



Aged Care
Standards and Accreditation Agency Ltd

Buderim Views Assisted Aged Care

RACS ID 5596
383 Mooloolaba Road
Buderim QLD 4556

Approved provider: McKenzie Aged Care Group 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 19 February 2016.

We made our decision on 28 December 2012.

The audit was conducted on 27 November 2012 to 29 November 2012. 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
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Audit Report

Buderim Views Assisted Aged Care 5596

Approved provider: McKenzie Aged Care Group Pty Ltd

Introduction

This is the report of a re-accreditation audit from 27 November 2012 to 29 November 2012 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 27 November 2012 to 29 November 2012.

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:	William Tomlins
Team member/s:	Beverley Wellington

Approved provider details

Approved provider:	McKenzie Aged Care Group Pty Ltd
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Details of home

Name of home:	Buderim Views Assisted Aged Care
RACS ID:	5596

Total number of allocated places:	120
Number of residents during audit:	115
Number of high care residents during audit:	95
Special needs catered for:	11-bed secure unit

Street/PO Box:	383 Mooloolaba Road	State:	QLD
City/Town:	Buderim	Postcode:	4556
Phone number:	07 5458 5000	Facsimile:	07 5458 5005
E-mail address:	penny@primetrust.com.au		

Audit trail

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

Interviews

	Number		Number
Director of Nursing/Deputy Director of Nursing	2	Residents/representatives	13
Registered nurses	4	Volunteers	2
Endorsed Enrolled nurses	3	Laundry staff	2
Care staff	6	Cleaning staff	2
Catering staff	3	Maintenance staff	1
Education Coordinator	1	Workplace health and safety officer/Fire safety advisor	1
Group Quality Systems Manager	1	Group Resident/Staff Support Officer	1
Diversional Therapists	2		

Sampled documents

	Number		Number
Residents' files	12	Medication charts	18
Summary/quick reference care plans	12	Personnel files	12

Other documents reviewed

The team also reviewed:

- "Best Practice" sheets – skin tears
- "How to" guides
- 1:1 activities weekly register
- Activity evaluation folder
- AIN clinical folder
- Audits
- Bowel management guide
- Buderim Views Lifestyle Gazette
- Care Plan review schedules
- Cleaning records
- Clinical equipment checklist
- Clinical incident register
- Competencies
- Compulsory reporting investigation form/ compulsory reporting register
- Consumer feedback register/trends

- Controlled drug registers
- Cultural resource kit
- Dietary requirements/changes
- Emergency evacuation plans
- Facility feedback form
- Food safety program
- Hazard report/hazard register/risk assessment
- Imprest medications list
- Incident/accident report
- Infection control data/ infection monitoring form
- Maintenance request form/preventative maintenance schedule
- Mandatory training matrix
- Material safety data sheets
- McKenzie Lifestyle manual
- Medication ordering system
- Meeting calendar/meeting standing agenda items/minutes
- Menus
- Missing laundry item form
- Mission/cornerstones
- Nurse initiated medication list
- Nurses registration register
- Orientation checklist/orientation pack/agency staff orientation
- Pain evaluation charts
- Palliative care pathway/ palliative care wishes assessment form
- Performance appraisal
- Pharmacy order forms
- Plan for continuous improvement
- Police certificate register
- Pre-purchase assessment checklist
- Resident activity folder
- Resident evacuation list
- Restraint authorities
- Residents' information handbook
- Roster
- Safe environment – how to guides
- Self medication assessment and authority checks
- Sign in/sign out registers

- Skin alert charts
- Staff, resident and volunteer handbooks
- Supplier agreements/register/annual evaluation form
- Temperature records
- Training and development folder/ training needs analysis
- Weight review charts
- Wound management charts/ wound management folders

Observations

The team observed the following:

