Decision to accredit
Carrum Downs Private Nursing Home

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Carrum Downs Private Nursing Home in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Carrum Downs Private Nursing Home is three years until 17 July 2012.

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

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

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

Information considered in making an accreditation decision
The Agency has taken into account the following:
- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Carrum Downs Private Nursing Home
RACS ID:	4137

Number of beds:	60	Number of high care residents:	54

Special needs group catered for:	• Nil

Street:	1135 Frankston-Dandenong Road

City:	CARRUM DOWNS	State:	Victoria	Postcode:	3201
Phone:		03 9782 1411		Facsimile:	03 9782 6090
Email address:		cdhome@bigpond.com.au			

Approved provider

Approved provider:	Merakis Enterprises Pty Ltd

Assessment team

Team leader:	Lois Knox
Team member/s:	Ruth Richter
Date/s of audit:	28 April 2009 to 29 April 2009

Executive summary of assessment team's report		Accreditation decision

Standard 1: Management systems, staffing and organisational development

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

Standard 2: Health and personal care

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

Executive summary of assessment team's report		**Accreditation decision**

Standard 3: Resident lifestyle

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

Standard 4: Physical environment and safe systems

Expected outcome		**Assessment team recommendations**	**Agency findings**
4.1	Continuous improvement	Does comply	Does comply
4.2	Regulatory compliance	Does comply	Does comply
4.3	Education and staff development	Does comply	Does comply
4.4	Living environment	Does comply	Does comply
4.5	Occupational health and safety	Does comply	Does comply
4.6	Fire, security and other emergencies	Does comply	Does comply
4.7	Infection control	Does comply	Does comply
4.8	Catering, cleaning and laundry services	Does comply	Does comply

Assessment team's reasons for recommendations to the Agency

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

SITE AUDIT REPORT

Name of home	Carrum Downs Private Nursing Home
RACS ID	4137

Executive summary

This is the report of a site audit of Carrum Downs Private Nursing Home 4137 1135 Frankston-Dandenong Road CARRUM DOWNS VIC from 28 April 2009 to 29 April 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

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

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 28 April 2009 to 29 April 2009.

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

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

Assessment team

Team leader:	Lois Knox
Team member:	Ruth Richter

Approved provider details

Approved provider:	Merakis Enterprises Pty Ltd

Details of home

Name of home:	Carrum Downs Private Nursing Home
RACS ID:	4137

Total number of allocated places:	60
Number of residents during site audit:	59
Number of high care residents during site audit:	54
Special needs catered for:	

Street:	1135 Frankston-Dandenong Road	State:	Victoria
City:	Carrum Downs	Postcode:	3201
Phone number:	03 9782 1411	Facsimile:	03 9782 6090
E-mail address:	cdhome@bigpond.com.au		

Assessment team's recommendation regarding accreditation

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

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Approved provider	1	Residents/representatives	10
Director of nursing	1	General practitioner	1
Nurse unit manager	1	Laundry staff	1
Registered nurses division one	3	Cleaning staff	2
Registered nurses division two and two endorsed	3	Maintenance staff	1
Care staff	8	Catering staff	1
Liaison officer	1	Pharmacist	1
Quality coordinator	1	Occupational health and safety	1
Palliative care consultant	1		

Sampled documents

	Number		Number
Residents' clinical files	6	Medication charts	10
Lifestyle care plans	6	'Whenever necessary' medication records	25
Blood glucose monitoring records	10	Personnel files	8
Weight monitoring records	18	Wound care records	5
Deceased residents' files	4	Food allergies	59
Restraint authorisations	5	Oral and dental care plans	7
Residential agreements	6	External service contracts	10

