



Aged Care
Standards and Accreditation Agency Ltd

Blue Cross Willowmeade

RACS ID 3843

70 Kilmore-Lancefield Road

KILMORE VIC 3764

Approved provider: **Blue Cross Community Care Services (Toorak)
Pty Ltd**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 01 May 2016.

We made our decision on 11 April 2013.

The audit was conducted on 05 March 2013 to 06 March 2013. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

Standard 4: Physical environment and safe systems**Principle:**

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

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Blue Cross Willowmeade 3843

Approved provider: Blue Cross Community Care Services (Toorak) Pty Ltd

Introduction

This is the report of a re-accreditation audit from 5 March 2013 to 6 March 2013 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 5 March 2013 to 6 March 2013.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

Assessment team

Team leader:	Ann De Pellegrin
Team member:	Jennifer Williamson

Approved provider details

Approved provider:	Blue Cross Community Care Services (Toorak) Pty Ltd
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Details of home

Name of home:	Blue Cross Willowmeade
RACS ID:	3843

Total number of allocated places:	80
Number of residents during audit:	77
Number of high care residents during audit:	71
Special needs catered for:	Secure dementia unit

Street:	70 Kilmore-Lancefield Road	State:	Victoria
City:	Kilmore	Postcode:	3764
Phone number:	03 5734 3400	Facsimile:	03 9828 1281
E-mail address:	office@bluecross.com.au		

Audit trail

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

Interviews

	Number		Number
Management	9	Residents/representatives	9
Allied health professionals/clinical/care/lifestyle staff	11	Hospitality, safety and environment staff	8

Sampled documents

	Number		Number
Residents' files	17	Dietary profiles	13
Diabetic management plans	8	Residential contracts	8
Wound care charts	4	Personnel files	8
Medication charts	11	Service agreements	7

Other documents reviewed

The team also reviewed:

- Activity planners and calendars
- Allied health referrals and doctors' communication registers
- Approved supplier and contractors lists
- Audit schedule, tools, third party audits and results
- Cleaning schedules and flat mop system
- Comments and complaints records
- Competency assessments
- Consolidated reporting register
- Data and trend analysis
- Drugs of addiction register
- Education planner, records and evaluations
- Fire and emergency service records
- Food safety plan and related records
- Handover sheets and communication diaries
- Human resource records including staff qualifications, competencies and certificates
- Incident reports and actioning
- Infection control resources and records
- Information pack and handbooks – resident, staff
- Material safety data sheets
- Meeting minutes and memoranda

- Nurses registration monitoring system
- Pest control program
- Police certificate monitoring system
- Policies, procedures and associated flow charts
- Preventative and reactive maintenance records and schedule
- Quality improvement register and project action plans
- Regulatory certification
- Rosters and daily allocation records
- Seasonal menu's, resident individualised menu and associated records
- Self assessment report
- Specialised nursing documentation
- Sign in and sign out record books
- Temperature records

Observations

The team observed the following:

- Activities in progress
- Archive storage and restricted access in staff work areas
- Communication boards and lifestyle photographs
- Fire fighting equipment, egress and pathways
- Information brochures on display in multiple languages
- Interactions between staff and residents
- Living environment including shade and wind break screens
- Lunch and refreshment service
- Mechanisms for safety and security
- Medication storage and administration
- Mobility and transfer equipment
- Notification to stakeholders of reaccreditation audit
- Nurses' stations and other staff work areas
- Personal protective equipment and gastroenteritis kits
- Waste disposal and pest control systems
- Wound trolleys, equipment and supply storage areas

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Blue Cross Willowmeade has established systems to actively pursue continuous improvement supported and linked to the organisation improvement system within a risk management framework. Management and staff identify improvements from a variety of opportunities including stakeholder comments, meetings, quality activities, satisfaction surveys, incidents, observations, strategic plans and the changing needs of residents. Management record improvements on the organisation or home's quality improvement register with multiple action improvements recorded onto a project action plan. A monthly report to corporate management includes the home's improvement activities with annual and regular peer reviews and audits which oversee progress and outcomes of improvements. Management seeks formal or informal satisfaction from stakeholders or individuals with continuous improvement a standing agenda item at all meetings. Staff, residents and representatives state they are encouraged to participate in improvement activities and confirm ongoing improvement activities occur at the home.

