Canossa Hostel for Ethnic Aged
Approved provider: The Corporation of the Order of the Canossian Sisters

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 22 November 2014. We made the decision on 23 September 2011.

The audit was conducted on 22 August 2011 to 24 August 2011. The assessment team's report is attached.

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

Home and approved provider details

Details of the home

Home's name:	Canossa Hostel for Ethnic Aged
RACS ID:	5153

Number of beds:	16	Number of high care residents:	5
Special needs group catered for:		Italian speaking residents	

Street/PO Box:	169 Seventeen Mile Rocks Road

City:	OXLEY	State:	QLD	Postcode:	4075
Phone:		07 3717 5555		Facsimile:	07 3375 3860
Email address:		reception@canossa.org.au			

Approved provider

Approved provider:	The Corporation of the Order of the Canossian Sisters

Assessment team

Team leader:	Dee Kemsley
Team member/s:	Louize Fulton
Date/s of audit:	22 August 2011 to 24 August 2011

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

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

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

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

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Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

Canossa Hostel for Ethnic Aged 5153

169 Seventeen Mile Rocks Road

OXLEY QLD

Approved provider: The Corporation of the Order of the Canossian Sisters

Executive summary

This is the report of a site audit of Canossa Hostel for Ethnic Aged 5153 from 22 August 2011 to 24 August 2011 submitted to the Accreditation Agency.

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

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home's accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency visits the home to conduct a site 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 each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team's reasons for its findings.

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 22 August 2011 to 24 August 2011

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of 2 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:	Dee Kemsley
Team member:	Louize Fulton

Approved provider details

Approved provider:	The Corporation of the Order of the Canossian Sisters

Details of home

Name of home:	Canossa Hostel for Ethnic Aged
RACS ID:	5153

Total number of allocated places:	16
Number of residents during site audit:	15
Number of high care residents during site audit:	5
Special needs catered for:	Italian speaking residents

Street/PO Box:	169 Seventeen Mile Rocks Road	State:	QLD
City/Town:	OXLEY	Postcode:	4075
Phone number:	07 3717 5555	Facsimile:	07 3375 3860
E-mail address:	reception@canossa.org.au		

Audit trail

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

Interviews

	Number		**Number**
Chief Executive Officer	1	Residents/representatives	5
Director Canossa Services	1	Quality Assurance Manager	1
Residential Services Manager	1	Education and Environment Coordinator/Workplace Health and Safety Officer/Infection Control Officer	1
Clinical Nurse Manager	1	Manager Support Services/Food Safety Supervisor	1
Clinical staff	2	Executive Chef	1
Care staff	3	Laundry staff	1
Physiotherapist	1	Cleaning staff	1
Diversional Therapist Team Leader	1	Maintenance Manager/Fire Safety Advisor	1
Roster Coordinator	1	General Services Officer	1
Revenue Officer	1		

Sampled documents

	Number		**Number**
Residents' clinical and lifestyle files	5	Medication charts	8
Personnel files	7		

Other documents reviewed

The team also reviewed:

- 'Topics for assistant in nursing documentation schedule'
- Admission documentation
- Annual occupier's statement
- Assistant in nursing monthly documentation schedule
- Audit schedules
- Audits and reports
- Bowel charts
- Care profile (interim care plan)
- Case conference notes
- Cleaning schedules
- Comments and complaints data
- Contractor's induction attendance records
- Controlled drug register
- Controlled drug return request
- Daily handover sheets
- Dietary preference forms
- Dietician's menu review
- Diversional therapy concert/special event evaluation
- Diversional therapy outing information
- Duty statements
- Emergency box procedure – imprest medications
- External service agreements
- Falls prevention program
- Fire and emergency manual
- Fire drill records
- Food business licence
- Food intake charts
- Food safety plan
- Food temperature monitoring records
- Hazardous chemicals register
- Hazards register
- Incident data and analysis
- Incident reports
- Infection surveillance register and data
- Job descriptions
- Kitchen electrical appliance temperature records
- Legislative update service records
- Lifestyle (activities) program
- Maintenance declaration
- Maintenance request logs
- Mandatory education workbook
- Mandatory reporting register and guidelines
- Mandatory training attendance records
- Material safety data sheets
- Medical specialist referral recommendations
- Medication errors folder
- Memorandum
- Minutes of meetings
- New resident checklist
- Newsletters

- Not for resuscitation orders
- Orientation manual
- Outbreak management manual
- Pain management charts
- Pathology reports
- Performance appraisals
- Pest control records
- Plan for continuous improvement
- Podiatry handover sheets
- Police checks
- Policies and procedures
- Position descriptions
- Practice manual (clinical)
- Preventive maintenance schedule
- Professional nursing registration records
- Quality monitoring schedules
- Queensland fire and rescue service maintenance inspection report
- Resident admission form
- Resident agreements
- Resident and relative handbook
- Resident application and welcome packs
- Resident evacuation lists
- Resident feedback communication book
- Resident medication management review
- Residents ability to self-administering medication
- Restraint authorisations
- Risk assessments
- Seasonal menu
- Shower lists
- Staff availability diary/replacement record
- Staff education attendance records
- Staff handbook
- Staff qualifications
- Staff signature register
- Suite of assessments
- Surveys
- Visit communication sheets (doctor)
- Warfrin management
- Weight lists/charts
- Work practices folder
- Wound progress charts