Other documents reviewed

- 'Stop Strategy' guidelines
- 'Tips for hearing impaired people'
- Activities calendar
- Activity evaluation form
- Advanced care plan
- Aged care complaints investigation scheme brochure
- Annual essential safety measures report
- Assessments: validated and generic
- Assets register
- Audit schedule, tools, results and quarterly trend analysis
- Brief drug information for individual residents
- Certificate of compliance with electrical safety requirements
- Certificate of final inspection
- Charter of residents rights and responsibilities
- Chemical register
- Cleaners' cleaning schedule
- Code of professional conduct for nurses in Australia
- Collation and analysis of incidents report
- Communication folder for residents activities of daily living
- Complaints register and quarterly summary of complaints
- Confidential register for compulsory reports
- Consent form for the display of names and photographs
- Contractor management policy
- Contractors orientation checklist
- Diabetic management review
- Diabetic treatment records
- Dietary advice records
- Diversional therapy participant assessment
- Duties lists
- Education evaluation 2008
- Education survey 2009
- Emergency equipment checklist
- Emergency instructions and emergency management manual
- External service provider review forms
- Facility resource folder
- Feedback form for comments, compliments, suggestions and complaints
- Fire safety declaration: 24.6:25
- Food safety plan 2009
- Food safety poster
- Handover sheet
- Hazard alert forms
- High needs lifestyle program
- Incident report flowchart
- Individual staff education attendance records
- Infection control documents: surveillance records, outbreak guidelines, infection rates records
- Infection rate review and record
- In-service education calendar
- Internal education flowchart
- Job descriptions
- Kitchen cleaning schedule
- Laundry cleaning schedule
- Local council certificate of registration 31 December 2009

- Maintenance book, notification of equipment breakdown and preventive schedule
- Material safety data sheets
- Medication audit action sheet
- Medication incident report
- Medication query review
- Missing persons checklist
- Nursing care plan review
- Occupational health and safety information poster
- Occupational health and safety committee minutes
- Occupational health and safety register of injuries
- Occupational health and safety risk management folder
- Pandemic plan
- Plan for continuous improvement
- Police checks policy
- Policies, procedures and flowcharts: clinical and non-clinical
- Quality activities report
- Quality assurance program schedule
- Quality framework
- Register of continuous improvement activities
- Resident and advocate newsletters
- Residents handbook
- Residents religious groups
- Residents satisfaction survey
- Services contact list
- Six rights of drug administration
- Specialist care needs summary
- Staff appraisals
- Staff attendances
- Staff communication book
- Staff fire questionnaire
- Staff handbook
- Staff meeting minutes
- Staff orientation information folder
- Staff roster
- Swallowing and nutrition report
- Temperature checking for kitchen coolroom and prepared food
- Temperature checking of laundry washing water
- Third party food safety audit report 2 March 2009
- Visitor sign in and out book
- Volunteer application, agreement, position description
- Volunteers/contractors orientation checklist
- Wound care documents: management charting, monthly wound rate record

Observations

- Activities in progress
- Cleaners' trolleys and equipment
- Cleaning in progress
- Contractors working on site
- Electrical tags
- Equipment and supply storage areas
- Evacuation packs
- External and internal living environment
- Fire exits
- Fire extinguishers, related notices and fire blankets
- Fire panel and testing
- Hand washing posters
- Information on noticeboards for staff and residents
- Interactions between staff and residents
- Kitchen: dry larder, cool rooms, freezer, meal preparation area, storage of equipment
- Laundry and kitchen in operation
- Laundry: flow of soiled and clean laundry
- Linen trolleys
- Meals in progress
- Medication rounds in progress
- Medication trolleys and storage of medications
- Oxygen in use signs
- Personal protective equipment
- Staff noticeboards
- Staff room
- Storage of clinical stock
- Storage of general and Schedule eight medications
- Storage of residents' files
- Testing of fire alarms and fire doors.

Standard 1 – Management systems, staffing and organisational development
Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

Team's recommendation
Does comply

The home actively pursues continuous improvement of their management, staff and governance systems. Areas for improvement are identified through incident reports, audit results, feedback forms, staff and resident surveys, audit results, changes to regulatory compliance requirements and internal and network meetings. Identified improvements are entered on a plan for continuous improvement which includes the item, timelines, responsibilities and evaluation of the outcome of the improvement. Improvements are managed and monitored by the homes director of nursing and quality coordinator. Feedback about progress towards improvements is provided verbally at resident and advocate meetings and in writing through minutes of meetings, reports, newsletters and staff memoranda. Residents and relatives report they mostly raise issues verbally and issues they have raised have been effectively dealt with in a timely manner and have resulted in improvements. Staff report satisfaction with both the process and outcomes of their input.

Recent improvements in Standard one include the following:
- Reviewing and updating the external contractors' agreements and orientation process.
- Reviewing and updating policies, procedures and manuals to reflect current practice, including recent legislative changes.
- Reviewing and updating maintenance activities to include a preventative schedule.
- Implementing a contractor register.