Recent examples of continuous improvement in relation to Standard 1 include:

- In consideration to the increased number of high care residents in the low care area and one resident on palliative care preferring to stay in the same area, management reviewed the roster. Following discussions with nursing and care staff, several shifts were extended and additional shifts introduced in the low care area. These include: two extra shifts and extended shifts totally 11 hours for the day shift and five hours in the afternoon. Part of these hours included the memory support unit having extra lifestyle activities in the afternoon enabling care staff to assist in other areas. Management state and call bell audits show, since these changes were made there has been improved response to call bells in the low care area.
- In response to three high care residents preferring to sit up for their shower and the existing shower chairs not supporting their individualised needs, resulted in the purchase of a padded, tilt shower chair. The home trialled a particular recommendation for several months with resident input. Documentation shows positive feedback by residents regarding the new purchase. Staff highlighted the chair is easier to use than the portable bath, maintains safety for residents and staff and supports residents privacy and dignity.
- Management in continually asking staff not to use out of date versions of care documentation resulted in discussion with staff which identified ongoing breakdowns of the printer. The older style type printer was continually breaking down and being repaired. A cost analysis undertaken showed this was ineffective for all concerned. A new printer was purchased with a scanning facility which now enables information to be electronically stored. Management state all office and staff work areas were checked and all forms removed. Staff confirmed they no longer print off multiple copies of the same form and are using the correct version documents as required. Care plan reviews show,

staff are now recording all relevant information regarding resident changes, enabling nursing staff to follow up and update resident care plans.

- A comment made by a respite resident on limited housekeeping information resulted in further follow up. The topic was discussed within a resident and relative meeting and several points and ideas were discussed enabling management to develop an information brochure based on resident feedback. For example, how to make an outside call, how to lock your room using the door snip and what to do if you lose your key. Documented resident comments show positive feedback regarding the brochure. Management state they continue to revise the brochure and add suggestion as raised by residents and representatives.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation has systems to identify and ensure compliance with all relevant legislation, regularity requirements, professional standards and guidelines. The organisation receives relevant information from government, professional and peak body associations. The organisation’s corporate team reviews changes and updates policies as required and management is informed. Management communicate to staff in the home any regulatory changes, through memoranda and meetings where regulatory compliance is a standing agenda item. At an organisational level the corporate team oversee governance and the monitoring of the home’s audit results and compliance through regular reporting processes management follow. Staff demonstrated knowledge of regulatory requirements related to Standard 1.

Examples of responsiveness to regulatory compliance relating to Standard 1 include:

- The organisation and the home’s management have effective systems to manage and monitor police certificates and statutory declarations.
- Management ensures employed staff are appropriately qualified.
- Management demonstrated they notify stakeholders of the re-accreditation audit assessment.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

The home demonstrates management and staff have the knowledge and skills required for effective performance in relation to the Accreditation Standards and in particular to management systems, staffing and organisation development. The organisation’s learning and development team and management develop an annual education and training planner with scheduled induction, mandatory and planned topics. Management offer other education opportunities as required. Management identify education and training requirements via training needs analysis, quality activities, stakeholder input, residents’ changing needs, observations, incident outcomes and legislative changes. A range of delivery methods

includes in-house sessions, external consultants, workshops, competency evaluation, with opportunities for staff to attend seminars, conferences and network groups. The home maintains attendance records with a data base of education completed. Management evaluate sessions to monitor their effectiveness. Staff state they are satisfied and participate in a variety of educational options available to them. Residents and representatives expressed satisfaction with staff skills and knowledge.

Examples of education and training scheduled and attended in relation to Standard 1 include:

- asset management and budgeting
- communication and telephone skills
- computer skills and advanced excel program
- leadership forum
- problem solving and decision making
- the seven pillars of management (two day course)
- staff selection and interviewing
- team work
- time management

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has comment and complaint mechanisms that are accessible to all stakeholders. The comments and complaints system includes feedback forms, stakeholder meetings, satisfaction surveys, informal interactions with staff and an 'open door' policy of access to management. Information about internal and external complaint services and advocacy services is accessible and available in languages other than English. Comments and complaints are actioned and documentation indicates stakeholders raising concerns receive feedback in a timely manner. Regular audit and data analysis processes assist management to evaluate the effectiveness of actions taken and any trends associated for further response. Staff state they are comfortable to raise matters that concern them and expressed their responsibility in assisting residents with concerns or complaints. Residents and representatives said they are comfortable in approaching staff and management with any issues and said when concerns were raised these were followed up and actioned to their satisfaction.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation prominently displays the vision, values and mission statement in the main foyer of the home and detailed this, in the resident and staff information booklets, orientation