- Activities in progress
- Chemical store
- Cleaning operation/room/trolley
- Dry storage/cold storage
- Electronic resident care documentation
- Equipment and supply storage areas
- Evacuation backpack
- Fire detection/fire fighting equipment
- Fire panel/fire exits/assembly areas
- First aid kits/outbreak kit
- Hand washing facilities
- Interactions between staff and residents
- Kitchen/kitchenette operations
- Laundry operation/clean side/dirty side
- Living environment
- Macerators
- Meal distribution
- Notice boards
- Office space and file storage
- Personal protective equipment
- Spills kit/sharps containers
- Storage of medications
- Suggestion boxes
- Utility rooms

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

Buderim Views Assisted Aged Care (the home) has a continuous improvement system for identifying improvement opportunities, devising and implementing solutions, and monitoring outcomes. Residents and staff have input by making suggestions via the feedback system, raising issues of concern at meetings, completing satisfaction surveys or through the complaints mechanisms. An auditing schedule regularly reviews the service areas within the home. Accidents, hazard reports and maintenance requests are other sources of improvement opportunities. Results of continuous improvement activities and progress of actions taken are communicated to residents and staff through meetings, notices, memos, newsletters and one-on-one communication.

Improvement initiatives implemented recently by the home in relation to Standard 1, Management systems, staffing and organisational development include:

- Following a complaint from a resident regarding cleanliness of their room cleaning, staff stated they were short of time as they were required to help with trays and the washing up. An additional four hours were added to the kitchen shift and cleaning staff stated they now have time to do their cleaning duties and no further complaints have been received.
- As an outcome of the staff survey a buddy/mentor program was introduced. This entails the new employee having two buddy shifts with the one person and then being rostered with the same person for more shifts until they are confident. New staff have commented favourably about the program and about the quality of the people chosen to be mentors.
- During the organizational strategic planning program it was proposed that the currency, relevance and applicability of the mission/vision/values be reviewed. This was a consultative process involving anyone who wished to be involved as well as including advice from experts in the field. This resulted in a mission statement and seven cornerstones (each with three behavior statements) being developed. These were rolled out to all staff in education/workshop sessions. Management stated there is positive ownership by staff of the cornerstones.
- The Board supported the engagement of an independent provider for an employee assistance program. This program is a confidential one and available to all staff who may experience work related or personal problems. Referral to this service may be through self-nomination or by a manager. Posters and brochures have been distributed and staff have received the program positively.

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

There are systems to monitor changes to relevant legislation, regulatory requirements, professional standards and guidelines. These systems include membership of bodies representing aged care, subscriptions to organisations providing information on relevant changes, access to Internet websites, attendance at professional seminars and education sessions, liaison with allied health workers and government departments (state and federal), and subscriptions to professional journals. Appropriate senior staff monitor changes and communicate them to staff through the induction process, emails, meetings, noticeboards, education sessions and memos and can be accessed at any time via updated "how to" guides. Staff police certificate currency is monitored and residents and relatives had been notified of the forthcoming re-accreditation audit. Staff indicated they are provided with adequate information on changes to legislation and regulatory requirements relevant to their work area and that compliance with these changes are monitored via the audit process, staff appraisals/competencies and supervisor observation.

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 has a range of strategies to ensure staff have appropriate knowledge and skills. The performance appraisal process identifies general educational needs, supported by an annual training needs analysis, a review of incidents and accidents, observation of floor practice, and from this an education plan is developed. The home supplements the formal training plan with educational/skill development sessions as they are identified in response to changing care needs of residents. Competency assessments also form part of the audit of staff skills and are commenced at orientation for new staff and conducted on an ongoing basis. The home offers a range of training opportunities for staff, using senior staff, product and service suppliers and off-site courses and conferences. Staff have access to traineeships and external education, and report management is responsive to their learning needs. Examples of education provided relevant to Standard 1 include (but are not limited to) understanding accreditation, documentation and continuous improvement.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Residents/representatives are informed of internal and external comments and complaints mechanisms on entry to the home, through the residential care agreement, case conferences, the resident handbook and at resident meetings. Information leaflets and secure suggestion boxes with information displayed and forms available are situated on both floors of the home. Staff are aware of the complaints process and assist residents to lodge a

complaint when required. Management has an open door policy and accepts the responsibility to log and action complaints through to resolution. Residents/representatives stated they felt comfortable bringing issues of concern to the notice of management.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

Management has documented with the involvement of staff the home's mission and cornerstones of behavior and operation. These are displayed in the residents' handbook, the staff handbook and on the walls of the home and discussion of them forms part of the orientation sessions. Every memo to staff identifies which cornerstone its contents relate to.