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

Team's recommendation
Does comply

The home has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines related to management, staffing and the organisation. Updates are received from a commercial legislative service and compliance is monitored through observation, nurses' registration and police certificate processes and the continuous quality improvement system. Staff, residents and relatives are informed about changes through education, newsletters, memoranda and meetings. During orientation, staff are informed of recent changes and have ongoing access to relevant information and legislation. Residents and relatives were informed of current accreditation activity.

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

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Team's recommendation
Does comply

The home enables all staff to access broad, high quality education. The topics for inclusion in the 2009 education program were derived from staff requests, maintaining regulatory compliance, identification of knowledge deficits, changes to contemporary practices, changes in resident care requirements, performance appraisals, audit and incident results, feedback forms and mandatory topics. Attendances are maintained and all sessions are evaluated. Staff selection criteria require all staff to have basic qualifications or be working towards further certification/registration. All staff complete a formal orientation that includes an overview of mandatory topics. Staff are informed of forthcoming internal and external education programs via fliers displayed on the staff notice board, at handovers, meetings and meeting minutes. Staff confirmed their satisfaction with their opportunities in accessing continuing education.

Education opportunities completed by management and other staff that reflect the management systems, staffing and organisational development include the following:
- Managing the new funding tool.
- Scope of practice for registered nurses division one, two and two endorsed.
- Managing risk to avoid non-compliance.
- Mandatory reporting.

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

Team's recommendation
Does comply

Residents, relatives, representatives and staff receive information about internal and external complaints mechanisms in their orientation and handbook and have access to internal processes through the home. Feedback forms and information about external processes are available and information from submitted forms is logged as part of the continuous quality improvement process. Feedback is given verbally or in writing to the person who submitted the form if required. Residents confirm they regularly give verbal feedback to the management team and are satisfied with the availability of "someone to talk to" and the results of their communication. Staff report they have used the internal process and consider their ideas and concerns are encouraged, listened to and acted on.

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

Team's recommendation
Does comply

The home has documented its mission statement, philosophy and objectives and they are displayed in the reception area and included in staff and resident information packages and residents' contracts. The home is committed to the provision of a high standard of resident care through the quality management system and support for staff education and leadership development. Residents reported they are happy with the home's leadership and would approach the director of nursing if needed. Staff confirmed they are informed of the home's mission statement and indicated their commitment to providing quality care for residents and that they feel supported by management to deliver that care.

1.6 Human resource management

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

Team's recommendation
Does comply

The home has appropriately skilled staff to deliver clinical and non-clinical services. The director of nursing provides overall supervision, support and guidance at all times and is supported in this role by nurse unit managers, registered nurses division one, registered nurses division two (including endorsed) and personal care staff across all shifts. Lifestyle and leisure staff, hospitality, administrative and maintenance staff complement clinical services. To ensure maximum resident care during periods of increased resident acuity, the director of nursing in collaboration with the registered nurses division one has the ability to increase the staffing profile. Recruitment is managed at a local level, vacant positions offered internally, externally and via the associated training organisations. Staff are selected according to organisational needs and criteria for the vacant position is available. New staff attend a formal orientation that includes an over view of mandatory topics; all staff are appraised at the completion of the three month probationary period, then annually or as required. Staff interviewed confirmed that staffing levels consistently reflect the changing needs of the residents. Residents interviewed said that staff provide "individual" and "attentive" care; most residents were satisfied with staff response times to their call bells.

1.7 Inventory and equipment

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

Team's recommendation
Does comply

The home has stocks of goods and equipment to support quality service delivery. The home has processes to manage stores, including rotation and replacement, for all areas of the home. Feedback forms, planned audits, hazard reports and the occupational health and safety committee identify equipment and maintenance needs. A preventative maintenance schedule is in place and staff inform the maintenance person if incidental repairs are required; staff report repairs are completed in a timely manner. Equipment maintenance is monitored by the quality coordinator. Residents report there is enough of everything and staff expressed satisfaction with the availability of stock and equipment and management's responsiveness to any identified needs.

