



Aged Care
Standards and Accreditation Agency Ltd

Decision to accredit Adventist Retirement Village - Victoria Pt

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Adventist Retirement Village - Victoria Pt in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Adventist Retirement Village - Victoria Pt is three years until 4 December 2012.

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

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

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Adventist Retirement Village - Victoria Pt		
RACS ID:	5480		
Number of beds:	113	Number of high care residents:	78
Special needs group catered for:	<ul style="list-style-type: none"> • Dementia and related disorders 		
Street/PO Box:	571 Cleveland-Redland Bay Road		
City:	VICTORIA POINT	State:	QLD
		Postcode:	4165
Phone:	07 38205709	Facsimile:	07 38205799
Email address:	dbain@adventist.org.au		

Approved provider

Approved provider:	Seventh-day Adventist Aged Care (South Qld) Ltd
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Assessment team

Team leader:	Mary Tattam
Team member/s:	Lois Janetzki
Date/s of audit:	26 August 2009 to 28 August 2009

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply

Standard 2: Health and personal care

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

Accreditation decision

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

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

Accreditation decision

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

Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Adventist Retirement Village - Victoria Pt
RACS ID	5480

Executive summary

This is the report of a site audit of Adventist Retirement Village - Victoria Pt 5480 571 Cleveland-Redland Bay Road VICTORIA POINT QLD from 26 August 2009 to 28 August 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Adventist Retirement Village - Victoria Pt.

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

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 26 August 2009 to 28 August 2009.

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

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

Assessment team

Team leader:	Mary Tattam
Team member/s:	Lois Janetzki

Approved provider details

Approved provider:	Seventh-day Adventist Aged Care (South Qld) Ltd
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Details of home

Name of home:	Adventist Retirement Village - Victoria Pt
RACS ID:	5480

Total number of allocated places:	113
Number of residents during site audit:	109
Number of high care residents during site audit:	78
Special needs catered for:	Dementia and related disorders

Street/PO Box:	571 Cleveland-Redland Bay Road	State:	QLD
City/Town:	VICTORIA POINT	Postcode:	4165
Phone number:	07 38205709	Facsimile:	07 38205799
E-mail address:	dbain@adventist.org.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Director of nursing	1	Residents/representatives	12
Deputy director of nursing	1	Ward clerk	1
Manager	1	Work place health and safety officer	1
High care co-ordinator	1	Site manager - catering	1
Low care co-ordinator	1	Area manager – external catering services	1
Registered nurses	2	Catering staff	1
Endorsed enrolled nurses	1	Housekeeping supervisor	1
Quality co-ordinator	1	Volunteers	1
Personal assistant	1	Laundry staff	1
Diversional therapists	2	Cleaning staff	2
Chaplain	1	Maintenance staff	1
Care staff	6		

Sampled documents

	Number		Number
Residents' files	13	Medication charts	13
Personnel files	8	Care plans	13

Other documents reviewed

The team also reviewed:

- Activities calendars & notices of events
- Allied health notes
- Asset register

- Audits
- Buzzer response records (electronic)
- Care Plans
- Chemical register
- Cleaning rosters/schedules
- Clinical Assessment Tools
- Comments complaints log
- Communication books/diaries
- Complaints, suggestions and compliments - room for improvement forms
- Controlled drug register
- Daily running sheets (roster)
- Dietary lists
- Duties lists
- Education calendar
- Emergency procedure booklet
- Employee training records
- Fire safety inspection report 24 April 2009 and associated fire safety documentation
- Focus Assessment Tools
- Food safety program documentation
- Hazard alert forms
- Leisure and lifestyle records
- Maintenance calendar
- Meal comment book (residents)
- Medical Officer notes
- Medication charts
- Medication competencies
- Memo folder
- Minutes of meetings
- Outstanding maintenance summary
- Policies and procedures
- Position descriptions
- Priority action plan
- Progress notes
- Quality indicators
- Resident Agreement
- Resident evacuation lists
- Residential care agreements
- Residents' dietary requirements folder (kitchen)
- Residents' information handbook
- Self-medication assessment
- Specimen signature register
- Staff education performance review and competency booklets
- Staff handbook
- Staff summary of medication competencies 2009
- Surveys
- Team meeting attendance sheet
- Temperature monitoring records
- Treatment and wound care charts
- Wardens register

Observations

The team observed the following:

- Activities in progress

- Allied health professionals interacting with residents
- Clinical communication white board in medication room
- Continence management products
- Daily chapel service
- Emergency fire evacuation floor plans
- Equipment and supply storage areas
- Fire evacuation signage
- Hairdresser room
- Hostel and Nursing Home environment
- Interactions between staff and residents
- Internal and external living environment
- Meal service
- Medical equipment and hoists
- Medication administration
- Medical storerooms
- Pressure relief devices and wound care resources
- Resident notice boards
- Resident pets
- Secure electronically coded living environment
- Staff notice boards
- Storage of medications
- Treatment rooms
- Treatment trolleys
- Volunteers' social interaction with residents

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 quality improvement system in place that captures opportunities for the identification, implementation, evaluation and review of improvement activities. Improvement opportunities are identified through complaints, suggestions and compliments forms, hazard identification, and analysis of clinical incident data, risk assessments, audits, and meetings. The Quality Co-ordinator has designated responsibility for the quality improvement system. Quality improvement committee meetings provide opportunities for planning, implementation and evaluation of activities. Residents/representatives and staff are encouraged to participate in the improvement activities of the home and demonstrated an understanding of these processes. Examples of improvements achieved in management systems, staffing and organisational development include, but are not limited to:

- The home has implemented an electronic documentation system which management reported has improved record keeping, monitoring of maintenance activities and the clinical care of residents and staff access to information.
- A work improvement team has been formed, which is staff driven, and has a purpose to increase the involvement of staff in the continuous improvement activities of the home. A suggestion raised through this team in regard to shifts has resulted in a change of shift hours which has enabled staff to more efficiently meet the needs of residents in the morning.
- The home has introduced electronic learning which provides staff with an alternative mode of learning that is self directed. Management reported that they actively work to encourage staff to access this form of learning.
- Management reported that the home has increased its education resources, such as videos, and the installation of a television in the staff room to assist staff with their learning. A projector and drop down screen has also been purchased. Staff reported satisfaction with the education resources available at the home.
- Management reported that a new bus has been purchased that is able to accommodate residents seated in a ‘flotation chair’ which will afford more residents the opportunity of going on an outing.

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 organisation has systems and processes in place to capture any changes in legislation and to ensure that this information is provided to residents and staff. These include subscriptions to industry peak bodies and legislation update services, and the home has access to relevant legislation, regulatory requirements, professional standards and guidelines. Updated information is brought to the quality and management committee meetings and communicated to staff through meetings, staff communication folders, memos and one to one consultation. Updates to the policies and procedures of the home are overseen by the Quality Co-ordinator. Compliance is monitored through audits and competency assessment of staff practice. There is a process in place to monitor that all staff have 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 documented position descriptions which identify the knowledge and skills required for the roles performed at the home. Education programs are developed through performance appraisals, deficits identified through audits, incidents, observation of staff practice and with input from staff. The education program includes electronic resources to enable self paced learning for staff and is amended to include emergent needs in addition to the planned sessions. Attendance at education sessions, including mandatory training, is monitored by the DDON and education sessions are evaluated and staff attendance monitored. Staff demonstrated skills and knowledge relevant to their roles and confirmed satisfaction with the support they receive from the home to identify and develop their skills.

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/representatives are informed about the internal and external complaints processes within the home during the admission process, the resident agreement and handbook and through residents/representative meetings and at case conferences. Complaints, suggestions and compliment forms are available throughout the home, information brochures on external complaints mechanisms are on display and a secure suggestion box is in place to allow anonymity if required. Complaints are recorded as part of the continuous improvement system, discussed at quality improvement committee meetings and tracked by the DON through to resolution. Residents/representatives were aware of the mechanisms in place and were satisfied management deal with issues raised to their satisfaction and in a timely manner.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home has documented their mission, vision and values statements and their philosophical approach to quality service delivery. These documents are on display in the home and documented in the resident and staff handbooks.

1.6 Human resource management

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

Team's recommendation

Does comply

The home has processes in place for the recruitment and selection of appropriately skilled and qualified staff. During an orientation period staff gain an understanding of the home's philosophy and vision, confidentiality and privacy requirements, resident's rights and responsibilities and relevant work instructions; this process includes new staff having supernumerary buddy shifts with experienced staff. Staff roles are outlined in position descriptions and work schedules. Staffing levels and skills mix is monitored via bed occupancy, resident care acuity and feedback from staff. Processes are in place to replace the planned and unplanned leave of staff. Monitoring of staff knowledge and skills is facilitated through performance appraisals, competency assessments and observation of practice; identified deficits are referred to the education program. Residents indicated that their care needs are met in a timely manner and expressed satisfaction with staff response to requests for assistance.