programs, resident agreements and reflected in policy and procedures. Management and staff demonstrate commitment to planning and quality through corporate strategic planning, leadership training and the high level of corporate support provided to the home. Four key principles of care – people, performance, principles and passion, underpin decision-making and the focus on the resident and expected staff behaviour. The organisation manifest these principles in the adoption of the 'starfish' philosophy of care: 'choose your attitude, be there, make their day and have fun'. Staff expressed their commitment to providing quality care and upholding the values of the organisation. Residents and relatives confirm their satisfaction with the quality of care and services.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The organisation has processes to ensure they recruit appropriately skilled and qualified staff to deliver quality care and services to residents. There are recruitment, selection and orientation processes with new staff attending an induction program and provided several buddy shifts as required. Position descriptions and duty lists are current and define individual responsibilities. Management monitor and adjust staffing allocations. Rosters show adequate staffing levels and skill mix maintained at all times with a registered nurse on duty on all shifts. Bank and permanent staff cover planned and unplanned leave. Learning and development opportunities, audits and management observations ensure staff practice and knowledge is maintained and enhanced. The organisation offers various traineeships, graduate nurse placement and leadership programs in supporting staff with ongoing professional development. Staff state management supports them in their role and are satisfied with current staffing levels and human resource management. Residents and representatives said they were very satisfied with staff skills, knowledge and attitudes and with staffing levels within care and support 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 findings

The home meets this expected outcome

The home has systems to ensure appropriate goods and equipment is available for quality care. The organisation supports the maintenance, replacement and supplementation of inventory and equipment through budget allocations, ordering systems and the provision of corporate resources. Management authorises the purchase of capital equipment following trial and evaluation and provides staff training where required. Key staff regularly order clinical and non-clinical supplies through organisation preferred suppliers. Staff rotate stock where required and goods are stored in clean, tidy and secure storage areas. The home maintains adequate stock levels and back up supplies of more regular items ensure supply delays have no impact on services. Preventative and reactive maintenance programs ensure equipment is maintained and in good working order. Staff, residents and representatives expressed satisfaction with the quality, quantity and availability of goods and equipment as required.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has effective information management systems that assist management and staff to perform their roles and to provide care to residents. Mechanisms such as handover, meetings, memoranda, communication books, electronic and hard copy information including policies, procedures and guidelines convey information to staff and health professionals. Information handbooks and displays, newsletters, meetings and minutes, care consultations and informal interaction support the provision of information to residents, representatives and visitors. Electronic and paper based documentation is stored securely and accessed only by authorised staff. Secure information back up, archiving and document destruction processes are in place. Information privacy and confidentiality principles apply and monitoring of the information management system occurs through internal audits and stakeholder feedback. Staff said they receive appropriate and sufficient information to support their roles and responsibilities. Residents and representatives confirm they are satisfied with the level of information provided and their ability to access information as required.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home and organisation engages external service providers to assist the home to meet resident and operational needs and quality goals. The corporate office tenders for major supplies and services and manages the contracts or service agreements with preferred suppliers and service providers. Signed service agreements are current and specify license, subcontracting and regulatory requirements, insurance, service delivery goals and accountabilities. Maintenance staff supervise one off service personnel while at the home. External service providers include fire protection services, the hairdresser, physiotherapist, dietitian, pharmacy, various trades and other services. All external service personnel attend a formal induction process, sign in and out when on site and wear specific identification tags. Management monitors and evaluates performance and delivery service of external services through observation, stakeholder feedback and formally through cyclic review processes. The corporate office liaises with external providers, suppliers and tradespeople to address any dissatisfaction with services or supplies. A list of preferred suppliers and external providers is accessible to staff. Staff, residents and representatives are satisfied with the quality of the home's external 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 findings

The home meets this expected outcome

The home has an established continuous improvement system that shows ongoing improvement in resident health and personal care. For a description of the home's system of continuous improvement refer to expected outcome 1.1 Continuous improvement. Staff and management document incidents such as falls, skin tears, behaviours and medication administration or supply issues. Management regularly collates incident data that is then analysed for trends, discussed with appropriate staff and actioned. Staff, residents and representatives are satisfied the home is actively working to improve residents' health and personal care.

Recent examples of continuous improvements in relation to Standard 2 include:

- Following a medication audit which identified a number of residents purchasing over the counter medications, vitamins and analgesia resulted in discussions with residents their representative and family members. This included concepts such as pharmacy costs, preferred medication treatments and identifying this information to the resident's medical practitioner. This resulted in all residents' medication and/or related pharmacy products purchased through the home, recorded and administered or overseen by nursing staff. Management and staff state medications are better managed now with all disclosed medications and vitamins recorded and accessible to authorised health professionals involved. Residents and representatives state they are satisfied with the home purchasing pharmacy products are felt they are now better informed of resident's medications.
- Nursing staff identified due to the number of residents with pain patches and the time spent finding residents when changes are required, was very time consuming and may have resulted in missed changes. Following discussions, management and staff reviewed residents' needs and the medical practitioner's orders and identified the patch change dates were mostly three and seven days. A schedule has been developed and introduced with the change date also marked on the patch as a cross reference. Nursing staff confirmed residents are receiving better pain relief as a result.
- Following a review of incident data which identified a steady increase in skin tears in late 2012, management and nursing staff reviewed staff practices. Documentation showed the skin tears related to residents' feet and ankle areas and following observations and staff feedback, identified three wheelchairs had fixed foot plates. Management replaced the three wheelchairs with new ones ensuring the foot plates can be moved out of the way when transferring a resident. Documentation and data shows since the purchase there have been a significant reduction in skin tears associated with residents' feet in the high care area.
- Following recommendations by the dementia behaviour manage advisory service and an experienced staff member in aged care psychogeriatric skills, management introduced a number of improvements within the memory support unit. These include various education sessions to care staff by dementia consultants and hospitals on behaviour management associated with dementia care and residents with acquired brain injury. The clinical care coordinator reviewed assessments incorporating more person centered care

and charting. Living environment changes included the introduction of sensory room for those residents, the introduction of the sundowners activities program late in the afternoon and more tactile objects and activities within resident living environment. Staff Documentation shows the education sessions and living environment changes has resulted in a decrease in behavioural incidents. Staff confirmed residents are less anxious, engaging in activities and generally more settled since the changes.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines in relation to health and personal care. Refer to expected outcome 1.2 Regulatory compliance for a description of the home’s regulatory compliance system. Staff demonstrated knowledge of regulatory requirements and guidelines relative to Standard 2.

Examples of responsiveness to regulatory compliance relating to Standard 2 include:

- The management of medications is safe and secure in accordance with legislative requirements.
- Management checks the currency of nurse registrations annually.
- Registered nurses oversee residents’ high care clinical needs.
- The home has policy and procedures in place to guide staff response should a resident be inexplicably missing from a home.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home has an education program responsive to the needs of residents and staff. This enables staff to have appropriate knowledge and skills to perform their role effectively in relation to residents’ health and personal care. For a description of the system used for education and staff development, see expected outcome 1.3 Education and staff development. Staff state they are satisfied with the educational opportunities available in relation to the care they provide.

Examples of education and training scheduled and attended in relation to Standard 2 include:

- medication management and competencies for personal care staff
- mobility, dexterity and rehabilitation
- nutrition and hydration
- oral and dental care
- palliative care

- pain management
- sensory loss
- skin care and wound management

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive appropriate clinical care. Nurses and care staff provide the care residents require in consultation with the wider health care team. Initially on entry an interim care plan guide staff practices until completion of a range of assessments across clinical aspects occurs. Assessments allow for the development of individual care plans which appropriate staff review every three months following the home’s residents of the day process or as required. Regular consultation with residents and or representatives occurs according to this review process. Care plans document residents’ individual needs and preferences and interventions required to meet these. The monitoring of clinical care takes place by clinical and incident data analysis, audits and stakeholder feedback. Staff said they attend education pertaining to various clinical topics. Residents and representatives said the care residents receive is appropriate and regular consultation occurs.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

Appropriately skilled staff identify and meet residents’ specialised nursing care needs. Assessment of residents specialised nursing care needs occurs on entry and again as needed. Residents’ care plans identify specialised nursing needs and strategies required to meet these. Additional support documentation details specific information to guide staff practice. Staff regularly review care plans and appropriate health care professional support occurs as needed. Management monitor residents’ specialised nursing needs by audits, stakeholder feedback and clinical data analysis. Staff have access to clinical policies and procedures to assist in guiding their practice. Residents and representatives said residents receive specialised nursing care in accordance with their needs and preferences.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Referrals to appropriate health professionals for residents occur in accordance with their needs and preferences. As needed, referrals take place following the home’s referral system. Residents can access health and related services of their choice including a range of health professionals and services which visit the home including a physiotherapist, podiatrist and dietitian. Monitoring of the home’s referral system occurs to ensure referrals take place and they are effective. Staff said allied health professionals document recommendations clearly

to ensure the implementation of instructions. Residents and their representatives confirmed referrals to appropriate health specialists take place as necessary.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The management of residents’ medication occurs safely and correctly. Residents have an assessment of their medication needs and preferences completed on entry. Residents’ care plans and medication charts identify relevant interventions required to maintain appropriate medication administration. Staff complete medication training to ensure competency with administering medication. Residents are able to self administer medications if assessed as safely able to do so. Regular audits, medication incident data analysis, competency completion and stakeholder feedback monitor medication management. Staff were observed administering medication following the home’s policies and procedures. Residents and representatives said the administration of residents’ medications is on time