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 home ensures appropriately skilled and qualified staff through its human resource procedures, which include key selection criteria at recruitment, reference checks, contracts of employment, position descriptions, performance reviews and training and education opportunities. Roster reviews taking into account resident acuity, staff changes and staff needs ensure correct skills mix and staff sufficiency are maintained. Roster gaps on a daily basis are filled using a casual pool or in emergencies agency staff. New staff have buddy shifts and mentors to guide them through the probationary period. Staff are satisfied that there are sufficient of them rostered to complete their duties and attend to residents in a reasonable time. Interviews indicate that residents are satisfied with staff response times 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 findings

The home meets this expected outcome

There is a purchasing process for consumables and capital items ensuring sufficient and appropriate goods and equipment are consistently available to deliver the care and services required. Key personnel are responsible for ordering and maintaining stock levels of specialised health and personal care products, and housekeeping and cleaning materials; stock is examined for fitness on receipt and rotated with remaining stock. There are approved suppliers and contracts are negotiated as appropriate, reviewed as required, or when there are concerns and stakeholders are asked for their input. There is a planned maintenance program to ensure ongoing reliability of equipment and infrastructure and a corrective maintenance program to attend to minor items needing attention.

Residents/representatives and staff indicated they are satisfied with the availability and appropriateness of the goods and equipment provided.

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

There are systems to enable staff and management access to sufficient and reliable information for appropriate decision making. This information is stored securely on computer files or in locked cabinets and offices, and can be accessed by those staff with the authority and need to do so. Staff have access to care plans and progress notes, as well as other necessary information on computers and in hard copy and passwords give access at the appropriate level. Staff files and residents' financial files are stored in locked cabinets in the home's administration office or the Director of Nursing's office. Staff indicated that the information necessary to perform their jobs is readily available and that regular staff briefings keep them informed on a range of relevant topics. Communication to staff is via memos, noticeboards, and meetings. Records are archived on site for a period and then removed to contract storage where they are destroyed at the appropriate time

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's management has written supplier agreements with various external services to ensure all areas of residential care needs are met. These agreements detail the quality expectations of the home and the type and frequency of service provided by the contractors. Where contractors do not have a police certificate on file or have not received emergency orientation, management ensures a staff member remains with them while they perform their task. All contractors are required to sign in and out of the home when they visit.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Improvement initiatives implemented recently by the home in relation to Standard 2, Health and personal care include:

- Staff identified some falls occurred when residents were bending to pick up items from the floor. Ten pick-me-ups were purchased and anecdotal evidence indicates a reduction in falls from this cause. Residents' feedback has been positive and appreciative.
- As a risk management strategy to ensure correct thickness of fluids is provided and improve safety for residents it was decided to source commercially prepared thickened fluids. Staff and residents were involved in tasting samples, residents' likes and dislikes were considered, staff were educated and the Dietitian reviewed the products. Feedback from residents and staff has been positive.
- High falls statistics led to a review of strategies to reduce falls. New strategies have been implemented including a falls risk assessment of every resident every month, a review of footwear, medication, equipment in rooms and other issues. The Physiotherapist has an increased involvement and has exercise programs for people who have had falls, hip protectors are provided and more sensor mats were purchased. In the first full month of the strategy there was a 46% reduction in falls and a further 50% in the second month. The program is new and continues to be monitored.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

