skills and knowledge, occurs through competency assessments, audits, feedback from meetings and observation of staff practice. Staff interviewed reported that they have the opportunity to maintain and develop the necessary skills to perform their roles.

1.4 Comments and complaints

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

Team's recommendation
Does comply

Residents are satisfied they have access to internal and external complaints processes. Residents/representatives are orientated to these processes verbally, via poster, information pamphlets and the resident's handbook and this includes information in relation to external complaints mechanisms. Residents/representatives and staff use complaints forms (confidential if required), surveys, email, telephone, one-to-one discussions and meetings to express any issues. Staff advocate for residents by assisting them to complete written feedback forms or discuss issues one-to-one as they arise. Forms are provided in community areas and a locked suggestion box is accessible. Comments and complaints are logged and actioned with direct feedback/memos or written responses communicated to any stakeholders.

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

All residents, representatives and staff have access to the homes mission, philosophy and values statements through the resident and staff handbooks, the quality manual and the displayed statement opposite the dining room.

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

Human resource policies and recruitment processes are in place to ensure that employed staff have appropriate skills and qualifications. New employees are screened for suitability using position descriptions, interview questions and reference checks. A 'buddy' system is in place to help orientate new employees and to ensure staff are well trained in their roles. The majority of staff are permanent part-time and are flexible in meeting the facilities needs including replacements for leave and absentees. Staff numbers, skill mix and supervision requirements are assessed on a regular basis and in response to the changing needs of residents. Staff report they have a duties list to refer to and have adequate time to complete their work. Residents and representatives indicate they are satisfied with the provision of care and services.

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

Team's recommendation
Does comply

The home has processes in place to ensure that there are sufficient stocks of goods and equipment for delivery of services. Equipment needs are identified and ongoing replacement occurs based on the overall capital budget. Established service agreements with suppliers and contractors are used to guide purchases and maintain goods and equipment. Management have established a checklist system to ensure that adequate stocks of goods and equipment are maintained throughout the facility. Stock items are regularly rotated and checked for use by dates. Staff reported satisfaction with the availability, provision and maintenance of goods and equipment to perform their role. Residents and representatives were satisfied that appropriate goods and equipment are provided by the home and are available for the delivery of services to meet their needs. A comprehensive preventative maintenance program is in place for plant and equipment to ensure resident and staff safety.

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

Team's recommendation
Does comply

Residents, representatives and staff have access to current information on the processes and general activities and events of the home relevant to their needs through staff and resident handbooks, memos, noticeboards, meetings, and the home's open door policy. An organisational-based information system ensures that management and staff have access to, and the use of accurate and appropriate information to help perform their roles. Locked rooms and cabinets are used to store private and confidential information, computers are password protected and staff are regularly educated in document management to maintain confidentiality and privacy when handling resident information. A system is in place for the appropriate archiving and destruction of documentation. Staff report they have access to, and timely communication of, relevant information to perform their roles through handover, memos, meetings and verbally. Residents and representatives interviewed expressed satisfaction with the way information is communicated.

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 services are provided at a standard that meets the homes needs through established service agreements outlining the organisations requirements for services provided. Contracts to preferred suppliers are directed from an organisational level with local suppliers used where possible. Feedback on the performance of external services is monitored through audits,

satisfaction surveys and direct feedback from residents and staff. Management review the performance of external services to ensure high quality service delivery is maintained and when requirements are not being met appropriate action is taken. Residents and representatives report satisfaction with the quality of services sourced externally

Standard 2 – Health and personal care
Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

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

Team's recommendation
Does comply

The home has a continuous improvement system to identify, plan and implement improvement opportunities. Areas for improvement are identified through continuous improvement logs, audits, surveys, comments and complaints, meetings and the homes open door policy. Improvement are logged by the quality coordinator and monitored and evaluated through quality improvement meetings before being closed out. Feedback to residents, representatives and staff relating to progress, status and review of improvements is communicated regularly through meetings, memos, noticeboards and verbally. Residents, representatives and staff report they are aware of ways to raise improvement requests and contribute to the home's continuous improvement.