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Residents are as free as possible from pain. Staff assess residents’ levels of pain on entry and on an ongoing basis as needed. Residents’ care plans document triggers for pain and interventions required, appropriate staff review care plans regularly. If needed consultation with the health care team occurs if staff require support to manage residents’ pain. A physiotherapist regularly visits the home to provide a pain management program for identified residents. The monitoring of residents’ pain management occurs by audits and stakeholder feedback. Staff were aware of verbal and non verbal cues for monitoring residents’ pain levels. Residents and representatives said they are satisfied with the management of residents’ pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Staff maintain the comfort and dignity of terminally ill residents. Residents and representatives complete their resident’s end of life wishes where appropriate. When palliation is needed an update of residents’ care plans occurs to reflect palliative care needs. Staff regularly review care plans throughout the palliative care phases in consultation with representatives and the health care team. Medical officers and external palliative care teams provide guidance as required. The monitoring of palliative care occurs by audits and stakeholder feedback. Staff said there is sufficient equipment to provide palliative care. Residents and representatives said consultation occurs regarding residents’ ongoing changing needs

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents receive adequate nourishment and hydration. Staff assess residents’ dietary likes, dislikes, special diets and allergies on entry. Care plans document this information including the level of assistance required from staff at meal times. The monitoring of residents’ weights occurs on a regular basis and dietitians and speech pathologists visit when needed. Management monitor nutrition and hydration by resident weight analysis, audits and stakeholder feedback. Staff were observed assisting residents with meals in an appropriate dignified manner. Residents and representatives said they were satisfied with the home’s approach to meeting residents’ nutrition and hydration needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Residents’ skin integrity is consistent with their general health. Staff identify, assess and evaluates residents’ skin care needs. Care plans document relevant skin care strategies and evaluation of effectiveness occurs during the care plan review process. Wound care charts detail dressings required and the frequency of the dressing change as needed. A wound specialist is on staff if guidance is required. Staff said education relating to wound care management is available and if skin integrity is compromised incident reports occur. Residents and representatives said they were satisfied with the care provided in relation to residents’ skin care management.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The management of residents’ continence is effective. Staff assess residents’ continence needs on entry following a settling in period. Residents’ care plans capture the level of assistance needed, toileting schedules and strategies to prevent and manage urinary tract infections. Management monitors residents’ continence needs by infection data analysis, audits and stakeholder feedback. Staff said there is adequate continence aids and equipment available to meet residents’ continence needs. Residents and representatives said staff manage residents’ continence needs effectively.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The management of residents with challenging behaviours is effective in the home. On entry following a settling in period staff assess residents’ identified behaviours or potential behaviours. Assessments identify behaviour’s triggers and effective management strategies. Care plans document this information which staff review regularly. Referrals to medical officers and behavioural management specialists take place if staff require guidance. Management monitor the management of residents’ behaviours by incident data analysis, audits and stakeholder feedback. Staff said they attend education pertaining to the management of challenging behaviours. Residents said other residents’ behaviours do not infringe on their rights.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Residents have their mobility and dexterity needs assessed on entry which also includes assessment by the home’s physiotherapist. Individualised programs and care plans outline specific transfer aids, level of assistance needed and exercises required. Staff and a physiotherapist review residents’ mobility on a regular basis. Incident reports document resident falls and follow up occurs, including referrals to medical offices and physiotherapists. Management monitor residents’ mobility and dexterity by incident data analysis, audits and stakeholder feedback. Staff have attended manual handling education. Residents and representatives said they are satisfied with how the home meets residents’ mobility and dexterity needs.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The maintenance of residents’ oral and dental health occurs effectively. Staff assess residents’ oral and dental care needs on entry. Care plans document oral care regimes, equipment required and the level of staff assistance needed. Management monitor oral and dental care by audits and stakeholder feedback. Residents can access dental specialists as preferred. Staff stated there is adequate equipment to provide appropriate dental and oral care to residents. Residents and representatives said residents received assistance as required to maintain their oral and dental care.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Staff identify and manage residents’ sensory losses effectively. There is a system to assess and review residents’ five senses and identified sensory losses. Care plans document interventions required to manage sensory losses. Staff refer residents to health specialists such as an optometrist, audiologist and a physiotherapist to assist with the management of residents’ sensory losses. Management monitor sensory loss following audits and stakeholder feedback. Staff said they assist residents with their required sensory loss devices such as hearing aids. Residents and representatives were satisfied with the home’s approach to managing residents’ sensory loss needs.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Residents are able to achieve natural sleep patterns. Staff assess residents’ sleep patterns entry following a settling in period to identify needs and preferences. Residents’ individual care plans document strategies required to meet residents’ needs including rising and settling times and environmental factors to be considered. Referrals to residents’ medical officers or other health specialists occur if residents are not achieving appropriate levels of sleep. Audits and stakeholder feedback monitor residents’ ability to achieve natural sleep patterns. Staff were able to demonstrate examples of interventions required to meet residents’ sleep needs. Residents said they were able to achieve appropriate levels of sleep.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home actively pursues improvements in the area of Standard 3 Resident lifestyle. For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement. Documentation shows staff consult residents about their lifestyle and encourage their feedback and suggestions. Staff, residents and representatives are satisfied the home is actively working to improve resident lifestyle.