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 identify, purchase and maintain appropriate goods and equipment for the delivery of services. An electronic database is maintained and a planned/reactive maintenance program is in place for all equipment. Key personnel are responsible for overseeing that sufficient supplies of goods are maintained such as medical supplies, continence aides, medications, food, chemicals and other general goods. Equipment needs are identified through staff feedback, hazard reports, budgetary processes and where there has been a change to residents' needs. Stock is ordered from preferred suppliers; these are checked on receipt and processes are in place to ensure that these are stored correctly and in date. Maintenance Officers are on site to maintain equipment in accordance to maintenance schedules or in response to a maintenance request. Residents and staff have access to a consistent supply of stock and suitable equipment to meet their needs. Residents and staff are satisfied with the availability of goods and equipment and that the equipment was well maintained at the home.

1.8 Information systems

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

Team's recommendation

Does comply

The home has processes in place to identify, collect, store and communicate information to meet the needs of all stakeholders. Access to organisational, staff and resident information is controlled via the provision of locked storage facilities, password protection of electronic files and staff education regarding confidentiality of information. Archived information can be readily retrieved and all electronic information is regularly backed up. Current information regarding legislative requirements, work instructions, administrative and educational issues are communicated to staff by displayed notices, memos, meeting minutes and one-to-one consultation. Communication processes to inform staff of residents' care information is via shift handovers, one-to-one directions and communication books/diaries. Residents/representatives have meetings, noticeboards, newsletters and other correspondence to keep them informed. Staff are aware of internal communication processes and report they are consulted in relation to issues that affect them and their work practices. Residents/representatives are satisfied that the communication processes of the home keeps them informed about their care and about current and future activities.

1.9 External services

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

Team's recommendation

Does comply

The home has a list of selected external providers with service agreements to ensure their compliance with the organisation and home's quality, workplace health and safety and legislated requirements. The Personal Assistant to the Manager oversees and monitors the activities of external providers. External providers are required to have criminal checks; in the instance of a service representative not meeting this requirement they are accompanied by maintenance staff for the duration of the visit. Service agreements are reviewed annually with input from relevant stakeholders (and as required), and a process is in place to manage external services that do not meet the organisation's expectations. A designated list of external providers is readily available to staff should an issue arise. Residents and staff are satisfied with the provision of externally sourced services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home has a continuous quality improvement system in place that captures opportunities for the identification, implementation, evaluation and review of improvement activities. Improvement opportunities are identified through complaints, suggestions and compliments forms, hazard identification, and analysis of clinical incident data, risk assessments, audits, and meetings. The Quality Co-ordinator has designated responsibility for the quality improvement system. Quality improvement committee meetings provide opportunities for planning, implementation and evaluation of activities. Residents/representatives and staff are encouraged to participate in the improvement activities of the home and demonstrated an understanding of these processes. Examples of improvements achieved in health and personal care include, but are not limited to:

- The home has purchased an oxygen saturation machine which the DDON reported has improved the clinical monitoring of residents who are unwell.
- A weight ramp has been installed at the home which allows residents to be weighed whilst sitting in any mobile chair, including specific lounge chairs. To maintain consistency of weights recorded a designated person is responsible for weighing residents using this method.
- Management reported that the home has purchased 20 improved pressure relieving mattresses which are in use at the home for those residents with compromised skin integrity. Staff reported that this has assisted in maintaining the skin integrity of those residents who are in bed for lengthy periods of time.
- The home has commenced the services of an external provider of allied health care. The DDON reported that optometry and podiatry visits have occurred and audiology and dental visits are scheduled for October 2009. Residents indicated to the team satisfaction with the optometry and podiatry visits and their access to other health professional services.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

The organisation has systems and processes in place to capture any changes in legislation and to ensure that this information is provided to residents and staff. These include subscriptions to industry peak bodies and legislation update services, and the home has access to relevant legislation, regulatory requirements, professional standards and guidelines. Updated information is brought to the quality and management committee

meetings and communicated to staff through meetings, staff communication folders, memos and one to one consultation. Updates to the policies and procedures of the home are overseen by the Quality Co-ordinator. Compliance is monitored through audits and competency assessment of staff practice. Processes are in place to monitor that staff registrations are current and to ensure the compulsory reporting of unexplained absences of residents.