Observations

The team observed the following:

- Activities in progress
- Advocacy, complaints investigation scheme brochures and posters on display
- Archived files area
- Bed rail protectors in use
- Break glass alarm
- Brochures and information for residents
- Charter of residents rights and responsibilities in on display
- Chemical storage
- Cleaner's room
- Clinical diaries
- Clinical staff hand over process
- Colour coded cleaning equipment
- Colour coded emergency flip charts
- Computerised clinical information system
- Emergency assembly areas
- Emergency evacuation diagrams
- Emergency exits with signage
- Equipment and supply storage areas
- Fire hydrants, fire extinguishers, fire blankets
- Fire panel
- Fire response flow chart
- Hand washing facilities and use of personal protective equipment
- Hi-low beds and air mattresses in use
- Infection control notices and hand antibacterial dispenser in communal areas
- Information displayed advising of site audit
- Interactions between staff and residents
- Internal living environment
- Kitchen facilities
- Laundry facilities
- Lunch time meal service
- Manual handling and mobility assistive devices
- Medication administration practices
- Medication alerts
- Medication storage areas
- Morning and afternoon tea/beverage rounds
- Secure storage of residents information files
- Sharps containers
- Spill kit
- Staff and resident noticeboards
- Staff practice and provision of care
- Storage of equipment and supplies
- Suggestion boxes
- Wound treatment trolley and supplies

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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

Canossa Hostel for Ethnic Aged (the home) actively pursues continuous improvement by seeking feedback from staff, residents and representatives through comments, complaints and improvement forms, meetings and surveys. A systematic review of processes occurs through regular audits across the four Standards and opportunities for improvement and solutions are discussed at staff and resident/representative forums. Resident, staff and clinical data is collected and reviewed on a regular basis. The home captures improvement opportunities and objectives on a plan for continuous improvement. Residents and staff indicated that management are responsive to suggestions for improvement.

Recent examples of improvements related to Standard One include:

• It was identified that staff from non-English speaking backgrounds have difficulty with completing documentation about residents' care. The home implemented a set of guidelines/prompt sheets to assist care staff to know what to document on the electronic care system including activities of daily living, mobility/transfers, position changes, continence and toileting, communication, behaviour, diet and appetite. Management indicated that the standard of documentation entry has improved significantly and staff interviewed by the team indicated that the guidelines are helpful.

• Following poor staff attendance at in-house education sessions, the home sought and was granted funding from a government program to access media based learning activities. Through this program staff may attend live broadcasts on topics related to aged care or may take home DVD recordings of broadcast sessions. Staff complete a workbook to complement their understanding of the topic and registered staff may be eligible to receive credit points for registration purposes. Staff indicated that they have gained increased understanding of care of the elderly from the new learning activities.

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 an overarching system to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. Regular updates of legislative and regulatory requirements are provided to management from industry peak bodies and professional legislation update services. Amendments to legislation, regulations and policies are communicated to residents, representatives, staff and other interested parties via memos, meetings and staff education. Compliance with all aspects of regulatory compliance in relation to Standard One is monitored through surveys, audits and observations of staff practices. Criminal record checks are implemented for all staff, volunteers and relevant external service providers and are managed in consultation with the home through the organisation's head office.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management ensure staff have the required knowledge and skills to perform their roles effectively through duties statements, job specific orientation and mandatory training. The home supports on-going education for all staff and staff from all levels are encouraged to take personal responsibility for their professional development. Orientation occurs on the first day of employment and staff complete assessment questionnaires to ensure understanding. New staff are accompanied on one or more 'buddy' shifts and the ongoing skills and knowledge needs of staff are monitored through performance reviews, competency assessments, audits and staff and resident feedback. All staff attend mandatory training including manual handling, infection control, fire safety and food safety and the home considers the effectiveness of each session through evaluation reports. The organisation coordinates in-service education sessions relevant to Standard One including the comments and complaints process and documentation and the home considers the effectiveness of each session.

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 a comments and complaints mechanism that is accessible to residents/ representatives and other interested parties. Details and contact numbers about the internal and external complaints process are displayed and documented in information provided to residents and representatives. Complaints can be raised through complaint forms, at family forums, or directly to management and staff. Written complaints are documented and management record actions taken toward resolution. Staff are aware of the internal and external complaints process and how to assist residents. Residents/representatives are aware of the comments and complaints processes and are confident that issues raised with management will be addressed.