Examples of continuous improvement activities across standard two include:

- Visual identification alerts for residents at high risk of falls have been incorporated into the manual handling signage above residents' beds. Staff stated that the new red backgrounds enable them to instantly identify residents who require extra assistance. Management report a reduction in resident falls.
- The home's scales were limited to weighing residents under one hundred and fifty kilos. The purchase of a bariatric lifter, which incorporates a set of scales, has enabled one of the residents to be weighed for the first time in a year. The lifter enables staff to monitor the weights of all residents in accordance with the homes policy.
- The physio assistant identified the need for more resources to assist staff with the positioning of residents. Twenty new slide sheets have been purchased to ensure availability to staff at all times.
- An internal audit identified that not all residents' charts had photograph identification. A new policy is in place to review all residents' photographs annually to ensure correct identification when administering medications.
- Staff raised concerns that lifting equipment was not designed to meet the needs of heavy residents in the event of a fall. Two maxi lifters have been purchased to safely assist staff move heavy residents. One resident interviewed reported the comfort of the new lifter.

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".

Team's recommendation
Does comply
The home has systems to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the accreditation standards, through access to the organisational intranet, the Internet and professional membership updates. Policies are reviewed at a corporate level and are referenced to relevant legislation or professional guidelines. Recent changes to food safety requirements and workplace health and safety legislation have been incorporated into management systems and staff throughout the facility have been informed. A comprehensive range of audits and surveys are conducted to ensure compliance with legislation, which is monitored through staff practice. Staff are made aware of changes to legislation through meetings, memos, communication books, notice boards and performance appraisals. Residents and their representatives were informed of the current accreditation audit through resident meetings and notice boards. The home has a system in place to ensure all relevant individuals have been screened through a current criminal record check.

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 has established processes for the recruitment and selection of staff. Position descriptions outline required knowledge and skills and staff are employed based on meeting specified criteria. New staff undertake a two day program guided by an orientation package specific to their role and responsibilities. The comprehensive education calendar enables staff to further their skills and knowledge through internal and external providers and all staff are required to maintain mandatory and specific role related responsibilities. Education needs are identified through training evaluations, annual performance reviews and the changing needs of residents.
Staff performance, including the monitoring of skills and knowledge, occurs through competency assessments, audits, feedback from meetings and observation of staff practice. Staff interviewed reported that they have the opportunity to maintain and develop the necessary skills to perform their roles.

2.4 Clinical care
This expected outcome requires that "residents receive appropriate clinical care".

Team's recommendation
Does comply

Residents/representatives are satisfied with the level of clinical care they receive. Registered nurses conduct initial and ongoing assessment of resident's clinical care needs. On admission an interim care plan is created and following consultation with care staff and residents/representatives via a case conference, a care plan is implemented after a 28 day assessment period. The care plans are reviewed every two month by registered nurses, and include specific directives by medical specialists and allied health professional as

appropriate. Changing care needs are communicated to staff via care plans, at staff handover, using the communication diary and via exception reporting in the resident's progress notes. Clinical practices are monitored by senior registered nursing staff and the home's regular auditing schedule examines clinical practice areas. Care staff demonstrated an awareness and knowledge of individual resident care needs consistent with the care plans.

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

Team's recommendation
Does comply

Residents' are satisfied their specialised nursing needs are identified and met by appropriately qualified nursing staff. Resident's specialised nursing care needs are identified by registered nurses during the assessment process or as resident's needs change. Registered nurses develop care plans to guide staff practices in meeting resident's specialised nursing care requirements and evaluate care plans second monthly or as resident's needs change. Registered nurses undertake training to attain competency to provide specialised nursing care and seek expert advice from community based health services where necessary. Residents/representatives are consulted about care and preferences using a case conference format. Registered nurses are able to demonstrate specialised nursing care and care plans support the care provision for complex wound management and management of tracheotomies.