Recent examples of continuous improvements in relation to Standard 3 include:

- Staff feedback regarding an incident that occurred in the dining room raised the privacy and dignity of the resident with other residents looking on. Management sourced an appropriate and portable screen which can be easily accessed and stored in a central location within the home’s living areas. Following the purchase, another incident occurred where the screen was utilised. Staff state that following the second incident, the resident thanked the staff and greatly appreciated having the screen in maintaining their dignity.
- Although the organisation adopted the ‘montessori principles’ in support of residents living with dementia and the memory support unit, management identified a number of care staff were unfamiliar how to implement these concepts into practice. Management arranged education regarding the ‘montessori concept’ which staff well attended. Shift handovers now include lifestyle staff explaining or documenting any individualised strategies for particular residents enabling staff to incorporate the resident interest, need and abilities within daily care activities. Lifestyle staff and a representative state they have observed residents are now more engaged and cooperative when care staff are assisting or redirecting them.
- Management in following up the poor attendance at resident and relative meetings and resident feedback resulted in several changes. The meeting is now held in the lounge area with the manager chairing the meeting, as approved by residents. A portable public address system was purchased to enable residents with hearing deficits to hear the proceedings. Documentation shows residents attending meeting has increased to around 30 residents since mid 2012, with other residents and family members who previously did not attend. Residents’ expressed their satisfaction with the larger meeting area enabling those in wheel chairs and tub chairs to attend the meeting. All residents said they felt better informed as to choices or decisions following attending the resident meetings.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines in relation to residents’ lifestyle. Refer to Expected outcome 1.2 Regulatory compliance for a description of the home’s regulatory compliance system. Staff confirmed knowledge of regulatory requirements and guidelines relative to Standard 3.

Examples of responsiveness to regulatory compliance relating to Standard 3 include:

- There are systems to demonstrate compliance related to residential agreements. Residents receive specified good and services as appropriate.
- Policies and procedures support the privacy and confidentiality of resident information and consent gained.
- There are policies and procedures for managing reportable incidents of elder abuse. Management maintain a consolidated reporting register with relevant information.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home has an education program that is responsive to the needs of staff and residents. This ensures staff have appropriate knowledge and skills to perform their role effectively in relation to residents’ lifestyle. For a description of the system used for education and staff development see expected outcome 1.3 Education and staff development. Staff state they are satisfied with the educational and training opportunities available in relation to the performance of their roles.

Examples of education and training scheduled and attended in relation to Standard 3 include:

- bus safety
- elder abuse
- emotional support
- person centered care
- privacy, dignity and confidentiality
- ‘montessori’ activities
- running group activities
- sexuality and dementia

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Residents' receive support in adjusting to life in the new environment and on an ongoing basis. Before or on entry all residents and their representatives are orientated to the facility and introduced to staff and other residents. Staff complete assessments and care plans which include information relating to residents' emotional needs and a review of residents' care plans occurs regularly. Referrals to medical officers and relevant health specialists occur if concerns about residents' emotional health arise. Management ensure staff are competent and monitored in facilitating emotional support through education attendance, and stakeholder feedback. Staff said and documentation showed the lifestyle program allows for individual time with residents if needed. Residents and representatives said residents were satisfied with the support for residents' emotional needs in the home.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Staff actively assist residents to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. On entry to the home staff assess each resident's needs and preferences for maintaining an independent lifestyle. Staff create a care plan in consultation with the resident and their representatives and regularly review this plan to optimise their independence. Staff assist residents to access and use mobility and other aids to optimise their independence. Residents confirmed their satisfaction with the support they received to maximise their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home ensures staff recognise and respects each resident's right to privacy, dignity and confidentiality. Management gives residents information on their rights and responsibilities when they enter the home. Management discusses privacy and dignity principles with staff during their orientation. We observed staff to address residents with courtesy using their preferred name, to knock before entering a resident's room and to ensure privacy when undertaking personal care. Management has established procedures to ensure residents' administrative and clinical files are stored securely. Residents and representatives expressed satisfaction with the level of respect shown to residents.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. Lifestyle staff complete assessments which capture residents' individual needs and preferences in relation to their social history, interests, hobbies and lifestyle. Personality profiles document this information which staff regularly review. Personality profiles form the basis of the lifestyle program in consultation with residents. Both group and individual activities occur and a range of activities across physical, cognitive and sensory domains take place. Lifestyle staff monitor the program's effectiveness through satisfaction surveys, resident meetings and participation records. Staff said they have enough stock and equipment to provide adequate activities. Residents and their representatives said they are satisfied with the range of activities offered to residents.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Staff complete assessments which feed the personality profile which documents spiritual and cultural needs and preferences. Cultural days of importance and religious events are celebrated in the home with spiritual support across various dominations provided. A cultural kit and picture cards are available to assist communication with residents from different backgrounds. An interpreting service is available if required. Staff said they have access to relevant information to assist them in supporting residents from culturally diverse backgrounds. Residents and representatives said their cultural and spiritual needs are valued and fostered.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's findings