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

In relation to expected outcome 2.2, management maintain and monitor the systems to manage residents' care planning in accordance with the *Quality of Care Principles 1997*, protocols for medication management, and the reporting of unexplained absences as set out in *The Accountability Principles 1998*. Staff demonstrated knowledge of their legislative responsibilities under Standard 2 expected outcomes.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to health and personal care. Examples of education provided relevant to Standard 2 include (but are not limited to) skin care, behaviour management, wound management, palliative care, pain, medication management, model of care, falls prevention, dementia, oral and dental and sensory loss. Staff feedback demonstrated knowledge of their responsibilities under Standard 2 expected outcomes.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents are invited to participate in a pre-admission clinic prior to entry to the home to ensure staff have an understanding of the care needs of the resident when they arrive. Registered nurses continue with the assessment of residents’ clinical care needs using a suite of assessment tools along with consultation with residents and representatives, the care team and other health professionals to develop and review care plans. The home uses electronic and paper based documentation for care plans and continuing notes and include mobility charts and pictorial care plans. Registered nurses monitor and evaluate the residents’ clinical care needs and their provision to each resident. Care staff are provided with training, supervision and support as they provide care for residents. Residents/representatives are satisfied with the care that is provided.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Registered nurses are on site 24 hours each day to provide care for residents with specialised nursing care needs and to participate in the development and review of care plans. Complex and specialised nursing care is delivered by registered and enrolled nurses who demonstrate appropriate skills and who work within their level of expertise. Residents are referred to their medical officer and allied health professionals and changes to care requirements are documented in progress notes and care plans, and communicated to relevant staff in a timely manner. The home consults with recognised clinical experts to ensure the care provided meets the standard required. Staff receive education and have access to resources and equipment to enable residents’ specialised nursing care needs to be met. Residents/representatives are satisfied with the specialised nursing care provided.

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

The home provides residents with access to a range of allied health and specialist services including the dietician, speech pathology, podiatry, optometry, physiotherapy, dentistry, audiology, psycho-geriatric and palliative care services. Referral to appropriate health specialists occurs as issues are identified and is initiated by registered nurses and/or the treating medical officer in consultation with residents/representatives. Staff are aware of the referral processes and documentation required. Allied health professionals visit the home or alternatively residents are supported to independently access specialist treatment in the community as required. Feedback from health specialists is documented in progress notes and care plans are revised to reflect changes. Resident/representative are satisfied with access to health specialists and other related services in accordance with their needs and preferences.

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 home uses a multi-dose system for residents’ routine medications. Registered nurses oversee the medication management system and along with enrolled nurses, administer medications to the residents. Medication orders and charts are regularly reviewed by the medical officers and pharmacists and charts include information such as photographic identification, resident allergies and instructions for administration specific to the needs of the resident. The medication advisory committee meets for discussion at regular intervals. ‘As required’ (PRN) medications are monitored for effectiveness and outcomes are documented in progress notes. The home has a system for nurse initiated medications approved by the pharmacy and medical officers and the pharmacy supplies and coordinates an imprest system for emergency medications. Processes for ordering, delivery, monitoring and return of medication items are audited regularly to ensure medications are dispensed, stored and administered safely and effectively. Residents/representatives are satisfied with the management of medications and the assistance provided by staff.

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

On entry registered nurses assess each resident’s history of pain and residents’ experiencing acute or new episodes of pain are commenced on ongoing pain assessment. Verbal and non-verbal pain assessment tools are available for staff to use and a pain management plan is developed. Strategies to manage pain involve a multidisciplinary approach with assistance and advice from the medical officer and the home’s pain management clinic run by the physiotherapist. Interventions include medications and other interventions such as massage, heat therapy, repositioning, exercise and distraction. Staff monitor and document residents’ responses to pain management. Staff have access to information on the home’s pain management approaches and demonstrate knowledge of specific pain management

interventions for residents. Residents are satisfied that their pain is managed effectively and that staff are responsive to their changing needs.