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/representatives have access to various health services within the home and were referred to specialist services when the need arose in consultation with their individual needs and preferences. Residents are assessed during regular care plan reviews and as their needs change. Referrals are made following consultation with residents/representatives and access to specialist services is facilitated by the home if required. Residents have access to a range of health and other related services both on and off-site including a visiting dietician, physiotherapists, speech pathologists, and podiatrist. The Home maintains written documentation of interventions from allied health professionals and any care directives are incorporated into the care plan in accordance to their 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 are satisfied they receive their medication at the correct time and at the correct dose. Residents are assessed for their medication management needs on arrival to the home or as their needs change. Residents who are prescribed medications have a medication chart with identifying information such as their name, date of birth and photograph, as well as specific instructions for administration. Medications are administered by registered and endorsed enrolled nurses using a pre-packed system; staff administering medications undertake a competency examination yearly or if management identifies practice issues. Audits evaluate the management of medications for safety and where deficiencies are identified action is implemented to address the issue. A medication advisory committee oversees the medication management system with resident's medication being reviewed by their doctor every three months; a pharmacist conducts yearly checks on residents' medication requirements. Residents receiving as 'required medications' are assessed by a registered nurse prior to administration and the effect of the medication is noted in the resident's progress notes. There are systems and processes in place to ensure that controlled substances are correctly stored and accounted for and out of date medications are discarded appropriately.

2.8   Pain management
This expected outcome requires that "all residents are as free as possible from pain".

Team's recommendation
Does comply

Residents/representatives are satisfied with the care they receive to minimise pain and are as free from pain as possible. Residents pain relief requirements are assessed on admission or as care needs change using a both verbal and non-verbal assessment tools. Care plans reflect residents assessed needs and they guide staff in the implementation of strategies and interventions to minimise residents' pain including pharmaceutical interventions, hot packs, massage, and repositioning. The use of analgesia, including as required medication, is monitored for its effectiveness and regularity of use. Pain management strategies are reviewed every two months as part of the care review process or if the need is indicated, to ensure interventions for the minimisation of resident's pain remains effective.

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

Team's recommendation
Does comply

Assessment for palliative care strategies and end of life wishes occurs on entry to the home and when palliative care needs are required. Cultural and spiritual considerations are noted, including such details as requests for pastoral support, expectations for care interventions, preferences, family involvement and preferred therapies. The home is supported by a local hospital service and

specific care instructions are communicated to staff using care plans, one-to-one instruction and progress notes. Staff have access to palliative care resources to ensure appropriate care provision when required. Staff reported being considerate of residents' and family needs in planning and monitoring palliative care and demonstrated knowledge of palliative care practices.

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

Team's recommendation
Does comply

Residents/representatives are satisfied with the quantity, quality and choice they received with the meals and drinks provided. Resident's are assessed on admission and on an ongoing basis by registered nurses, dieticians and speech pathologist for their dietary needs and preferences. Resident's weight is monitored monthly and the registered nursing staff are alerted to significant weight changes and instigate interventions such as the provision of supplements or weight loss diets in consultation with the resident/representative. If weight loss persists referrals to appropriate allied health professionals are made as needed. Any subsequent recommendations are incorporated into the care plan in line with resident/representative preferences.

2.11 Skin care
This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's recommendation
Does comply

Residents/representatives are satisfied with the care they receive to maintain their skin integrity. Resident's skin integrity is assessed and a risk assessment is performed on admission to the home or when the resident's care needs change. Nursing staff continually monitor resident's skin integrity during hygiene routines and the delivery of care. Staff have access to suitable stocks and equipment including emollients and pressure relieving devices to maintain resident's skin integrity. The resident's care needs are communicated to staff via care plans, exception reports, verbal and written handover and communication diaries. When resident's skin is compromised, a wound treatment sheet is implemented identifying any specific treatment and interventions; this is reviewed by registered nursing staff. Photographs of wounds are regularly taken to accurately monitor the wound healing process.

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

Team's recommendation
Does comply

Residents are satisfied with the management of their continence issues. Residents' continence needs are assessed on entry to the home and on an ongoing basis. Care plans guide staff practice to address any identified needs and ensure individual residents' preferences are met. Staff education is provided and they have an understanding of continence promotion strategies such as the use of aids, diet, exercise and individual toileting programs. Continence aids are available to meet residents' needs. There is a process for staff to record and monitor urinary and bowel patterns for assessment purposes; care plans are reviewed every two months or as residents' needs change. These changing needs and management strategies are communicated to staff through handover, communications diary and progress notes.