The home meets this expected outcome

Each resident and or their representative participates in decisions about the services the resident receives, and residents are enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people. Care and lifestyle assessments capture residents' individual needs and preferences and care plans reflect this information in relation to daily living and leisure activities. Management seek representation if residents are unable to make decisions, regular consultation occurs and resident and relative meetings are held. Staff said they assist residents to exercise choice and to make their own decisions during daily activities. Residents and representatives said staff support residents' involvement in making personal choices and decisions.

3.10 Resident security of tenure and responsibilities

This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's findings

The home meets this expected outcome

The home has a system to ensure residents have secure tenure within the home and understand their rights and responsibilities. Residents and/or their representative receive an information pack prior and at entry to the home. Trained staff ensure residents have a thorough understanding of residential care and provide an orientation on the home. The handbook and information pack details care and services provided, fees and charges, privacy and confidentiality and the complaint and advocacy mechanisms. Management offer a residential agreement to each resident that specifies tenure information. The home displays and documents the Charter of residents' rights and responsibilities. Residents and representatives are informed of any changes to fees and other arrangements through processes such as resident meetings, newsletters and letters. Staff said they are aware of the rights of residents and updated of any resident changes. Residents said they know about their rights and responsibilities and feel secure in their tenure at the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home pursues continuous improvement related to the physical environment and safe systems, with the overall system described in expected outcome 1.1 Continuous improvement. Management undertake regular workplace inspections and environmental audits. Together with staff training, equipment, resource information and safety representatives, these strategies promote and ensure safe work practices and a safe and secure environment for all. Staff outlined procedures for hazard and incident reporting and state they are actioned promptly with results fed back to staff. Residents confirm they are happy with the comfort and safety of the home.

Examples of improvements in Standard 4 Physical environment and safe systems include:

- Staff observations and resident feedback regarding a windy area in the back of the home resulted in the purchase of several shade screens as wind breaks. Residents state the wind can be ‘come around quickly’ and instead of stopping gardening and other outdoor activities, they can pull down the blinds and continue on. Documentation shows resident satisfaction with the blinds which are also used as shade blocks as the afternoon sun moves around the home.
- A staff suggestion following assisting a resident to attend an appointment resulted in management following up on transferrable disability sticker. Following discussions with the local council and a permit granted disability stickers are now available at reception for short term visits. Staff and representatives who assist residents attend appointments or venues, no longer have to park away from access or entry areas as a portable sticker is available regardless of the car used. Several residents state they are much happier now in not having to walk long distances to attend appointments.
- Catering staff in satisfying the particular dietary and allergy needs of a resident and still offering them variety, introduced a special menu for the resident. Consultation with the resident involved developing a monthly menu of their favourite dishes and modifying the recipe in line with their allergies, intolerance and modified diet. Following a trial and adjustments to the individualised menu, the resident now chooses their dishes in advance and catering staff are able to make and freeze the meals and provide them on the requested day and meal service. The resident said they felt well supported and enjoyed the variety offered. Catering staff said they are currently consulting with another resident with a similar menu service.
- Laundry staff in knowing residents preferences and communicating those preferences to care staff, resulted in a code system. Various letters against the resident name on the clothing compartment trolleys, identifies the resident preference to leave their clothes on the bed or put away. Staff said the system works well and supports resident choice and independence. Residents confirmed staff are returning clothes to their room as they requested and feel their independence is supported by staff.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines in relation to the physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for a description of the home’s regulatory compliance system. Staff confirmed knowledge of regulatory requirements and guidelines relative to Standard 4.

Examples of responsiveness to regulatory compliance relating to Standard 4 include:

- Management maintains essential services appropriately and ensures checks occur in accordance with required frequency.
- Staff follow a food safety program and there is a current third party kitchen audit.
- Chemical storage is secure and current material safety data sheets are available.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home has an education program that is responsive to the needs of staff to ensure they have appropriate knowledge and skills to perform their role effectively in relation to physical environment and safe systems. For a description of the system used for education and staff development see expected outcome 1.3 Education and staff development. Staff state they are satisfied with the educational opportunities available in relation to the provision of a safe and comfortable environment.