1.8 Information systems

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

Team's recommendation
Does comply

The home has effective information management systems in place. The home uses a paper based care planning and recording process. Current resident information is provided to each shift during a handover meeting and out of date information is securely stored and destroyed. There are formal systems to share information including regional networks, meetings, care consultations, newsletters and noticeboards and an informal practice of information sharing between staff. Residents state they are happy with the information they receive and relatives report satisfaction

with the information they receive about the care of their relatives. Staff state they have sufficient information to perform their roles

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

Team's recommendation
Does comply

External services are provided by contractors, allied health practitioners and a hairdresser in a way that meets residents' needs and the home's service quality goals. External contractors enter into contracts which include provision of their qualifications, practicing certificates and insurance. External contractors have an orientation program and services are monitored by management, evaluated through planned audits and reviewed annually or at the end of the contract. Staff and residents report they are consulted about service standards and changes are made when quality goals are not 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.

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

Team's recommendation
Does comply

The home actively pursues continuous improvement of the residents' heath and personal care. Refer to Expected outcome 1.1 Continuous improvement for details of the home's system for continuous improvement. Residents and relatives report the residents receive care that meets their physical and mental needs.

Recent improvements in Standard two include the following:
- Auditing and reviewing the provision of pharmacy services resulting in a change of service provider and improved services for residents.
- Reviewing the nutrition needs of residents by a dietician and implementing a seasonal menu.
- Purchasing lifting equipment to enhance care needs.
- Developing and implementing a falls reduction program including supporting staff to obtain qualifications and extra time for falls prevention activities.

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

Team's recommendation
Does comply

The home's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines to promote residents' health and personal care. Registered nurses division one, two and two endorsed, provide the home with annual registration certificates; registered nurses collaboratively assess, plan, manage and review all residents. Medications are managed, administered and stored in accordance with legislated practices. Policies and procedures are developed, monitored and updated by the director of nursing and the quality coordinator. Staff are provided with training on regulations, legislation and accreditation requirements. Staff interviewed confirmed that they are informed about changes and were able to demonstrate their knowledge

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

Team's recommendation
Does comply

The home enables all staff to access broad, high quality education. The topics for inclusion in the 2009 education program reflecting health and personal care were derived from care staff requests, maintaining regulatory compliance, identification of knowledge deficits, changes to contemporary practices, changes in resident care requirements, performance appraisals, audit and incident results, feedback forms and

mandatory topics. Staff confirmed their satisfaction with their opportunities in accessing continuing education.

Education opportunities completed by clinical care staff that reflect health and personal care include the following:
- Continence care and aids.
- Cardiopulmonary resuscitation.
- Dysphasia and dysphagia.
- Chronic pain management.
- 'Agestrong' training.

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

Team's recommendation
Does comply

There are clinical policies, procedures and flowcharts to inform and guide staff in all aspects of clinical care. Residents' clinical care needs are assessed, planned, managed and reviewed by registered nurses division one and two in collaboration with the family, the attending general practitioner and relevant allied health practitioners. Care plans are reviewed according to a monthly schedule utilising the 'resident of the day' process. Residents' have a choice of general practitioner and allied health professionals who assess, review and document treatments in the resident's progress notes. Residents and relatives are generally consulted formally when initial care plan are implemented and at other times. If residents require an episode of acute care, a transfer document accompanies them. Direct care shift handovers are comprehensive; clinical and behavioural incidents are reported, recorded and monitored. Residents and relatives confirmed their satisfaction with their clinical care.

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

Team's recommendation
Does comply

Specialised nursing care needs are assessed, planned, managed and reviewed by registered nurses division one in for example, diabetic care, catheter care, wound management, palliative care, oxygen therapy and behavioural management. A range of clinical nurse consultants and allied health professionals can be accessed to provide additional advice and support. Care plans and the integrated progress notes record strategies recommended by these professionals. Specialised nursing care is monitored by audits and resident/representative satisfaction. Residents and representatives confirmed their satisfaction with the specialised nursing care given to them.

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

Team's recommendation
Does comply

Residents have access to a diverse group of allied health professionals such as a physiotherapist, a dietitian, a speech pathologist, a podiatrist, a dentist, an optometrist and audiologist who either visit regularly or on referral; the contracted physiotherapist

and optometrist review all new residents during the entry assessment phase. Comprehensive assessments and prescribed treatments are documented in the progress notes and specific information is then transcribed into the care plans. A list of preferred allied health practitioners is available to guide staff. Residents confirmed their satisfaction with the care given to them by allied health professionals.