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

On entry to the home, residents are provided with the opportunity to provide advanced health directives and enduring power of attorney documents for staff reference. The clinical decision relating to the commencement of palliative care is made by the medical officer in consultation with the resident and/or their representatives, the palliative care registered nurse and other care providers as appropriate. Following assessment of the resident’s care needs and wishes, the care plan is reviewed. Emotional support is provided to residents and their families by nursing staff, the chaplain, diversional therapists and volunteers and consideration is given to cultural and religious values. Alternative care options are discussed with the resident and their family as care needs increase and at end of life, the “end of life” care plan is commenced to guide staff and monitor the provision of care. Staff utilise organisational and external resources and specialty equipment to ensure the comfort and dignity of terminally ill residents and the home ensures staff have skills to support residents requiring palliative care.

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

Registered nurses identify residents’ nutrition and hydration needs through entry and ongoing assessments and develop care plans reflecting residents’ dietary needs and preferences. Residents’ body weight, skin condition and appetite is monitored and unplanned weight loss or gain and changes in condition are recorded and a nutrition management plan is implemented. This includes the commencement of enriched diets and supplements, food intake monitoring and referrals to the medical officer, dietician and/or speech pathologist. Following referral the strategies recommended are implemented, increased monitoring of food/fluid intake and weight continues and follow up consultations occur as necessary. The menus utilised at the home are reviewed by the dietician, provide choice and variety and accommodate residents’ needs and preferences. Staff assist residents with their nutrition and hydration with the use of modified cutlery, texture modified food and fluids and assisting residents with their feeding in a dignified manner. Residents are satisfied with the quantity and quality of food and fluid received.

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

Registered nurses identify the skin care needs of residents during assessment and reassessment processes and record interventions used to maintain skin integrity in the care plan. Resident skin care needs is assessed in relation to the skin’s general condition and the risk of the development of pressure injuries. The home identifies care strategies to prevent or manage impairments to skin integrity such as the use of emollient creams, pressure relieving mattresses, sheepskins, heel and limb protective devices and ensuring staff are skilled in manual handling. The home consults with a wound care consultant and registered staff have had additional education to ensure wound care practices remain relevant. Skin tear and wound cares are documented on wound management plan and attended by registered staff. The incidence of skin impairment is monitored, with skin tears and wounds data collected and trended. The home has demonstrated reducing incidents of skin tears and wounds in recent months. Residents are satisfied with the care received in relation to skin integrity.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

The continence needs and preferences of residents are identified through assessment and reassessment processes using specific assessment tools that consider each resident’s bowel and bladder patterns. The registered nurses in consultation with the resident, the continence link nurse and care staff identifies interventions and aids for residents and information is transferred to the care plan. Strategies such as programmed toileting, bowel management regimes, dietary modification, hygiene assistance and use of continence aids are recorded, implemented and evaluated for effectiveness by registered nurses and the continence link nurse. Staff have an awareness of individual residents’ specified requirements. Residents are satisfied that staff respect their privacy and dignity when providing continence care and confirm 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 findings

The home meets this expected outcome

Registered staff consult with residents’ representatives and relevant health specialists about each resident’s physical and psychosocial history to identify the support required for residents with behaviours of concern. Staff recognise residents’ individual environmental needs and possible behavioural triggers and intervene where possible to reduce residents’ anxiety. Residents’ care routines are individualised and staff implement behavioural management strategies aimed at minimising and/or preventing behaviours of concern. Staff provide a range of interests and activities to engage the residents in their day. Registered staff consult with the medical officer and specialist psycho-geriatricians to develop behaviour management strategies to meet the needs of the residents. Residents/relatives are satisfied with the home’s approach to managing the needs of residents with challenging behaviours.