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

Team's recommendation
Does comply

Residents/representatives are satisfied the management of challenging behaviours is effective. Information about residents' challenging behaviours is obtained for representatives, other health professionals and observation and assessment of residents on entry and at intervals during their stay. Care plans communicate to staff the details of residents' challenging behaviours and measures to minimise their occurrence. Care plans are reviewed second monthly and adjustments' made as the resident's needs change. Where necessary, residents' are referred to specialist medical practitioners and assistance is available from community and other mental health services. Staff are required to complete incident forms detailing verbal or physical aggression and theses are reviewed by the Director of Nursing and quality coordinator and used to adjust and evaluate residents care. Staff are aware of individual residents needs and where required, physical restraint is authorised by a medical practitioner and resident/representative consultation occurs.

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

Team's recommendation
Does comply

Residents are assisted to achieve optimum levels of mobility and dexterity within their individual capacity and preference. Residents' individual needs in relation to mobility and dexterity are determined as part of the initial and ongoing assessment processes. All residents are referred to the visiting physiotherapist upon entry to the home and as the need arises; an occupational therapist is available upon request. Staff guide residents in the appropriate and optimal use of mobility and dexterity aids; exercise and walking programs are implemented by the physiotherapy aide to encourage residents' ongoing mobility. Manual handling activities in relation to residents' mobility and

dexterity are undertaken to support independence and comfort. Care plans, handover processes, progress notes and verbal instructions inform staff of residents' mobility and dexterity and evaluation occurs every two months.

2.15 Oral and dental care
This expected outcome requires that "residents' oral and dental health is maintained".

Team's recommendation
Does comply

Residents are satisfied with the assistance provided to maintain their oral and dental health. Residents' oral and dental health needs are assessed on entry using focus assessment tools and through discussion with residents/representatives. Care plans are developed to meet residents' individual needs and preferences and evaluated second monthly or as the need arises. Care plans contain information about residents preferred oral health routines to guide staff care practices. Residents can access a local dentist or they are provided with assistance to attend a practitioner of their own choice. Dentist's recommendations are incorporated into care plans and there is sufficient equipment available to meet resident's oral health needs.

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

Team's recommendation
Does comply

Residents with sensory losses are identified and managed effectively. Residents' sensory needs are assessed on entry to the home and when their needs change. Hearing and optical services are provided to residents in response to any identified needs. Care plans are developed to guide staff practice in the provision of support for the range of identified sensory needs and to ensure continuity of care. Care strategies are reviewed every two months or as needs change. Staff have received education to assist residents to manage their sensory deficits and observation of practice by key personnel ensures effective management of sensory aids.

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

Team's recommendation
Does comply

Residents are able to achieve natural sleep and residents are satisfied with the support provided by staff. Residents' individual sleep patterns are assessed on entry to the home and sleep patterns are determined in consultation with residents/representatives. Care plans are developed to guide staff practice and contain individualised strategies to assist residents to maintain their sleep routines as appropriate. Staff implement support measures such as minimising

noise, offering warm drinks and snacks, one-to-one conversation and the monitoring of the effectiveness of pain management strategies. Approaches for the achievement of natural sleep are reviewed every two months or as the resident's needs change; pharmacological interventions are offered where natural methods are not effective.

Standard 3 – Resident lifestyle

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

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

Team's recommendation
Does comply

The home has a continuous improvement system to identify, plan and implement improvement opportunities. Areas for improvement are identified through continuous improvement logs, audits, surveys, comments and complaints, meetings and the homes open door policy. Improvement are logged by the quality coordinator and monitored and evaluated through quality improvement meetings before being closed out. Feedback to residents, representatives and staff relating to progress, status and review of improvements is communicated regularly through meetings, memos, noticeboards and verbally. Residents, representatives and staff report they are aware of ways to raise improvement requests and contribute to the home's continuous improvement.
Examples of continuous improvement activities across standard three include:

- A new activities calendar has been implemented to add more structure to the program. A current program is placed in every resident's room and displayed on the main noticeboard.
- The diversional therapist reported that residents, whilst trying to concentrate on art and craft activities, were being disrupted by other residents. Tables and chairs have been purchased and an area has been established in the covered courtyard where residents said that they are now able to work with minimum disruption.
- The diversional therapist identified a need for a stable trolley to carry library books and heavy items used to assist in conducting activities. A sturdy, lightweight trolley has been sourced and purchased which the diversional therapist reports has made it easier to take books and information to residents.
- Staff raised concerns that residents were constantly removing privacy curtains from exit doors. The curtains have been replaced with tinted glass in order to maintain privacy. Management report that residents no longer go near the exit doors.