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

Team's recommendation
Does comply

Registered nurses division one manage residents' medication safely and correctly; medication administration is a collaborative system between registered nurses division one and two (endorsed). A scheduled monitoring system generally identifies deficits; there are documented processes in place to guide staff if medication administration errors occur. An independent pharmacist reviews all medication charts on a scheduled basis. A resident outcome is recorded after the administration of all categories of 'whenever necessary' medications. The team observed that general medications are stored securely and that there is a safe disposal system in place. Schedule eight medications are stored with additional security; the home has a system in place to ensure safe administration of these drugs. Residents said that their medications are given on time and in a safe manner.

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

Team's recommendation
Does comply

The residents' past history and current presence of pain are defined during the entry assessment phase. Three validated pain assessment tools can be used to assist care staff in assessing pain in residents' with diminished cognition; pain assessments are linked to the physiotherapy, continence, behaviour and sleep assessments. Pain management protocols are reviewed during the 'resident of the day' monthly review, when there is a new episode of reported pain and when 'whenever necessary' medications are administered over a period of time. Alternatives to medication such as heat/cold packs, repositioning, simple massage, 'TENS' therapy and diversional tactics are utilised. Specialised equipment and clinical practices such as using syringe drivers and sub-cutaneous infusions are used; the home has access to pain management specialists for additional support and advice. Residents said that if and when they have pain it is managed well.

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

Team's recommendation
Does comply

Residents' and their families are consulted about advanced care planning during the entry phase or when the resident and family choose to communicate these wishes. Registered nurses division one enhance the general care plans when the resident reaches the palliative care stage in collaboration with the resident, the family, general practitioner and if requested, palliative care specialists. Documentation observed in four deceased resident files, noted that the care protocols in place guided staff in giving all possible care and that the families concerned were regularly informed of

resident changes during this time. The home has access to specialised equipment for the constant and consistent administration of analgesia and a range of other equipment to maintain maximum resident comfort. To enhance resident and relative support, the home facilitates visiting religious and secular professionals. A palliative care nurse consultant said that the home was consistently active in ensuring holistic care delivery during the palliative care stages.

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

Team's recommendation
Does comply

During the entry assessment, resident nutrition and hydration needs, food preferences, the presence of food allergies, swallowing difficulties and weight management requirements are noted on a generic dietary assessment tool; a care plan is devised from this information. Catering staff are informed of specific and relevant dietary information; a range of texture modified meals, thickened fluids and nutritional supplements are available. Residents are weighed monthly or as required; unplanned weight loss is monitored. The attending general practitioner in collaboration with the dietitian and speech pathologist review residents that are identified at risk. The menu, which is developed from resident input, is to be reviewed seasonally by the dietitian to ensure maximum nutritional value. Residents confirmed their general satisfaction with the quality and quantity of the meals provided.

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

Team's recommendation
Does comply

During the entry phase, registered nurses division one and two review the resident's skin, discuss what skin care has been used prior to entry and using a validated skin assessment tool, conduct a review to identify risks to skin integrity and the potential for pressure ulcers. Special note is taken if for example, the resident is diabetic, has peripheral vascular disease or has impaired mobility. The registered nurses division one in collaboration with the attending general practitioner and if required, an external wound clinical nurse consultant, manage all wounds using contemporary and varied dressing protocols; skin tears are monitored via the incident reporting mechanism. Emollients, barrier creams, natural products, pressure relieving practices and specialised equipment are used. A variety of nutritional supplements are available if required; a specialised supplement is used for enhanced wound healing. Residents confirmed that their skin care needs are managed well.

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

Team's recommendation
Does comply

Individual resident continence requirements are discussed reflecting if and what aids are being used, how successful the current practices are and what can be done to improve the level comfort and dignity. Toileting times are individually prescribed after a defined period of time; continence aids are trialled to ensure individual comfort is met. Catheter care is managed by a nurse unit manager; skin integrity protocols are in place for residents with complex continence issues. Behavioural management

includes continence care as a trigger for episodes of restlessness and disruptive behaviour; continence requirements are also considered if there are disturbed sleeping patterns. The use of invasive bowel preparations is kept to a minimum; early intervention strategies such as a high fibre diet and adequate hydration are in place to maximise normal bowel health. Residents confirmed that their continence needs are managed well and with discretion.

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

Team's recommendation
Does comply

The home effectively manages the needs of residents with challenging behaviours. During the entry phase, registered nurses division one conduct a behavioral assessment; this assessment is repeated when behaviours change, when there are specific medication changes and as required. Care plans are developed from for example, information from the assessment, from documented staff observations over a defined period of time, the aged person's mental health nurse specialists, the mental health geriatricians and the family. These plans are reviewed monthly and as required. The home has minimal restraint practices in place supported by appropriate authorisation and review; the environment is low stimulus and a range of diversional therapies are used. Episodes of aggressive behaviour and absconding are recorded as incidents and registered appropriately. The team observed the staff interacting in a calm and therapeutic manner with the residents.