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 documented position descriptions which identify the knowledge and skills required for the roles performed at the home. Education programs are developed through performance appraisals, deficits identified through audits, incidents, observation of staff practice and with input from staff. The education program includes electronic resources to enable self paced learning for staff and is amended to include emergent needs in addition to the planned sessions. Attendance at education sessions, including mandatory training, is monitored by the DDON and education sessions are evaluated and staff attendance monitored. Staff demonstrated skills and knowledge relevant to their roles and confirmed satisfaction with the support they receive from the home to identify and develop their skills.

2.4 Clinical care

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

Team’s recommendation

Does comply

Residents are receiving appropriate clinical care in partnership with staff and in line with their needs and preferences. Comprehensive clinical assessment is undertaken by qualified staff, utilising information gathered from residents and their representatives. An integrated electronic documentation system is used to document care needs. Residents’ daily care needs is monitored by qualified nurses and any changes in need are communicated to personal care staff. Care plans are reviewed for effectiveness three monthly or as required and residents are referred to allied health professionals as appropriate. Staff are responsive to residents’ needs and demonstrated an understanding of their individual preferences. Residents confirmed that they are consulted regarding their clinical care and that they are very satisfied with the care and services that they receive.

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’ specialised nursing needs are identified and assessed in consultation with residents and other health professionals as required. Qualified nursing staff undertake the assessment of residents’ specialised nursing care needs, plan treatment and evaluate progress to ensure its effectiveness. Special instructions for care are communicated to care staff via written instructions and/or at verbal handover reports. Staff confirmed that

they have sufficient equipment and resources to deliver any complex nursing care requirements and that specialists are readily accessible should they be needed. Residents/representatives confirmed that they are satisfied with residents specialised nursing care needs and are confident in the staff's level of skill and knowledge.

2.6 Other health and related services

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

Team's recommendation

Does comply

Residents are referred to a variety of health specialists in line with their assessed needs and preferences. Contractual arrangements ensure that other health practitioners are accessed regularly through a process of referral and ongoing reviews. Information regarding consultation with other health services is recorded in the relevant resident file and instructions to staff are included in the resident's care plan. A review of documentation confirmed that a variety of other health staff provide comprehensive assessments and care instructions, which are accessible for care staff to follow. Residents are satisfied that have access to a variety of health specialists to meet their needs.

2.7 Medication management

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

Team's recommendation

Does comply

Residents' medications are managed safely and correctly through clear medical instructions, pharmacy ordering processes, staff administration practices, safe storage and monitoring of outcomes. A prepacked medication system is provided by the pharmacy to assist staff administer residents' medication. Medications are given by or overseen by the registered nurse. Staff competence to manage medications is assessed and any difficulties in supply or practice issues are recorded and followed up promptly. Controlled medications are stored according to legislation and expired or ceased medications are returned to the pharmacy. Management monitors staff practice to ensure compliance with legislative requirement and professional guidelines. Residents that self medicate are assessed as suitable to continue this practice by their medical officer and their medication is held securely. Residents/representatives are satisfied that their medications are managed safely and correctly.

2.8 Pain management

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

Team's recommendation

Does comply

Residents are as free as possible from pain through the use of clinical pain assessments, care strategies and ongoing monitoring and evaluation processes. Comprehensive assessment tools are used and strategies to manage residents who experience pain involve a team approach including pharmacological and non-pharmacological interventions. Pharmacological measures include regularly prescribed oral analgesia and topical slow-release narcotic patches. 'As required' medication provided for pain are administered and evaluated for effectiveness by qualified nurses. Staff liaise with the resident's medical officer when further intervention is required. Residents/representatives confirmed that resident pain

is managed effectively and that staff are responsive to residents changing needs and intervene so as to maximise their comfort.

2.9 Palliative care

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

Team’s recommendation

Does comply

The comfort and dignity of terminally ill residents is maintained through a coordinated team approach. Referrals are made to pastoral care workers and palliative care specialists as required. Advanced health directives and information related to statutory health attorneys are contained in the residents’ file. Cultural and spiritual needs are identified on admission and changes made as required. Access to the onsite chaplain and chapel facilities, support the provision of palliative care needs. Staff confirmed that they have sufficient resources to provide care to those who are terminally ill and that they uphold their comfort, dignity and wishes.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents receive adequate nourishment and hydration through the provision of nutritionally balanced meals based on their assessed individual needs. Residents’ diets are monitored and the effectiveness of their nutritional program is generally documented. Action is implemented if a significant weight loss is identified including referral to the medical officer, dietician and offering of texture modified diets or supplementary nutrition. Information related to each resident’s preferences, likes and dislikes is maintained in the kitchen to allow catering staff to provide meals and drinks that the resident prefers. Fluids are available in each resident’s room and offered during and between meals. A range of assistive devices is available to enable residents to maintain their independence and dignity when consuming food and fluids. Residents/representatives are satisfied that they receive adequate nourishment and fluids.