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 home's 'mission' and 'vision' statements are documented in the resident handbook and in the staff information booklet.

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's staffing levels and skill mixes are determined by management in accordance with the current care needs and health and well-being status of residents and operational needs of support and administrative services. The home follows organisational policy and procedures for recruitment and selection and there are systems in place to ensure criminal record checks are current and employees' professional registrations are checked annually. New staff are assigned one or more 'buddy' shifts; printed duties lists and procedure manuals are available and staff performance is reviewed on a regular basis. Management has mechanisms to ensure coverage at all times and an on-site registered nurse is rostered on duty at all times. Management obtain feedback from residents and staff to monitor sufficiency of staffing across the service types. Staff indicated that under normal circumstances they have sufficient time to complete their required duties. Residents/representatives confirmed they are satisfied with the responsiveness of staff and adequacy of care and services.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has processes in place to ensure that suitable goods and equipment appropriate for the delivery of services are available to meet residents' needs. Key staff from each area submit regular orders to ensure stock is maintained within preferred limits and according to budget. Cleaning products are supplied through a preferred external supplier and inventory and equipment is stored appropriately to ensure accessibility and prevent damage. A preventive maintenance program ensures equipment is serviced on a regular basis and requirements for additional or replacement equipment are identified through staff feedback and resident care needs. Staff demonstrated that quality service delivery is maintained in relation to routine and specialised health and personal care, resident lifestyle, catering, housekeeping, cleaning and resident and staff safety. Residents and staff reported that sufficient and appropriate goods and equipment are provided by the home to meet their needs.

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 established processes to identify and record key information and changes to resident care, quality improvement, administration, financial, human resource and maintenance needs. Residents/representatives, staff and other stakeholders have access to current information on the processes and general activities and events of the home via internal email, memos and meetings for staff and residents/representatives. Electronic and paper based records are maintained by the home, information is securely stored, access to information is based on designation and computer based information is password protected and backed up daily. Monitoring of the information management system occurs through internal auditing processes and staff feedback. Communication processes between staff are effective in ensuring that they receive information relevant to their role. Staff and management analyse a range of clinical and management data and this information is discussed at meetings. The home is guided by organisational policies and procedures to guide staff practice and information is archived, stored and destroyed according to organisational policy and legislative requirements. Residents and staff are satisfied that information is communicated effectively either verbally or in writing.

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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 identifies external service requirements based upon resident, operational and legislative requirements including cleaning, laundry, chemicals, incontinence aides, medical supplies, plumbing, electrical and fire safety maintenance. The organisation has established corporate contracts with major suppliers and external service providers that stipulate details of service to be provided, insurance and a service review process. The home obtains staff and resident feedback and uses internal auditing processes to monitor the performance of external service providers. Management liaise with external providers to address any dissatisfaction with services or supply of stock. Residents and staff are satisfied with the quality of services provided by external service providers.

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 actively pursues continuous improvement by seeking feedback from staff, residents and representatives through comments, complaints and improvement forms, meetings and surveys. A systematic review of processes occurs through regular audits across the four Standards and opportunities for improvement and solutions are discussed at staff and resident/representative forums. Resident, staff and clinical data is collected and generally reviewed on a regular basis. The home captures improvement opportunities and objectives on a plan for continuous improvement. Residents and staff indicated that management are responsive to suggestions for improvement.

Recent examples of improvements related to Standard Two include:

- Following staff feedback, new medication trolleys were purchased recently for the home. The new trolleys have two drawers with individual compartments for each resident to hold both their medication sachet roll and packaged medications. A third drawer holds PRN medications. Staff interviewed by the team indicated that the new trolleys are lighter, more manoeuvrable and less noisy than the previous two drawer trolleys.

- The home has completed the phased introduction of electronic recording of all resident care information including assessments, care plans and progress notes. Management indicated that the benefits of the new electronic system include improved 'cross-linking' of information from any area within the facility. Registered nurses who have been absent for several days can more easily access information regarding changes to residents' health status and care plans are more easily amended as required.

- The home has implemented a monthly health summary for all residents with a schedule for registered nurses to follow. Monthly summaries cover different aspects of resident care including residents' illness, pain, wound management, bowel management, accidents/incidents, hospital admission, specialised procedures and infections. Summary details are combined for regular care plan reviews. Staff interviewed by the team indicated that the new system provides more detailed information for care plan reviews.

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 an overarching system to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. Regular updates of legislative and regulatory requirements are provided to management from industry peak bodies and professional legislation update services. Amendments to legislation, regulations and policies are communicated to residents, representatives, staff and other interested parties via memos, meetings and staff education. Compliance with all aspects of regulatory compliance in relation to Standard Two is monitored through surveys, audits and observations of staff practices. Systems are in place to ensure that specified care and services are provided as per the *Quality of Care Principles 1997* and the home was able to demonstrate it has processes in place to meet the various laws and guidelines which govern medication management practices. Management and staff are aware of their responsibilities with regard to residents who go missing from the facility.