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

Team's recommendation
Does comply

The physiotherapist collaborates with the registered nurses division one and two in assessing resident transfer needs, falls risk rating, general mobility enhancement, balance and dexterity, post fall and slow stream rehabilitation. Residents' have individualised physiotherapy programs in place that are supervised and monitored on a daily basis by the care staff and twice weekly by physiotherapy aides. All falls are reported, monitored, analysed, trends identified and if necessary actioned; the home has a range of prevention strategies and equipment in place and access to external falls prevention specialists. Residents were observed utilising different mobility aids in a safe manner. Residents confirmed their satisfaction with the physiotherapy program.

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

Team's recommendation
Does comply

The residents' oral and dental needs are reviewed during the entry assessment phase. Generally, staff monitor oral and dental care as part of daily hygiene practices and at the monthly review. Care plans generally document individual preferences for cleaning teeth, dentures and other care; care staff do not always record in the progress notes difficulties encountered when assisting residents to clean their teeth. Residents identified as having swallowing difficulties are referred to a speech pathologist. Resident's oral care is individualised and specialised during palliation. The home provides a visiting domiciliary dental service to enhance resident access.

Residents confirmed their general satisfaction with their oral and dental care.

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

Team's recommendation
Does comply

Hearing, sight, communication and comprehension needs are assessed during the entry assessment phase then annually or as required thereafter. Care plans clearly nominate individual strategies to manage the resident's needs. Audio and visual allied health professionals visit the home; the contracted optometrist reviews all new residents. A communication folder contains pictures of relevant activities of daily living. Lifestyle and care staff provide simple hand and neck massage; relaxing music is used to minimise agitation; staff ensure that hearing aids and spectacles are clean and functioning. The living environment is conducive to residents with sensory losses as the internal environment is well lit, calm, and has no excessive background noise; additional care is taken during palliative care. Residents said that staff care for their hearing aids and spectacles.

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

Team's recommendation
Does comply

During the entry assessment phase, the resident's sleeping and rest patterns are assessed over a 24 hour period for three days and include the resident's preferred rest periods during the day; additional sleep charting is conducted to ensure the effectiveness of implemented interventions to promote sleep. In consultation with the resident/representative, individual resident preferences for rising and settling and other specific rituals are documented in the care plan. The home promotes the use of non-pharmacological interventions where possible. Pain management, continence care and behavioural management assessments include a consideration of sleeping patterns. Residents confirmed that the home was quiet at night, that they slept well and were not disturbed unnecessarily.

Standard 3 – Resident lifestyle
Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

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

Team's recommendation
Does comply

The home actively pursues continuous improvement of residents' lifestyle. Refer to Expected outcome 1.1 Continuous improvement for details of the home's system for continuous improvement. Residents report they have input into the lifestyle program and are satisfied with the results of their suggestions.

Recent improvements in Standard three include the following:
● Introducing a lifestyle program to meet the needs of high care residents.
● Employing extra lifestyle staff and staggering shifts to broaden times when lifestyle activities are available for residents.
● Formalising the role of the residents and advocates meeting, including developing terms of reference and updating the format of the minutes.
● Arranging for the local animal shelter to have blankets knitted by residents resulting in a sense of purpose for the residents' knitting group.

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

Team's recommendation
Does comply

The home's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines to promote residents' choices and lifestyle. Refer to Expected outcome 1.2 Regulatory compliance, for details of the home's system. Staff report they are confident in using processes to manage legislative and practice requirements.

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

Team's recommendation
Does comply

The home enables all staff to access broad, high quality education. The topics for inclusion in the 2009 education program reflecting resident lifestyle were derived from regulatory compliance, identification of knowledge deficits, changes in resident care requirements, performance appraisals, feedback forms and mandatory topics Staff confirmed their satisfaction with their opportunities in accessing continuing education.

Education opportunities completed by care and lifestyle staff reflecting resident lifestyle include the following:
● The role of the public advocate.
● Managing aggression.

- Lifestyle and cultural diversity in aged care.