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".

Team's recommendation
Does comply

The home has systems to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the accreditation

standards, through access to the organisational intranet, the Internet and professional membership updates. Policies are reviewed at a corporate level and are referenced to relevant legislation or professional guidelines. Recent changes to food safety requirements and workplace health and safety legislation have been incorporated into management systems and staff throughout the facility have been informed. A comprehensive range of audits and surveys are conducted to ensure compliance with legislation, which is monitored through staff practice. Staff are made aware of changes to legislation through meetings, memos, communication books, notice boards and performance appraisals. Residents and their representatives were informed of the current accreditation audit through resident meetings and notice boards. The home has a system in place to ensure all relevant individuals have been screened through a current criminal record check.

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

The home has established processes for the recruitment and selection of staff. Position descriptions outline required knowledge and skills and staff are employed based on meeting specified criteria. New staff undertake a two day program guided by an orientation package specific to their role and responsibilities. The comprehensive education calendar enables staff to further their skills and knowledge through internal and external providers and all staff are required to maintain mandatory and specific role related responsibilities. Education needs are identified through training evaluations, annual performance reviews and the changing needs of residents. Staff performance, including the monitoring of skills and knowledge, occurs through competency assessments, audits, feedback from meetings and observation of staff practice. Staff interviewed reported that they have the opportunity to maintain and develop the necessary skills to perform their roles.

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

Team's recommendation
Does comply

Residents are satisfied staff are considerate of their emotional needs, supportive during the settling in period and responsive to their emergent emotional needs. Residents' emotional needs are assessed on entry to the home and on an ongoing basis with support being delivered by staff. Information about residents' lifestyle background, personality traits, likes, dislikes and abilities are assessed for emotional support needs and utilised for the development of care plans that guide staff practice.
Residents/representatives are provided with written and verbal information about the home before and on entering the home with staff reinforcing resident orientation and encouraging the resident to participate in activities. Orientation to the home is given to new residents prior to and upon admission; residents

are introduced to existing residents and staff. Pastoral support people are available to the home and see residents who can then choose continued visitation.

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

Residents/representatives are satisfied they are given assistance to attain maximum independence, to preserve friendships and to share in community life. Residents' needs and preference for their independence are assessed on entry to the home and care plans are developed to guide staff practice. The care plan is reviewed second monthly or as the need changes to ensure care and approaches to promoting independence and maintaining friendships continue to meet the residents' needs. Social functions and interaction with friends and family is promoted within the home environment. Staff communicate changes through handover, communication books, progress notes and adjustments to the care plan. Residents are encouraged to participate in community events and to attend to personal needs such as appointments if required.

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

Residents are satisfied their right to privacy, dignity and confidentiality is recognised and respected by staff. The home's expectations for maintaining privacy, dignity and confidentiality are documented in policies and procedures and staff are provided with instruction when they commence employment. Residents' care, lifestyle, cultural and spiritual beliefs and preferences are identified on entry to the home and recorded on the care plan to guide staff practice. Residents' records are held in locked cupboards that can only be accessed by authorised personnel and matters pertaining to individual residents' are discussed in privacy. Staff obtain consent for entry to residents' rooms and close doors and privacy screens when residents are being attended to. Staff have knowledge of individual residents preferences and interact with residents in a respectful manner.

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

Residents/representatives are satisfied with the support and encouragement provided to participate in a range of activities that are of interest to them. Residents' social history, interests and lifestyle are assessed on entry to the home and on an ongoing basis. Consideration is given to residents' physical abilities when assessing the residents' capacity to participate in activities. Care plans are created to direct staff practices and are reviewed second monthly (and on an as needs basis) to reflect current activity requirements and the preferences of the resident. Residents' contribute to the activities program through surveys, one-to-one interviews, evaluation of residents' participation and meetings. Residents are encouraged and assisted to undertake activities and given the chance to become involved in new experiences.