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

Management ensure staff have the required knowledge and skills to perform their roles effectively through duties statements, job specific orientation and mandatory training. The home supports on-going education for all staff and staff from all levels are encouraged to take personal responsibility for their professional development. Orientation occurs on the first day of employment and staff complete assessment questionnaires to ensure understanding. New staff are accompanied on one or more 'buddy' shifts and the ongoing skills and knowledge needs of staff are monitored through performance reviews, competency assessments, audits and staff and resident feedback. All staff attend mandatory training including manual handling, infection control, fire safety and food safety and the home considers the effectiveness of each session through evaluation reports. Management coordinate in-service education sessions relevant to Standard Two based on the current health and well-being status and care needs of residents including recent sessions on wound management and continence care.

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

Team's findings
The home meets this expected outcome

The home has processes in place to assess residents' initial and ongoing clinical care needs and preferences. On entry to the home the residents' care profile (interim care plan) is completed from information provided by the resident/representative, hospital discharge notes and medical referral notes. Comprehensive and focus assessments are then completed to form individualised care plans that direct staff provision of care. Care plans are evaluated every three months, or as care needs change; all care staff contribute towards resident progress notes on a scheduled and exceptional reporting basis. Residents/representatives are enabled to input into the ongoing provision of their care through case conferences which are held as required and/or annually. Clinical care assessments, planning and monitoring data is recorded in resident clinical care records. Staff have an understanding of individual resident care needs and preferences; with staff indicating satisfaction with the communication processes utilised to inform them of resident clinical care needs and changes. Residents/representatives are satisfied that the clinical care they receive is appropriate to their needs and preferences.

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

Team's recommendation
The home meets this expected outcome

The needs and preferences of residents' requiring ongoing specialised nursing care are identified on entry to the home, or as care needs change; this information is included in the resident's individualised care plans to guide staff practices. Further focus assessments and care plans are initiated where a particular risk or need has been identified. Registered nurses are available either on-site or at the co-located nursing home 24 hours a day, seven days a week, to assess and oversee specific care requirements; which currently include oxygen therapy and complex pain management. Professional development training, the use of external specialist services and clinical resource material is available to support staff to care for residents with specialised needs. Appropriate equipment and sufficient stock is available to enable residents' specialised nursing care needs to be met. Residents/representatives are satisfied with the care provided at the home and the support received with specialised care needs.

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

Team's recommendation
The home meets this expected outcome

Residents have access to a wide range of health specialists who provide services such as physiotherapy, speech pathology, podiatry, dietetics, optometry, dental care, audiology and pathology. A referral mechanism is initiated by the Clinical Nurse Manager, as a result of resident assessments, clinical and/or care staff observations, or a change in care needs. Health specialists regularly attend the home and staff coordinate external appointments when necessary. The outcome of referrals, including instructions for ongoing care, are documented and retained in residents' clinical records with changes incorporated into the residents' care plan as necessary. Residents/representatives are satisfied with choice and access to other health specialists.

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

Team's recommendation
The home meets this expected outcome

Competency assessed registered nurses and enrolled nurses administer residents' medications, with registered nurses being available either onsite or at the co-located nursing home 24 hours per day, seven days per week for consultation regarding administration of 'as required' (PRN) medication. Resident medications are supplied in a sachet system that is delivered to the home on a weekly basis. Medications are stored securely and medications such as eye drops are dated on opening. Registered staff have an awareness of procedural and legislative requirements relating to the administration and storage of medications and controlled drugs. Review of residents' medications is undertaken three monthly by the residents' attending medical practitioner and by an external pharmacist annually; evaluation of the medication administration system is conducted through the monitoring of medication incidents, observation of staff practices, the auditing processes and review through medication advisory committee meetings. Residents/representatives are satisfied that their medication is administered safely and correctly.

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

Team's recommendation
The home meets this expected outcome

Residents' pain management needs are identified and assessed on entry to the home, and on an ongoing basis as required. Verbal and non-verbal pain assessment occurs and interventions are recorded on the resident's care plan to guide staff provision of care. Strategies to manage pain are taken in conjunction with the physiotherapist and include massage, the application of heat packs, exercises, ultrasound therapy, regular pressure area care and repositioning, and as required analgesia. Pharmacological measures include regular prescribed narcotic oral analgesia, and topical slow-release narcotic patches. Effectiveness is assessed and monitored by clinical staff, with any changes being recorded in the resident's progress notes and/or care plans, and referred to the residents' attending doctor as required. Residents/representatives are satisfied that their pain is managed effectively and staff respond to requests for assistance if they experience pain.