2.11 Skin care

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

Team’s recommendation

Does comply

Resident’s skin integrity is consistent with their general health through the use of clinical assessment, provision of assistive devices and care strategies including treatments and emollient creams. An assessment of the resident’s skin condition is conducted on admission and a risk assessment undertaken to identify the potential for developing pressure related skin problems. Strategies are implemented to reduce this occurring and pressure reducing products are available including specially designed mattresses/cushions and limb protection devices. Staff confirmed that the recent purchase of new equipment is assisting them to maintain residents’ skin care. Emollient creams are provided and applied by care

staff daily to maintain/improve the condition of the resident's skin. Residents are satisfied with the way staff care for their skin care needs.

2.12 Continence management

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

Team's recommendation

Does comply

Residents' continence needs are managed effectively through assessment, care planning and the provision of aids. The resident's continence status is identified at admission and assessed/monitored in the weeks following admission, to establish individual habits and elimination patterns. Care plans are developed to communicate the assistance level required in toileting, managing incontinence and associated personal hygiene. Daily records are kept to monitor bowel habits and strategies developed to reduce the risk of constipation. Qualified nursing staff monitors the effectiveness of the continence programs. If necessary, continence aids are supplied in line with individual residents' assessed need. A range of products are readily available for resident use and residents are satisfied that their continence needs are met.

2.13 Behavioural management

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

Team's recommendation

Does comply

The needs of residents with challenging behaviours are managed effectively through a team approach including assessment, close monitoring and individual care strategies. Information is collected from assessments, resident representatives to identify any specific individual needs in relation to behaviour. Behaviour charts are utilised to capture the type of behavioural needs, triggers and the interventions used to minimise the effect. Episodes of difficult behaviours are investigated to exclude clinical causes and managed by a variety of strategies including distraction, one to one interventions and medication review. Victoria House provides a safe and secure environment for residents who are prone to wandering. Staff use a multitasked and team approach to deliver care to those with challenging behaviours. The homelike environment is safe and residents/representatives are satisfied that those residents with challenging behaviours are very well cared for.

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

The Physiotherapist assesses residents on admission to the home and documents their functional ability and proposed exercise regime on an individual care plan. Reassessment is conducted on a scheduled basis as well as in response to any changing needs. The mobility care plan directs staff to assist a resident with mobility and transfers. The care plan includes an individually planned exercise program that is carried out either by the resident independently or with the encouragement and directions from the Therapy Aide. Staff confirmed that there is sufficient equipment available to assist in optimising residents

mobility. Residents are satisfied with their therapy programs report that they are assisted to optimise their mobility and dexterity.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents oral and dental health is maintained through a process of assessment, care planning and review. Dental and oral care needs are assessed on admission and documented on the resident’s individual care plan. Access to a visiting onsite dental service has been arranged for residents use. Appropriate dental hygiene products are supplied for each resident and staff confirmed that they provide the prescribed care as outlined on the care plan. Residents are satisfied with the assistance they receive and the access they have to a dental care.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents’ sensory losses are identified and managed effectively through specialist consultation, the provision of specialised equipment and aids. A history of any sensory loss is captured from residents/representatives on admission. Details of health specialist appointments/instructions are documented in the resident’s clinical file. Interventions required to assist the resident minimise their sensory loss is documented on the care plan and resources are available to allow residents with vision/hearing loss participate in activities. Staff ensure that residents are assisted to wear assistive devices such as spectacles and hearing aids. The environment provides adequate cues, lighting, suitable egress and residents are satisfied that staff assist them in managing their sensory loss.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents who experience difficulty with their sleep patterns are identified and strategies are implemented to assist them to achieve natural sleep. Information regarding a resident’s routine and preferences for settling and achieving restful sleep is gathered on admission and assessed/monitored during a settling in phase. Any sleep variances are documented in the progress notes and followed up by qualified staff as required. Residents are assisted to have a daytime rest if they wish. The night time environment is monitored to ensure it is conducive to rest and staff assist residents who are awake with personal hygiene, toileting, repositioning needs and provide drinks and snacks if the resident is thirsty or hungry. Residents are satisfied that they are assisted to achieve restful sleep patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has a continuous quality improvement system in place that captures opportunities for the identification, implementation, evaluation and review of improvement activities. Improvement opportunities are identified through complaints, suggestions and compliments forms, hazard identification, and analysis of clinical incident data, risk assessments, audits, and meetings. The Quality Co-ordinator has designated responsibility for the quality improvement system. Quality improvement committee meetings provide opportunities for planning, implementation and evaluation of activities. Residents/representatives and staff are encouraged to participate in the improvement activities of the home and demonstrated an understanding of these processes. Examples of improvements achieved in resident lifestyle include, but are not limited to:

- The home has recently refurbished the residents’ library and, due to the number of residents who are computer literate, this has included the installation of two computers. Management reported this had been well received by the residents, and the team observed residents using the computers during the audit.
- Large plasma televisions have been installed in the communal areas of the home and staff reported this had improved the visual experience for residents when watching television programmes and videos.
- Two barbeques have been purchased and the first barbeque was held in August 2009. This activity involves the residents and staff from all the areas of the home to come together and socialise, with staff dining with the residents. Management, staff and residents reported that this was a successful event and another barbeque is scheduled for September 2009.
- As a result of a suggestion from the activities staff, the home has implemented a ‘lolly/canteen’ trolley which visits the residents, who have limited ability to access external shops, in the nursing home and secure area. Management reported this has been introduced to improve the lifestyle for the residents and create a community atmosphere.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The organisation has systems and processes in place to capture any changes in legislation and to ensure that this information is provided to residents and staff. These include subscriptions to industry peak bodies and legislation update services, and the home has access to relevant legislation, regulatory requirements, professional standards and

guidelines. Updated information is brought to the quality and management committee meetings and communicated to staff through meetings, staff communication folders, memos and one to one consultation. Updates to the policies and procedures of the home are overseen by the Quality Co-ordinator. Compliance is monitored through audits and competency assessment of staff practice. The home has a system in place for the compulsory reporting of assaults.

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 documented position descriptions which identify the knowledge and skills required for the roles performed at the home. Education programs are developed through performance appraisals, deficits identified through audits, incidents, observation of staff practice and with input from staff. The education program includes electronic resources to enable self paced learning for staff and is amended to include emergent needs in addition to the planned sessions. Attendance at education sessions, including mandatory training, is monitored by the DDON and education sessions are evaluated and staff attendance monitored. Staff demonstrated skills and knowledge relevant to their roles and confirmed satisfaction with the support they receive from the home to identify and develop their skills.

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/representatives have access to a pre-entry tour of the home to familiarise themselves with the environment and to the care and services offered. Information is provided through consultation and a residential care agreement and resident handbook that are provided on admission. An individual assessment is carried out on admission regarding residents' emotional support needs, significant relationships, lifestyle preferences, cultural and spiritual support. Ongoing needs are documented in the resident's care plan which is regularly reviewed. A new residents' orientation is conducted that includes introduction to staff, and they are welcomed by a resident welcoming committee. The home has provision to accommodate many couples which ensures continuity of their relationships and ongoing emotional support. Residents are very satisfied that they are supported by staff in adjusting to life at the home and feel that they are part of a supportive community.

3.5 Independence

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

Team's recommendation

Does comply

The home's environment assists residents to maximise independence, maintain friendships and participate in life within and outside the community. Residents and representatives are encouraged to have input into the care and services provided to them. Access to community venues is fostered through the activities program and groups that visit on a regular basis. Residents are encouraged to maintain control over their affairs by raising concerns with staff and attending residents meetings to discuss any issues they may have. Private areas, such as lounge rooms and patio areas are available for residents to entertain friends or family. Residents are very satisfied that they are able to maintain their independence and friendships and that they feel involved in the supportive community.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Resident's right to privacy, dignity and confidentiality is recognised and respected by staff. Information is collected regarding resident's needs in relation to privacy and their preferred name. Residents' files and confidential information is stored securely and only accessed by authorised personnel. Residents are encouraged to personalise their rooms and staff practices are monitored to ensure that they knock on doors and provide privacy when attending to personal care needs. Residents expressed a high degree of satisfaction with the way staff care for them and are satisfied that their right to privacy, dignity and confidentiality is recognised and respected.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

The Diversional Therapy team offers a wide variety of activities of interest to residents. Their past and present lifestyle, leisure interests and activity level is captured through their 'life story' and assessment during the settling in phase. This information is used to develop an individual activities care plans and activities program that incorporates both group and individual activities. A program of daily activities and special events is offered in line with resident need. Resources such as large print and talking books, jigsaws and movies are available to facilitate individual activities. Many dedicated volunteers assist the diversional therapists to provide activities and outings for residents. The program is supported by on site pets, choir, library, computer access, special breakfasts and other events. Satisfaction with the activities provided is monitored through resident surveys, participation levels and discussion at residents meetings. Residents are very satisfied with the diversional therapy program and activities on offer.