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

Registered nurses in association with the physiotherapist assess residents' mobility needs and falls risk and document residents' requirements in the care plan. The physiotherapist provides individual therapy for residents where necessary and the lifestyle team conduct group exercise and walking programs. The home has a falls prevention program that includes the investigation of each fall to identify and eliminate contributing factors, increased resident monitoring and support, the use of hip protectors and alerts for staff to remind them of residents at risk of falling. The home provides mobility aids and equipment to minimise the risk of falls. Staff receive annual manual handling education to guide and enable them to safely assist residents to mobilise and transfer using appropriate mobility aids as instructed. The mobility of residents is monitored and falls data collected and trended recently demonstrates a fifty percent reduction in falls. Residents report satisfaction with the support provided by staff to achieve their optimal mobility and dexterity within and around the home

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

Care staff assist residents to maintain their oral and dental needs and referrals to external oral and dental care providers are available as necessary with support to visit the specialist if required. Special dietary considerations and palliative care needs are included in the management of residents' oral and dental care including the provision of soft and vitamised diets, and mouth care where appropriate. Staff have education in providing oral care for residents and have access to appropriate equipment and supplies for the management of residents' oral and dental care needs. Residents report satisfaction with the assistance provided by staff in maintaining oral and dental health.

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

Registered nurses assess information about each resident's sensory losses and the use of assistive devices and documents in residents' care plans. The home is able to access the services of specialist services such as optometry, the eye specialist and hearing services and support for residents to visit services outside the home is available if required. Staff assess residents' ability to participate in activities of daily living and activity programs and adapt activities to the needs of residents using assistive devices and equipment as necessary. Staff demonstrate an awareness of these strategies and processes are in place to ensure the correct use and maintenance of sensory aids. Residents with sensory loss indicate satisfaction with the assistance and support they receive from staff to maintain their optimal sensory function.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Registered staff collect information about residents’ usual sleep patterns, settling routines and personal preferences. Staff develop strategies to promote adequate sleep and rest in consultation with residents considering their normal sleep patterns and include supper, reassurance, a subdued environment and comfort as required. Staff ensure residents identified as having disturbed sleep patterns are referred to medical practitioners for medication review. Residents are satisfied with the home’s approach to maintaining their natural sleep and rest patterns and with the assistance received from staff during times of sleep disturbances.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Improvement initiatives implemented recently by the home in relation to Standard 3, Resident lifestyle include:

- A few residents suggested they would like to be involved in a choir. A volunteer was recruited to coordinate the program and another volunteer has joined to play the piano. More residents have joined and staff say it is still in its infancy but they are hoping the choir will perform at the home’s Christmas festivities. Residents have commented to staff how they “love to be singing again”.
- Some residents were expressing an interest in attending local theatre events, craft displays and flower shows on the weekend. The diversional therapy team is endeavoring to source a suitable bus which can accommodate wheelchairs but in the meantime maxi taxis are being used and feedback has been enthusiastic.
- The diversional therapy team were keen to provide more one on ones for residents as well as board games like scrabble. Through advertising in the home’s newsletter and personal approaches the volunteer team has been increased and these activities are now occurring. Feedback from residents and families has been positive.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

In relation to expected outcome 3.2, management maintain and monitor the mandatory reporting register, residents’ privacy, and ensure residents’ security of tenure in line with legislative requirements. Staff demonstrated knowledge of their legislative responsibilities under Standard 3 expected outcomes.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's systems and processes to manage the ongoing education program.

In relation to Standard 3 Resident lifestyle, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to supporting residents' lifestyle requirements. Examples of education provided relevant to Standard 3 include (but are not limited to) elder abuse, bullying and harassment and grief and loss. Staff feedback demonstrated their knowledge and responsibilities under Standard 3 expected outcomes.

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

Prior to entry to the home, if possible, residents and their families are provided with a tour of the home and attend a pre-admission clinic. This clinic provides residents and their families with the opportunity to discuss their needs and wants as they enter their new home and a resident handbook is provided. This support is continued during the settling in process and as residents' needs change. All staff provide support to residents and additional emotional care can be provided by senior staff, the organisation's resident support officer and/ or religious representatives. All staff in the home have had training in the "Cornerstones", or values, of the organisation which include identifying the role the organisation plays in the lives of residents and how staff are to maintain their relationship with the residents. The home also provides annual education in grief and loss for staff who wish to attend. Residents are satisfied with the emotional support provided on entry and on an ongoing basis to enable them to adjust to life within 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

Residents and representatives are consulted to identify residents' preferences for all aspects of life within the home when they enter it. Staff are aware of individual resident's preferences and limitations and provide additional support to residents with special needs to assist them to maintain their independence. The home provides avenues for residents to enjoy the wider community such as coordinating visits to local areas. Staff assist residents to pursue activities of preference, and encourage residents to maintain friendships and cultural/spiritual connections within the home and wider community. Residents state that they are able to maintain their independence to their satisfaction and to maintain their relationships with family and friends.