2.9 Palliative care

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

Team's recommendation

The home meets this expected outcome

The home has processes in place to provide appropriate care and comfort for terminally ill residents. Resident's end of life wishes are discussed with the resident/representative as the residents' health status changes. Residents are supported to remain in the home during the palliative phase of care and family are encouraged to stay with residents during this time if they so desire. Care needs are managed in consultation with residents/representatives, their medical practitioners, allied health specialists and pastoral care workers as are required. Specialised equipment is available for staff to assist residents to remain as free from pain as possible. Staff have an awareness of the care needs and measures required to provide comfort and dignity for terminally ill residents and support for their families.

2.10 Nutrition and hydration

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

Team's recommendation

The home meets this expected outcome

Residents' dietary requirements are identified and assessed on entry to the home including their personal likes and dislikes, and medical dietary needs. Care strategies required to support residents' nutrition and hydration needs are incorporated into their care plans and communicated to all staff, including kitchen staff. Care strategies include assistance with meals, regular beverage rounds, thickened fluids and modified texture diets; with referral to medical practitioners, speech pathologists and dietitians as required. Residents are routinely weighed on entry and then monthly; variances in weights are monitored further by clinical staff and unintended weight loss is analysed for causative factors, with supplements and referral to a dietitian initiated as required. Residents/representatives are satisfied with the meals and fluids provided by the home.

2.11 Skin care

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

Team's recommendation

The home meets this expected outcome

Residents' skin integrity is assessed on admission and planned interventions are included in the resident's care plan to guide staff. The potential for compromised skin integrity is also assessed and preventative strategies are implemented as appropriate, which include assistance with personal hygiene, regular pressure area care and repositioning, the use of aids/equipment such as air mattresses and continence aids, skin/limb and bedrail protectors, and the use of moisturising creams. Wounds and treatments are monitored via wound management plans, with wound care provided by registered nurses and reviewed by the Clinical Nurse Managers as required. The incidence of injury/skin tears is captured; interventions are then implemented as appropriate. Staff receive education in manual handling at orientation and on an annual basis with the view to ensuring that residents' skin integrity is not compromised in any way. Residents/representatives are satisfied that residents' skin condition is consistent with their general health.

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

Team's recommendation
The home meets this expected outcome

Residents' continence status is assessed on entry to the home with urinary and bowel assessment charts commenced to identify patterns. Residents' individual continence programs are developed and are detailed on care plans to guide the provision of care. A daily bowel record is maintained for each resident which is monitored by clinical staff, with management programs being put in place that include the addition of prunes and pear juice at breakfast, fruit and fluids being encouraged, and the administration of aperients as required. Care plans record strategies to promote and manage resident's continence needs, including assistance with personal hygiene and provision of appropriate continence aids. The home has dedicated link nurses who monitor initial and ongoing continence aid use for appropriateness. Staff have an understanding of resident's individual toileting schedules and continence needs. Residents are satisfied with the level of assistance and aids provided to manage their continence.

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

Team's recommendation
The home meets this expected outcome

The needs of residents with challenging behaviours are identified during the initial assessment phase and on an ongoing review basis. Behavioural assessments are conducted to identify the types of behaviours exhibited and effective management strategies; individualised care plans are then developed accordingly to guide staff practices. Strategies implemented to manage challenging behaviour include one-on-one interaction (reassurance, redirection, conversation, music); involvement in group activities and household tasks of daily living, and medication review. Specialist advice is available to guide ongoing management of challenging behaviours through referral to psycho-geriatrician, as required. Staff have an understanding of managing residents with challenging behaviours and interact with residents in a manner that encourages positive outcomes.

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

Team's recommendation
The home meets this expected outcome

A physiotherapist conducts a detailed initial assessment in relation to each resident's specific mobility, transfer and therapy needs; a falls risk assessment is completed where indicated. Individualised care plans are developed including (pictorial) manual handling instructions; these are evaluated for their effectiveness on a three monthly basis. Residents are assisted by the physiotherapist to trial and select mobility and dexterity aids appropriate to their needs. Residents and staff are instructed in the use of mobility and transfer aids and staff undergo training on an annual basis. Resident's at risk of falls are identified and falls are monitored; each resident is reassessed by the physiotherapist following a fall and actions are taken to improve outcomes for the individual residents. Residents/representatives are satisfied with the level of support and assistance provided to maintain optimum levels of mobility.

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

Team's recommendation
The home meets this expected outcome

Residents' oral and dental needs are identified on entry to the home through the completion of oral assessments, with the level of assistance required to maintain the residents oral and dental hygiene determined. Care plans include strategies to assist residents to maintain their oral and dental health and identify the presence of dentures or own teeth. Oral hygiene is provided as part of the resident's activities of daily living with care staff informing the registered nurses of any concerns, which initiates further referral as appropriate. Mouth swabs and oral care products are available for residents as required. External dental appointments are arranged and coordinated by the home, with suitable follow-up noted in resident's clinical records. Residents are satisfied with the level of support provided to assist them with the maintenance of oral hygiene and their access to dental health services.