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

Team's recommendation
Does comply

Residents are supported to adjust to life in their new environment and on an ongoing basis, by being provided with clear information on application and further support from the lifestyle and care teams. On entry, residents' emotional needs are assessed and a lifestyle care plan which includes their individual emotional support needs is developed. Lifestyle staff spend individual time with each resident; residents report staff are mostly responsive to their needs and caring in their approach. Lifestyle and care staff report they have time to attend to individual residents.

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

Team's recommendation
Does comply

The home assists residents to achieve maximum independence, maintain friendships and participate in the life of the community. The activity program contributes to the maintenance of residents' independence by planning outings and supporting participation of members of the community visitors' scheme and local schools in the life of residents. Residents choose whether they want to continue to vote and are consulted about their participation in events and activities. Residents were observed occupied in solo pursuits and engaging in activities. The home manages an on site petty cash system to allow residents access to their money and encourages involvement of families and friends. Residents and representatives confirm their individual requirements to maintain their independence are considered. Staff reported the strategies they use to support residents' 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
Does comply

The home recognises and respects residents' right to privacy, dignity and confidentiality. Staff approach residents' rooms respectfully; residents in shared rooms have curtains to ensure privacy. Resident files are stored securely and other files are stored in locked offices. Staff orientation includes training about confidentiality, staff are aware of maintaining residents' privacy and the team noted staff consistently knocking before entering residents' rooms and addressing residents with respect. Residents and relatives report they are treated with respect and their privacy and dignity is considered by care and ancillary staff.

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

Team's recommendation
Does comply

Residents are encouraged and supported to participate in a wide range of activities and to continue involvement with their interests. On entry, a lifestyle care plan is developed which identifies their history, interests and activities. A monthly activities plan is developed in consultation with residents and a specialised activities program is delivered to high care residents. Residents' involvement and participation are monitored. Residents with sensory losses are provided with specialised materials to meet their needs. Residents confirm they are consulted about the activities provided and a resident satisfaction survey records that most respondents were satisfied with the lifestyle program. Staff support residents' involvement and the team observed a variety of activities being enjoyed by residents with staff support.

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

Team's recommendation
Does comply

The individual interests, customs, beliefs and cultural and ethnic backgrounds of residents are valued and fostered by the home. The religious background of residents is noted; clergy are available to celebrate regular religious services and commemorative services as needed. Lifestyle staff enable the celebration of national days and days of religious and cultural significance. Staff language and cultural backgrounds are noted and several have relationships with residents from the same background. Staff and residents report satisfaction with how the home supports their religious and cultural backgrounds.

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

Team's recommendation
Does comply

During the comprehensive entry assessment phase, detailed information about the resident's individual preferences is defined. These preferences include for example, rising and settling times, retiring rituals, personal hygiene practices, choices for dressing, grooming, oral and dental care, food likes and dislikes, lifestyle and leisure activities, cultural and spiritual needs, choice of general practitioner and allied health professionals. If the resident and representative choose to, advanced care planning protocols are completed or at a time that suits the respondents. Residents are provided with an information package and handbook that clearly defines the operations of the home; the charter of resident rights and responsibilities is included in the resident agreement and displayed throughout the home. Consent for the home to use and disclose pertinent resident information is recorded. Preferences are reviewed and if required, amendments made to the care plan. All aspects of resident choice and decision making are monitored. Residents and representatives confirmed their satisfaction with their ability to make independent choices and decisions.

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

Team's recommendation
Does comply

The home provides security of tenure within the residential care service and ensures residents, relatives and representatives understand their rights and responsibilities. New residents are provided with a copy of the homes residential care agreement and those who have been resident for a considerable time are having their agreements updated. Residents receive a resident handbook which outlines security of tenure and resident rights and responsibilities. Residents' rights and responsibilities posters are displayed in the home. Residents and their representatives are informed of changes to arrangements through letters, the residents and advocates meetings and newsletters. Staff demonstrated an understanding of residents' rights and responsibilities and the resident survey indicates that residents and relatives feel secure.

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

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

Team's recommendation
Does comply

The home actively pursues continuous improvement of the physical environment and safe systems. Refer to Expected outcome 1.1 Continuous improvement for details of the home's system for continuous improvement. The home has monitoring systems in place that generally identify deficits related to Standard four. Residents report they feel at home and appreciate homely touches such as the fish tanks and bird cages. Staff report the physical environment and safe systems enables them to deliver care to the residents safely.