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 provides residents with information about their rights on admission to the home and ensures residents' preferences to maintain privacy and dignity are implemented. Residents live in single rooms with an ensuite and staff seek permission before entering and all cares are provided within the residents' room. The home has quiet areas throughout to allow residents to have privacy as they choose. Staff sign confidentiality agreements and receive training relating to confidentiality and respect for residents at orientation and education sessions. Residents' personal information is stored securely. Staff demonstrate strategies to maintain residents' privacy and dignity and interact with residents respectfully. Residents and representatives are satisfied that staff are courteous, respect residents privacy and treat them with dignity when caring for them.

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

The home's activities programs are coordinated by the lifestyle team, who interview residents when they enter the home and maintain contact with each resident on an ongoing basis to assess current and previous interest and ensure residents are given opportunities to participate in activities of their choice. The home provides a wide range of activities both within the home and in the community and staff encourage and support residents to participate in individual and group activities through flexible care routines and assistance with transport and equipment. Information about activities is provided by a monthly calendar, at resident meetings and daily reminders. A team of volunteers supports the residents with their activities. The home provides avenues for feedback related to activities through informal feedback, the residents' meetings and resident surveys. Residents are satisfied with the range of activities and with the encouragement and support they receive to participate in their interests.

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

The home identifies residents' cultural and spiritual history and preference through the initial discussion with residents and families. Provision is made for the celebration of significant cultural and religious days. Services and visits from support staff from local churches supports residents with spiritual needs and care staff are made aware of issues that may affect the way they deliver their care. Staff demonstrate an awareness of residents individual beliefs and backgrounds and the lifestyle team has access to cultural resources should they require additional guidance or support. The home is able to contact interpreters should this service be required. Residents are satisfied with their cultural and spiritual life.

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

Staff identify residents' individual care and lifestyle preferences and information regarding residents' alternative decision-makers is documented and accessed if required. Residents are given information about internal and external complaints mechanisms, advocacy services and their rights and are able to participate in decisions and exercise choices through direct discussions, resident meetings and the comments/complaints process. Residents are offered a broad range of lifestyle options including accommodation, meals and drinks, activities, and care routines. Staff interactions with residents support residents' choice and decision making in the planning and provision of care and staff are aware of situations where other residents' rights may be compromised and monitor residents at risk of infringing on other's rights. Residents confirm that they are able to exercise choice and are satisfied with their involvement in decision making.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents and representatives are given written and verbal information regarding service provision prior to entering the home. The documents provide information about security of tenure, internal and external complaint mechanisms, orientation processes as well as information regarding each resident's rights and responsibilities. The home ensures that all parties understand the terms of the agreement and prospective residents are encouraged to seek independent advice on the terms of the agreement prior to accepting the contract. The organisation ensures there is current information about specified care and service obligations, accommodation fees and charges. Residents stated they feel safe and secure in their 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

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

Improvement initiatives implemented recently by the home in relation to Standard 4, Physical environment and safe systems include:

- Laundry staff suggested discs with room numbers be placed on hanging racks to separate clothing and make the return of clothing more accurate and more efficient. Discs were purchased and installed on the racks and feedback from staff is that the system is working well with improved time efficiency.
- Management noted a reduction in demand for secure beds and made the decision to reduce the unit from 20 to 11 beds. This was achieved by moving the door magnet to the fire door which resulted in the other residents having access to the sunroom/lounge and external gardens and enhancing living environment of that area of the facility. A secure gate and fence were erected to provide division for the dementia residents. Staff stated residents have made “many positive comments” about having access to those areas.
- To enhance the safety of residents with limited mobility in the event of evacuation being required patient rescue sheets have been placed under the mattress of those residents. All staff have been trained in the use of these devices and this training is now part of orientation and annual mandatory training. An iridescent red strip of tape is placed on the door of all rooms with these rescue sheets and this is visible at night. Management stated this has enhanced the safety of residents.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

In relation to expected outcome 4.2, management maintain and monitor the systems to manage fire safety and other emergencies, occupational health and safety, infection control best practice and food safety. Staff feedback demonstrated knowledge of their legislative responsibilities under Standard 4 expected outcomes.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's systems and processes to manage the ongoing education program.

In relation to Standard 4 Physical environment and safe systems, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to maintaining a safe environment. Examples of education provided relevant to Standard 4 include (but are not limited to) manual handling, infection control, fire safety, incident management, food safety and chemicals. Staff feedback demonstrated knowledge of their responsibilities under Standard 4 expected outcomes.

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 is actively working to provide residents with a safe and comfortable living environment consistent with their care needs. All rooms are single and ensuited and residents are encouraged to personalise them with their belongings with attention to their own and staff safety in moving about the room. Communal lounge/dining areas and external garden areas provide residents with places to meet with visitors and other residents. Routine scheduled maintenance, daily corrective maintenance and cleaning schedules and audits, hazard identification and risk assessments ensure a safe environment both internally and in outdoor areas. Authorisation is obtained for those residents who may require protective assistance. Security patrols, lock down, and floodlighting of car parks optimise the safety of residents and staff after daylight hours. Residents and their representatives report satisfaction with the safety and comfort of the internal and external living areas of the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home's management is actively working to provide a safe environment for staff that meets regulatory requirements through its monitoring systems and education programs. Audits of the internal and external environment are carried out on a regular basis. Staff are introduced to safe working practices through the initial orientation program, during their buddy/mentor shifts, during normal working times by observation of supervisory staff and by annual mandatory training programs. There are daily corrective as well as preventative maintenance programs to ensure equipment and infrastructures are kept in safe working condition. Personal protective equipment is provided for use in appropriate situations and staff were observed to be using it in those situations.

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

Procedures are in place and staff are trained and understand the processes to follow in the event of fire or other emergency. Training sessions are conducted as required and training records indicate all staff have completed their annual statutory fire training. Fire drills are carried out as part of the training program provided. Fire detection and fighting equipment such as smoke and heat detectors, fire blankets, smoke and fire doors, exit lights, and fire extinguishers are maintained on a regular basis. Evacuation plans are displayed throughout the building and assembly areas are signed and easily accessible. A certificate of maintenance regarding fire safety is held. A lock down procedure is followed each evening. Residents are notified of the safety procedures to follow when they enter the home and through resident meetings and stated they are satisfied with the safety of their environment.

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 infection control program, managed by registered staff that is based on the provision of standard and special precautions to minimise cross infections, food safety processes, waste management systems, cleaning and laundry processes and monitoring. The home provides staff training and there is an infection control manual to guide staff practice. Residents with infections are identified and appropriate management is implemented. An infection incident surveillance system is in place and indicates an effective infection control program. Staff demonstrated understanding of 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

Processes are in place for the provision of catering, cleaning and laundry services that enhance residents' quality of life. Meals are prepared on site and meet residents' identified dietary needs and preferences. The home has a summer and winter four week menu and residents may choose alternatives to the main meals. Staff follow food safety protocols and cleaning schedules are in place to minimise infection risks. All laundry is done on site and residents' laundered clothing is returned in a timely manner. There are processes to ensure sufficiency of linen and the recovery of lost personal clothing items. Management monitor the quality of catering, cleaning and laundry services through the home's quality system including resident feedback and hospitality service audits. Residents expressed overall satisfaction with catering, cleaning and laundry services provided by the home.