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

Team's recommendation
The home meets this expected outcome

Residents' sensory needs are assessed on entry to the home or as care needs change; this information is included in the resident's care plans to guide staff provision of care. The home has implemented strategies that include the provision of sensory/activity and care staff provide assistance with activities of daily living. Residents are referred to specialists such as audiologists, optometrists and speech pathologists based on their assessed needs and in consultation with the resident/representative and medical practitioner. Staff coordinate external appointments as required with any changes being incorporated into the residents' care plan as necessary. Residents are satisfied with the assistance provided by staff to identify and manage their sensory needs.

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2.17 Sleep

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

Team's recommendation
The home meets this expected outcome

Each resident is assessed on entry to the home and information about their usual sleep patterns, settling routines and personal preferences are documented to form part of the individualised care plan. Night routines maintain an environment that is conducive to sleep and staff have implemented support and comfort measures such as a regular settling routine, supper, attending to residents' toileting and pain management needs, dimming lights and minimising noise. Pharmacological interventions are administered according to the residents' attending general practitioners' orders. Staff are aware of each resident's sleep and rest patterns and personal preferences/routines. Residents are able to sleep comfortably and are satisfied with the support provided by staff.

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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 continuous improvement by seeking feedback from staff, residents and representatives through comments, complaints and improvement forms, meetings and surveys. A systematic review of processes occurs through regular audits across the four Standards and opportunities for improvement and solutions are discussed at staff and resident/representative forums. Resident, staff and clinical data is collected and reviewed on a regular basis. The home captures improvement opportunities and objectives on a plan for continuous improvement. Residents and staff indicated that management are responsive to suggestions for improvement.

Recent examples of improvements related to Standard Three include:

• The home obtained funding through a government sponsorship program for the installation of computers in the residents' library. The program also includes regular visits by a volunteer tutor to assist residents who are interested to learn email and visual technology skills. Management indicated that a group of residents use the computers on a regular basis to communicate with family and friends who are interstate or overseas.

• Subsequent to resident feedback, the pet therapy programme at the home has recently been expanded to include an extra visit to the home each week by the pet therapy dogs. Residents interviewed by the team indicated that they gain enjoyment from interacting with the visiting pets and look forward to their regular visits.

• The diversional therapy team have recently implemented a program for women who would gain a sense of accomplishment from completing familiar household tasks such as folding, ironing and mending. Management indicated that residents gain a sense of satisfaction from the activity and increase residents' sense of self-fulfilment.

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 an overarching system to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. Regular updates of legislative and regulatory requirements are provided to management from industry peak bodies and professional legislation update services. Amendments to legislation, regulations and policies are communicated to residents, representatives, staff and other interested parties via memos, meetings and staff education. Compliance with all aspects of regulatory compliance in relation to Standard Three is monitored through surveys, audits and observations of staff practices. Management and staff are aware of their responsibilities with regard to reportable assaults, privacy, security of tenure and residents' rights and responsibilities.

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

Management ensure staff have the required knowledge and skills to perform their roles effectively through duties statements, job specific orientation and mandatory training. The home supports on-going education for all staff and staff from all levels are encouraged to take personal responsibility for their professional development. Orientation occurs on the first day of employment and staff complete assessment questionnaires to ensure understanding. New staff are accompanied on one or more 'buddy' shifts and the ongoing skills and knowledge needs of staff are monitored through performance reviews, competency assessments, audits and staff and resident feedback. All staff attend mandatory training including manual handling, infection control, fire safety and food handling and the home considers the effectiveness of each session through evaluation reports. Management coordinate in-service education sessions relevant to Standard Three, including mandatory reporting and appropriate workplace behaviour.

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

Emotional support is provided to residents/representatives upon entry to the home by all staff involved in the admission process. Information about residents' social and family history, lifestyle choices and preferences is collected from the residents/representatives through initial and ongoing assessment, with an individualised care plan developed accordingly. Processes in place to assist new residents include orientation to the home, provision of information on the home and general planned activities, and introduction to other residents. Residents are able to bring personal possessions to furnish their rooms and family visits are encouraged and supported. Staff are aware of residents' needs for support at particular times such as loss and bereavement. Residents/representatives are satisfied with support received from staff to help them to adjust to their lifestyle 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 recommendation
The home meets this expected outcome

Residents' current lifestyle preferences, interests and abilities are identified during entry to the home to assist with the development of diversional therapy/lifestyle and clinical care plans that maximise individual resident's independence. Staff promote and support resident's independence within their capacity in relation to personal care and activities of daily living and appropriate equipment such as mobility and incontinence aids are provided to support independence. Recreational activity staff assist residents to participate in a variety of leisure activities and to maintain links within the community, as well as with family and friends. Resident meetings provide an opportunity for residents to discuss issues and voice suggestions or concerns; concerns can also be addressed through the comments and complaints process. Residents are satisfied with the support provided to enable them to maintain an optimal level of 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 recommendation
The home meets this expected outcome

The home maintains policies and processes to protect residents' privacy and dignity. On entry to the home, residents are provided with information about privacy and confidentiality which is contained in the resident handbook. Staff and management are aware of the privacy and confidentiality considerations when providing shift handover and attending to resident care needs. Resident personal, clinical and financial information is stored in a secure manner that protects the confidentiality of residents. All staff sign a code of conduct and confidentiality agreement on being employed by the home. Residents/representatives are satisfied that their privacy needs are respected and that staff ensure their dignity is maintained.