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

Team's recommendation
Does comply

Residents/representatives are satisfied staff value and foster their individual interests, customs, beliefs and cultural and ethnic backgrounds. The cultural and spiritual needs of residents are assessed on entry to the home and communicated to staff via the care plan, handover processes and progress notes. Residents are encouraged to maintain links with the community and are assisted in observing days that are spiritually and culturally significant to them. Several church groups visit the site and provide church services. Residents unable to attend can receive visits in their rooms whilst residents preferring a visit from a spiritual adviser of another denomination are accommodated. The residents' individual customs and beliefs are observed and known by staff and culturally specific activities are offered at the home when required.

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/representatives are satisfied with the choices being offered and their involvement in decision-making processes. Residents' hygiene and grooming preferences, sleep patterns and other facets of daily life are assessed on entry to the home and on an ongoing basis. Residents are assisted and supported to exercise choice about the services they receive and make decisions concerning their day-to-day life. Residents/representatives participate in care planning and are given choices for such things as meals and shower times. The home assesses when residents are unable to make decisions for themselves and alternative decision-makers (such as an adult guardian, enduring power of attorney, or significant other) are identified to make

decisions on their behalf. Information is communicated to residents with the ability to make informed choices in written and verbal forms. Residents have an awareness of their rights and responsibilities and have access to information regarding advocacy services if required.

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

Residents/representatives feel secure in their tenure and understand their rights and responsibilities. Information regarding service provision is supplied to residents/representatives through resident agreements, handbooks and pamphlets. These documents contain information about security of tenure, internal and external complaints mechanisms, orientation information as well as resident's rights and responsibilities. Networks with peak bodies ensure there is current information about specified care and service obligations, accommodation fees and charges. If there is a need to relocate a resident to another room or service the home has policies and procedures in place and consultation with the resident/representatives occurs.

Standard 4 – Physical environment and safe systems

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

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

Team's recommendation
Does comply

The home has a continuous improvement system to identify, plan and implement improvement opportunities. Areas for improvement are identified through continuous improvement logs, audits, surveys, comments and complaints, meetings and the homes open door policy. Improvement are logged by the quality coordinator and monitored and evaluated through quality improvement meetings before being closed out. Feedback to residents, representatives and staff relating to progress, status and review of improvements is communicated regularly through meetings, memos, noticeboards and verbally. Residents, representatives and staff report they are aware of ways to raise improvement requests and contribute to the home's continuous improvement.

Examples of continuous improvement activities across standard four include:

- To assist with the management of residents with wandering behaviours, a room in B wing has been converted into a lounge with furniture, music and activities suited to their needs. Whilst residents still wander, staff report that the new lounge area has a calming effect on residents.
- Laundry staff reported that some articles were still stained after going through the wash cycle. New detergent boxes have been placed on the machines giving better control of the amount of detergents and bleach dispensed. Laundry staff report a higher quality of wash since the new dispensers have been implemented.
- To improve the living environment and to create a more homely atmosphere, residents' curtains and bedspreads have been replaced in consultation with residents and representatives.
- Complaints were raised from staff and residents that stroke plates were stained and chipped. New plates were sourced and trailed resulting in the purchase of non chip, light weight bowls which are easy for residents to use and much lighter for catering and care staff to handle.
- Staff reported that they often had to dry wheelchairs and mobility equipment before use as they were stored in the courtyard exposed to the elements. The maintenance department have closed in the area ensuring dry storage of equipment.
- A new catering kit has been purchased to ensure accuracy when monitoring food temperatures with the probe in the kitchen.

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".

Team's recommendation

Does comply

The home has systems to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the accreditation standards, through access to the organisational intranet, the Internet and professional membership updates. Policies are reviewed at a corporate level and are referenced to relevant legislation or professional guidelines. Recent changes to food safety requirements and workplace health and safety legislation have been incorporated into management systems and staff throughout the facility have been informed. A comprehensive range of audits and surveys are conducted to ensure compliance with legislation, which is monitored through staff practice. Staff are made aware of changes to legislation through meetings, memos, communication books, notice boards and performance appraisals. Residents and their representatives were informed of the current accreditation audit through resident meetings and notice boards. The home has a system in place to ensure all relevant individuals have been screened through a current criminal record check.