Recent improvements in Standard four include the following:
- The staged refurbishment of the home with repairs and painting already commenced.
- The posting the daily menu for residents' information.
- Formalising the warm water testing process.
- Purchasing equipment to support the no/minimal lift policy.

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

Team's recommendation
Does comply

The home's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines to ensure quality of life and welfare of residents, staff and visitors. Refer to Expected outcome 1.2 Regulatory compliance for details of the home's system. Staff confirm they are informed of changes, offered training and are confident in using processes and equipment to manage legislative and practice requirements including occupational health and safety, fire safety and evacuation procedures.

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

Team's recommendation
Does comply

The home enables all staff to access broad, high quality education. The topics for inclusion in the 2009 education program reflecting the physical environment and safe systems were derived from care staff requests, maintaining regulatory compliance, identification of knowledge deficits, performance appraisals, audit and incident results, feedback forms and mandatory topics. Staff confirmed their satisfaction with their opportunities in accessing continuing education.

Education opportunities completed by all staff that reflects the physical environment and safe systems include the following:

- Mandatory topics: food safety update, fire and evacuation and manual handling.
- Safe chemical handling.
- Infection control.

4.4 Living environment

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

Team's recommendation
Does comply

The home is actively working to provide a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in single bedrooms with ensuites and double bedrooms with shared ensuites. The home is air conditioned and heated and residents have fans in their rooms. There are external blinds on the western side of the building to manage heat. Lounge and dining areas are located within each wing. The home was observed to be light with several small courtyards introducing variety to the outlook, basically clean and odour free. There is an electronic entry and exit system. Residents report satisfaction with the environment, especially the ability to bring in some of their own possessions. Staff report maintenance and repairs are promptly completed.

4.5 Occupational health and safety

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

Team's recommendation
Does comply

The home's management is actively working to provide a safe working environment that meets regulatory requirements. The home's occupational health and safety committee meets regularly and the occupational health and safety representatives have completed the required training. The home uses feedback forms, maintenance requests, incident and hazard reports, internal audit results and third party inspections to identify areas of risk. Staff are trained in the home's no/minimal lift policy and an preventative maintenance program is used to reduce hazards from equipment. Hazardous chemicals are appropriately stored and information about their use clearly displayed. Residents confirm the environment is kept safe and the team observed appropriate use of hazard indicators by cleaning staff. Staff confirm the home provides a safe working environment and they are well informed about processes to maintain the safety of residents and themselves.

4.6 Fire, security and other emergencies

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

Team's recommendation
Does comply

The home is actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. The home is equipped with a sprinkler system, smoke doors, fire extinguishers, fire blankets and evacuation equipment. The team observed that fire exits are clear; emergency plans are

displayed. There are systems and process for monitoring and maintaining fire alarms, exit and emergency lighting and safe exits. Staff attend mandatory training in fire safety and evacuation. Visitors sign in and out and the home has an annual fire and evacuation drill which includes relatives. The home has a system for tagging electrical equipment. The home has a pandemic plan and emergency supplies. Staff confirm they have had training in and feel confident to deal with an emergency situation. Residents and relatives state they are satisfied that they will be looked after in an emergency.

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

Team's recommendation
Does comply

The home has an infection control program in place. Infection control policies and procedures are current and accessible to all staff. Staff are informed of current practices appropriate to their area of practice at orientation and at other times, and are provided with appropriate personal protective equipment. The home has current information to guide all staff in managing an outbreak of gastroenteritis and other infectious diseases. A nurse unit manager is the person responsible for managing aspects of infection control, acting as resource person, and conducting formal and random audits. Infections are monitored as they occur; data analyses of key performance indicators are reported. The team observed care staff using correct hand washing techniques and most hospitality staff demonstrated infection control principles in their related work areas.

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

Team's recommendation
Does comply

Hospitality services enhance all aspects of residential life and staff working environment. Residents/representatives are informed about hospitality services offered. Catering staff have relevant resident information identifying for example, specific food and nutrition requirements, food allergies, food preferences and choices. The kitchen meets all local government accreditation requirements. The home has cleaning schedules that meet individual resident needs. Laundry services are provided on-site. The home provides a labelling service to residents; lost clothing property is available for residents to review with regular reminders in the home's newsletter. The home has monitoring systems in place that generally identify deficits. Residents and relatives confirmed their satisfaction with hospitality services.