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

Team's recommendation
The home meets this expected outcome

Residents' past and current interests and activities are identified through interview and completion of social profile assessment. Individualised diversional therapy/lifestyle care plans are developed in consultation with the resident/representatives, and reflect the resident's physical and cognitive abilities and identified interests. The homes' activity program includes planned group and individual activities, with monthly activity calendars being provided to residents' in their room, posted in resident communal areas, and communicated to residents by activities staff. Programs are evaluated by review of participation rates, surveys and feedback at resident meetings. The activity program is also benefited by a volunteer support group which augments the one-to-one sessions provided to residents, and who assist with residents' group activities and outings. Residents/representatives indicate that they are satisfied with the leisure and activity programs offered by the home.

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

Team's recommendation
The home meets this expected outcome

Residents' specific cultural and spiritual needs and preferences are identified on entry to the home and care plans are developed in consultation with the resident/representative. The home provides specific care and accommodation for Italian speaking residents, as well as residents from other culturally and linguistically diverse backgrounds; family members, staff and volunteers, as well as interpreters when needed, provide assistance with any communication requirements. Daily mass and/or communion is held and other religious denominations conduct services at the home on a regular basis. Days of personal, cultural and spiritual significance are planned and celebrated in the home as a community, and on an individual basis. The menu accommodates residents' cultural needs as required. Residents expressed satisfaction that their cultural practices and spiritual beliefs are provided for and respected.

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

Team's recommendation
The home meets this expected outcome

Residents are provided with opportunities to exercise choice and decision making in the planning and provision of care and are encouraged to be actively involved. Input and feedback is sought from residents/representatives throughout their stay at the home through case conferences, resident meetings, resident surveys, comments and complaints processes, and daily one-to-one interaction between staff and residents. Staff utilise strategies to incorporate choice into residents' daily care routines and leisure interests. Information for residents about internal and external complaint mechanisms are contained in the resident agreement, handbook and information displayed in the resident's communal living areas. Residents are satisfied with choices offered in matters relating to their care and lifestyles with staff showing due consideration for their personal preferences and choices.

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

Team's recommendation
The home meets this expected outcome

Residents/representatives are provided with information about their rights and responsibilities and security of tenure prior to admission and on admission; this information is re-enforced during their time at the home. Information provided includes fees and charges, rules of occupancy, services to be provided by the home, and the resident's responsibilities. Management ensures that all parties understand the terms of the agreement prior to signing the residency agreement. Further information regarding resident's rights and responsibilities is contained in the resident agreement and handbook. Ongoing information is provided through letters, newsletters and discussions at residents/representative meetings as the need arises. Residents are satisfied they have secure tenure within the home and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems
Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

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

Team's findings
The home meets this expected outcome

The home actively pursues continuous improvement by seeking feedback from staff, residents and representatives through comments, complaints and improvement forms, meetings and surveys. A systematic review of processes occurs through regular audits across the four Standards and opportunities for improvement and solutions are discussed at staff and resident/representative forums. Resident, staff and clinical data is collected and reviewed on a regular basis. The home captures improvement opportunities and objectives on a plan for continuous improvement. Residents and staff indicated that management are responsive to suggestions for improvement.

Recent examples of improvements related to Standard Four include:

- Following resident/representative feedback a grassed area adjacent to the front entry door at ground level was replaced with bitumen creating an increased number of car parking spaces for visitors. The team observed that residents who are taken on outings by relatives or friends are now able to access their transportation more easily.

- Management identified that despite using thermal covers for plated food, meal temperatures were not kept consistently warm due to the china plates having an uneven base. The home purchased new plates of improved quality and ceramic base 'inserts' heated prior to plating. Residents interviewed by the team indicated that meals are now served at a sufficiently warm temperature.

- The home is located on the top floor of a multi-level building and the lift service has recently been refurbished providing residents with a more reliable lift that has been programmed to close doors slowly so that residents entering/exiting the lift are not rushed. Management indicated that the new lift has also been programmed to move more slowly and smoothly and has better interior lighting than previously. Residents interviewed by the team indicated satisfaction with the new lift.