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

The home has established processes for the recruitment and selection of staff. Position descriptions outline required knowledge and skills and staff are employed based on meeting specified criteria. New staff undertake a two day program guided by an orientation package specific to their role and responsibilities. The comprehensive education calendar enables staff to further their skills and knowledge through internal and external providers and all staff are required to maintain mandatory and specific role related responsibilities. Education needs are identified through training evaluations, annual performance reviews and the changing needs of residents.
Staff performance, including the monitoring of skills and knowledge, occurs through competency assessments, audits, feedback from meetings and observation of staff practice. Staff interviewed reported that they have the opportunity to maintain and develop the necessary skills to perform their roles.

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's environment reflects the safety and comfort needs of residents. Residents occupy single and shared rooms with ensuite facilities. Residents' rooms and all communal areas are fully air-conditioned, walkways are free of trip hazards, designated storage areas for equipment and mobility aids are provided and gardens are maintained to ensure safety. Residents are encouraged to personalise their own living space and utilise the lounge and

communal areas throughout the facility. Preventative maintenance is conducted in accordance with the schedule and requests are actioned in a timely manner. The living environment is monitored through risk assessments, hazard reports, accident and incident reporting, audits, surveys and feedback from meetings. Residents and representatives are satisfied with the living environment.

4.5   Occupational health and safety
This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's recommendation
Does comply

The home has an occupational health and safety system that is overseen by elected delegates from each department and supported at an organisational level to assist in the identification, actioning and review of safety issues. Safety performance is monitored through audits, hazard identification, risk assessments and staff competencies and action taken as required. Staff receive instruction on safe work practices at orientation, annually and as needs arise. Equipment is maintained and chemicals storage areas are secured. Safety issues are discussed at the combined infection control and workplace health and safety committee meetings and raised as agenda items at all other meetings. Staff work within safety guidelines and demonstrate knowledge of the occupational health and safety systems.

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

Team's recommendation
Does comply

The home has documented policies and procedures to manage fire safety, evacuations and other emergencies such as flood and bomb threats. Staff receive fire and safety education at orientation, annually and one-on-one training as needs arise. Staff are aware of evacuation procedures, the assembly areas, location of evacuation lists for residents and their specific role and responsibility in such an event. Evacuation plans are located across the site, exits are clear of obstruction and the building meets certification requirements. The home has systems in place to test and tag electrical equipment has an established smoking policy and maintains safe storage of chemicals. External providers maintain fire systems, equipment and signage. Security procedures include lock down at night, external security cameras and sign in/out for staff and visitors.

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

Team's recommendation
Does comply

The home has an effective infection control program in operation across clinical, catering and laundry services. The infection control director of nursing monitors the effectiveness of this program via analysing the results of audits of the environment and staff practices, preventive health measures for residents and staff and the treatment and evaluation of resident infections. The home has available hand washing facilities, personal protective equipment, spill kits and sharps management equipment. A colour coding system is used for soiled linen/clothing and staff follow effective infection control practices inline with their areas of responsibility. The home monitors community health issues and there are procedures and resources for the management of specific infection outbreaks. Temperature monitoring of hot and cold storage areas, pest control, equipment maintenance, cleaning routines and waste management protocols support the home to control risk related to infection transmission.

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 provides hospitality services in a way that enhances residents' quality of life and the working environment for staff. Catering services are provided to meet residents' dietary needs and preferences, which are identified on admission and on an ongoing basis. A dietitian reviews changes to the menu. Residents have input into the current menu through resident meetings, surveys and directly to catering staff. Cleaning of residents' rooms, communal areas and high cleaning is done in accordance with the cleaning duty lists and all staff are instructed in the use of personal protective equipment, general cleaning equipment and chemicals. The onsite laundry has equipment and processes to ensure safe infection control practices and staff are aware of best practice when handling laundry items. Residents report that laundry is returned in a timely manner. The effectiveness of hospitality services is monitored through meetings, audits and surveys. Residents expressed satisfaction with the catering, cleaning and laundry services provided to them.