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

Information regarding resident's cultural and spiritual needs is recorded and used in planning the resident's care. The Sabbath is adhered to and Worship Services are held daily with the support of volunteers. The onsite Chaplain knows the residents well and provides ongoing spiritual and emotional support to the Hostel and Nursing Home. Staff confirmed that they work to uphold residents' cultural and spiritual values. When a specific need is identified, the home has access to culturally specific resources, such as interpreters and community visitors. Residents are assisted to maintain their specific spiritual needs and wishes. Residents with various faiths are satisfied that their beliefs are valued and fostered and they are assisted to attend services in line with their preferences.

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 encouraged to participate in decision making through providing ongoing feedback to staff, at case conferences and during resident meetings. The charter of resident's rights and responsibilities is provided in the residential care agreement. Identification of residents' alternative decision maker is made as appropriate and their details are located in their records. Individual preferences including choice in showering, settling, food likes and dislikes are documented on the care plan and this is reviewed every three months to ensure that it is meeting the resident's needs. Staff confirmed that residents' right to choice is paramount in their care delivery. Residents/representatives are very satisfied that they have choice and control over their 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 recommendation

Does comply

Residents have secure tenure and information is provided to them on their rights and responsibilities. Residents/representatives are provided with comprehensive information on admission. This includes a resident handbook and residential care agreement that contains a copy of the Charter of Residents' Rights and Responsibilities, information related to fees and when a resident can be asked to move room or leave the facility. Consultation is entered into with the resident or their representative if there is any considered change to security of tenure. Staff confirmed that any movement of a residents room location is only undertaken in consultation with the resident and or their representative. Residents feel very secure in their tenure and are satisfied with the security afforded at the home 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 recommendation

Does comply

The home has a continuous quality improvement system in place that captures opportunities for the identification, implementation, evaluation and review of improvement activities. Improvement opportunities are identified through complaints, suggestions and compliments forms, hazard identification, and analysis of clinical incident data, risk assessments, audits, and meetings. The Quality Co-ordinator has designated responsibility for the quality improvement system. Quality improvement committee meetings provide opportunities for planning, implementation and evaluation of activities. Residents/representatives and staff are encouraged to participate in the improvement activities of the home and demonstrated an understanding of these processes. Examples of improvements achieved in physical environment and safe systems include, but are not limited to:

- The diversional therapy team organised a mural to be painted on the wall of one of the courtyards’ to improve the environment for the residents. Management reported that this private area is well used by the residents and their visitors and the team observed this area being used by residents.
- Following staff feedback in relation to compromised safety when mobilising with waste trolleys and residents in fall out chairs in an uneven corridor, the home installed a ramp with a gentle slope. Staff reported that this had improved their safety and that of the residents when mobilising in this area.
- As a result of an audit conducted and discussion with catering staff the home identified issues in relation to maintaining food temperatures for residents in the nursing home. Management reported that a bain marie had been purchased and staff reported that meals now retain their heat and residents indicated satisfaction with the quality of meals.
- The home has commenced a refurbishment of some of the hostel bedrooms and to date three have been completed. Management reported that resident/representative feedback has been positive.
- The home has purchased equipment to enable staff to assist residents/representatives with the labelling of their clothing.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

The organisation has systems and processes in place to capture any changes in legislation and to ensure that this information is provided to residents and staff. These include subscriptions to industry peak bodies and legislation update services, and the home has

access to relevant legislation, regulatory requirements, professional standards and guidelines. Updated information is brought to the quality and management committee meeting and communicated to staff through meetings, staff communication folders, memos and one to one consultation. Updates to the policies and procedures of the home are overseen by the Quality Co-ordinator. Compliance is monitored through audits and competency assessment of staff practice. The home has a food safety program in place.