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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 an overarching system to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. Regular updates of legislative and regulatory requirements are provided to management from industry peak bodies and professional legislation update services. Amendments to legislation, regulations and policies are communicated to residents, representatives, staff and other interested parties via memos, meetings and staff education. Compliance with all aspects of regulatory compliance in relation to Standard Four is monitored through surveys, audits and observations of staff practices. The home's food safety program has been accredited by Council and external audits conducted; a Food Safety Supervisor and a Fire Safety Adviser are available to guide staff.

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

Management ensure staff have the required knowledge and skills to perform their roles effectively through duty statements, job specific orientation and mandatory training. The home supports on-going education for all staff and staff from all levels are encouraged to take personal responsibility for their professional development. Orientation occurs on the first day of employment and staff complete assessment questionnaires to ensure understanding. New staff are accompanied on one or more 'buddy' shifts and the ongoing skills and knowledge needs of staff are monitored through competency assessments, audits and staff and resident feedback. All staff attend mandatory training including manual handling, infection control, fire safety and food safety and the home considers the effectiveness of each session through evaluation reports. Management coordinate in-service education sessions relevant to Standard Four based on the current care needs of residents and legislated training requirements in relation to the physical environment and safe systems including hazard and incident reporting.

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

Team's findings
The home meets this expected outcome

Residents are accommodated in single rooms with shared bathrooms and are encouraged to personalise their room. There is easy and safe access to clean and well-maintained communal, private, dining and outdoor areas for residents. A preventive maintenance program, incident reporting processes and maintenance requests ensure the safety and comfort needs of residents are met. Consent and authorisation is obtained for those residents who may require protective assistance. Regular audits, incident/hazard reports and risk assessments are conducted and discussed at staff meetings. Resident accidents and incidents are reported, investigated, collated and analysed in order to identify trends and ensure that strategies are in place to prevent recurrence whenever possible. Regular cleaning programs are in place and residents expressed satisfaction with the maintenance and comfort of the living environment.

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

Team's findings
The home meets this expected outcome

New staff attend orientation sessions covering a range of workplace health and safety topics and staff complete learning packages covering mandatory education topics annually. The home has a qualified Workplace Health and Safety Officer available to guide staff at the home and there are regularly reviewed policies and specific work instructions. Maintenance is conducted on buildings and equipment to ensure safety and useability, and staff are guided on the use of equipment and chemicals. Reporting of risk and potential and actual hazards related to the physical environment, chemicals or dangerous goods, equipment, staff and systems of work are discussed at regular workplace health and safety meetings and there is active follow-up of audit/inspection results and incident data. Chemicals are stored securely and material safety data sheets are accessible to staff. Staff demonstrated knowledge of incident and hazard reporting processes and their role in maintaining a safe environment, and indicated satisfaction with management's response to safety issues.

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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

Independent fire safety inspections occur at regular intervals and maintenance records confirm regular checks by an external contractor of fire safety installations. Fire detection systems provide an immediate alert to local fire brigade and fire extinguishers, hoses, hydrants and blankets are inspected regularly. Evacuation plans and procedures are displayed and there are clearly marked emergency exits free from obstruction leading to emergency assembly points. Guidelines for the management of other emergencies including natural disaster are in place. The home conducts initial training for all staff in fire, security and emergency procedures as part of the orientation process. Staff attend fire safety training on a regular basis, have access to current resident mobility lists and understand their role in the event of an emergency or evacuation.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

Infection control policies and procedures guide staff practice in the areas of clinical, catering, cleaning and laundry. Infection control education is provided to staff at orientation and annually and staff complete competencies for hand washing. Infection surveillance data is reviewed by management and processes to manage infection control include a food safety program, pest control measures, waste management, sharps disposal, a vaccination program and outbreak management contingency plans. Facilities and equipment including single-use clinical products, hand washing facilities, hand sanitiser, personal protective equipment and colour coded cleaning equipment are provided to enable infection control practices to be implemented. Temperatures of equipment for cold food storage and medication refrigerators are monitored to minimise the risk of contamination. Feedback, information on individual resident infections and control practices is provided through handover processes, meetings and progress notes. Staff demonstrated awareness of infection control guidelines and practices applicable to their area of duty, including the appropriate use of personal protective equipment and hand washing.

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

Assessment of residents' dietary needs and preferences is conducted by a registered nurse on admission to the home and a dietary profile is completed to guide catering staff. Residents indicated satisfaction with the variety of food and drink offered and with the quantity, availability and frequency of meals and snacks. Cleaning services provide regular and frequent cleaning of resident rooms, the general living environment, common areas, staff areas and equipment. Cleaning staff demonstrated they use colour coded cleaning equipment such as mops and buckets which are regularly cleaned and use personal protective equipment in accordance with health and hygiene standards, in particular infection control requirements. The laundry service is scheduled to provide sufficient frequency of service for linen and personal items; items are marked to prevent loss and residents confirmed their satisfaction with the service provided. Management seeks feedback about hospitality services from residents through resident meetings and satisfaction surveys.

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