Examples of education and training scheduled and attended in relation to Standard 4 include:

- Chemical handling
- electrical testing and tagging (certification)
- fire and emergency training
- food safety
- hazard and incident management
- manual handling
- infection control and infectious outbreak management
- ‘the glitter bug challenge’
- ‘ohs’ refresher (work safe approved)

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management and staff actively work towards providing a safe and comfortable internal and external living environment consistent with resident care needs. The home accommodates residents in single or double bedrooms with an adjoining ensuite. Staff encourage and assist residents to personalize their room with mementos and small pieces of furniture. Spacious dining, lounge and recreational living areas are located within the home. Smaller sitting areas and shaded outdoor areas enable residents to enjoy private moments or socialize with family and friends. Paved walkways provide access to garden areas and other recreational activities. Entry and access doors are key padded and lock down procedures and checks at night ensure residents and staff are safe and secure. Scheduled programs ensure the home is well maintained and monitored for environmental safety and comfort. We observed a comfortable temperature maintained and the home free from clutter. Staff described their role in ensuring the safety and comfort of residents and other stakeholders. Residents and representatives expressed satisfaction with the cleanliness, comfort and safety of the home and maintenance staff attend to repairs promptly.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has a system to promote a safe working environment that meets regulatory requirements. The system, initiated and supported by the organisation includes occupational health and safety resources, policies and procedures to guide work practices, incident and hazard reporting processes. A corporate occupational health and safety representatives committee supports the home's management and safety representatives on site. The home's trained occupational health and safety representatives are available to guide staff and meet regularly to discuss safety issues. Meeting minutes show timely actions as a result of feedback and reporting mechanisms. Staff attend training in manual handling and chemical handling with risk assessments, maintenance programs and monitoring mechanisms such as workplace inspections to support the safety of staff and other stakeholders. Material safety data sheets are available to staff, chemicals and oxygen cylinders are stored safely. Staff expressed knowledge of safe work practices and said they actively participate in ensuring a safe work environment for all. Residents and representatives state the home is safe and hazard free.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. External professional services test fire alarm systems and fire fighting equipment on a regular and scheduled basis. Management and external service personnel monitor compliance and records are current. Evacuation maps are located in all corridors, emergency exit signage is illuminated and exits and egress routes are free from obstruction. The home is equipped with additional water storage supplies in the event of limited town water supply. Staff attend fire and emergency training annually and at orientation. A surveillance system is in place and monitored. There is keypad security with external doors secured at night. Documented emergency procedures are accessible and include emergency response such as threats, flooding, power failures, heatwave and bushfire. The home manages risk through internal and external audits and inspections. Staff confirm they attend fire and emergency training annually and updated on other emergencies. Residents state they feel safe and informed what to do in the event of an evacuation.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program with a system to control, monitor and minimise infections. Programs include vaccination and immunisation, food safety, cleaning, laundry, pest and waste management. Regular inspections and auditing occurs, staff practices are monitored and appropriate personal protective equipment and outbreak kits available to minimise the spread of infection. Policies, procedures, resource information and signage prompts assist and remind staff in their practice when attending to residents using infection control principles. Management and key staff monitor infection rates with summaries and data generated and discussed for trends. Staff attend mandatory infection control education and training relevant to their role. Staff describe infection control principles used in daily practice and demonstrated understanding and better practise concepts of infection control. Residents and representatives are satisfied with the home's infection control practices.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Resident's hospitality requirements and preferences are provided in a way that enhances residents' quality of life. Organisational hospitality management oversee the catering, cleaning and laundry services with menu reviews by a dietitian and reviews by internal and external third audits. All food is freshly prepared daily in line with the food safety program, a seasonal menu and residents' needs and preferences. Alternative meal choices are available

with a variety of drinks, snacks and fresh fruit provided daily. The cleaning program includes scheduled cleaning of residents' rooms, living environment and staff work areas with additional cleaning requests attended to promptly. Cleaning staff use safety signs, colour coded cleaning and personal protective equipment to ensure a safe and quality service. Staff launder residents' personal items and linen on site, with the condition and labelling of clothing monitored. Staff deliver and put away residents clean clothing with missing items followed up. Resident and representative comments, audits, surveys and the resident food focus meetings provide opportunities for feedback and demonstrated a high satisfaction rate regarding hospitality services. Residents and representatives expressed positive comments and satisfaction in relation to the hospitality services at the home.