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 documented position descriptions which identify the knowledge and skills required for the roles performed at the home. Education programs are developed through performance appraisals, deficits identified through audits, incidents, observation of staff practice and with input from staff. The education program includes electronic resources to enable self paced learning for staff and is amended to include emergent needs in addition to the planned sessions. Attendance at education sessions, including mandatory training, is monitored by the DDON and education sessions are evaluated and staff attendance monitored. Staff demonstrated skills and knowledge relevant to their roles and confirmed satisfaction with the support they receive from the home to identify and develop their skills.

4.4 Living environment

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

Team's recommendation

Does comply

Residents/representatives are satisfied with the safety and comfort of the living environment. Residents are accommodated in single and shared rooms with either ensuite facilities or access to shared amenities. Residents are encouraged to personalise their own rooms with furnishings and decorations. The home has equipment to ensure comfortable internal living temperatures and sufficient furniture in communal internal and external living areas that is appropriate to the needs of residents. Small lounge and courtyard areas provide an environment for residents to socialise with their family and visitors. The home monitors and maintains the living environment through audits, hazard identification and risk assessment and a preventative maintenance schedule. The home has a secured cottage with garden areas, and processes are in place for residents requiring protective assistance including consent and authorisation. The home has an evening lock down process and external security services provide random night patrols to ensure staff and resident safety.

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 established occupational health and safety system that includes regular audits of the environment, hazard and risk management processes, education and incident reporting. Signage and information posters alert residents, visitors and staff to safety issues and a designated Workplace Health and Safety Officer monitors work practices and manages the system. Information on safety issues is discussed and communicated via meetings, training sessions and memos. Staff receive instruction on the home's safety requirements at orientation and through annual mandatory training. Maintenance programs are in place for equipment and buildings. Chemicals are stored securely and material data safety sheets are accessible to staff in hard copy and all hazardous substances are logged on the hazard log. However, the conducting of risk assessments on hazardous substances does not consistently occur. Staff are aware of the processes for reporting any safety issues and the interventions to ensure they perform their duties in a safe manner.

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

Management and staff are actively working to minimise fire, security and emergency risks. Senior staff are responsible for overseeing emergency situations and resident evacuation lists are maintained and reflect mobility requirements and sensory impairment. External service providers undertake regular servicing and maintenance of fire equipment and systems. The home has achieved building certification against the *1999 Building Certification Instrument*. Emergency exits and pathways to exits are free from obstacles. Fire evacuation procedures are communicated and reinforced with residents on entry to the home and on a regular basis. Staff are provided with initial and annual instruction in fire safety and evacuation procedures and demonstrated appropriate knowledge of their role in an emergency. The home has emergency procedures, evacuation diagrams and a list of residents and a visitors' book to guide staff in the event of an emergency and evacuation.

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 established infection control program that is overseen by The Quality Co-ordinator. There are processes for the identification of suspected and actual infections and access to procedures for the management of an outbreak or pandemic. Infection data is collected and reviewed to identify trends and implement appropriate action. The home has implemented procedures to minimise the risk of cross infection during the provision of care and services. Temperature checks on equipment are documented to ensure that equipment is operating within parameters outlined in the relevant guidelines. The home provides adequate hand washing facilities, sharps containers and personal protective equipment for staff. There are processes in place to effectively manage waste, pest control and food

hygiene. Staff have mandatory training in relation to infection control measures at orientation and this is made available on an annual basis. Staff demonstrated an awareness of the colour-coded equipment, the use of personal protective equipment and general principles used to prevent cross infection.

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

Residents/representatives expressed satisfaction with catering, cleaning and laundry services provided by the home. Catering services are provided to meet residents' individual dietary needs and preferences as identified on entry to the home and when needs change. The menu is reviewed by a dietician to ensure that it meets residents' nutritional requirements and is rotated every six weeks. Seasonal menu changes are distributed to residents for review and input. The kitchen has a food safety program which includes staff education, the use of personal protective equipment and daily temperature monitoring of stored and cooked food and meeting local regulations. Cleaning services are provided and staff are directed by duty lists and schedules and trained in the use of specialised cleaning equipment and products. Contract cleaning services are utilised for high cleaning and complex areas. Residents' personal laundry is attended to at the home and flat linen is contracted out. Processes are in place to separate clean and soiled laundry to minimise the risk of cross infection. Residents' personal clothing items are able to be labelled and there are processes to manage misplaced laundry items. The home monitors the effectiveness of hospitality services through audits and resident feedback. Catering, cleaning and laundry staff demonstrated knowledge of infection control and the use of personal protective clothing.