



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Daylesford Nursing Home

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

The Agency has decided that the period of accreditation of Daylesford Nursing Home is three years until 28 August 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:	Daylesford Nursing Home		
RACS ID:	4416		
Number of beds:	18	Number of high care residents:	18
Special needs group catered for:	Nil		

Street/PO Box:	13 Hospital Street				
City:	DAYLESFORD	State:	VIC	Postcode:	3460
Phone:	03 5348 2371		Facsimile:	03 5348 3773	
Email address:	hhsadmin@hhs.vic.gov.au				

Approved provider

Approved provider:	Hepburn Health Service
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Assessment team

Team leader:	Darren Bain
Team member:	Fiona Taylor
Dates of audit:	2 June 2009 to 3 June 2009

Executive summary of assessment team's report	
Standard 1: Management systems, staffing and organisational development	
Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
Standard 2: Health and personal care	
Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

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

Accreditation decision

Agency findings
Does comply
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Agency findings
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Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Daylesford Nursing Home
RACS ID	4416

Executive summary

This is the report of a site audit of Daylesford Nursing Home 4416, 13 Hospital Street, DAYLESFORD VIC 3460 from 2 June 2009 to 3 June 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd on 5 June 2009.

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 Daylesford Nursing Home.

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

Assessment team's recommendations regarding support contacts

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

Site Audit Report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 2 June 2009 to 3 June 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:	Darren Bain
Team member:	Fiona Taylor

Approved provider details

Approved provider:	Hepburn Health Service
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Details of home

Name of home:	Daylesford Nursing Home
RACS ID:	4416

Total number of allocated places:	18
Number of residents during site audit:	18
Number of high care residents during site audit:	18
Special needs catered for:	Nil

Street/PO Box:	13 Hospital Street	State:	VIC
City/Town:	DAYLESFORD	Postcode:	3460
Phone number:	03 5348 2371	Facsimile:	03 5348 3773
E-mail address:	N/A		

Assessment team's recommendation regarding accreditation

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

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

Assessment team's recommendations regarding support contacts

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

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
Chef executive officer	1	Residents/representatives	8
Executive director of nursing	1	Chaplain	1
Nursing unit manager	1	Lifestyle coordinator	1
Deputy chef executive officer	1	Complementary therapist	1
Infection control manager	1	Catering manager	1
Quality and safety manager	1	Kitchen coordinator	1
Registered nurse division one	2	Catering staff	2
Registered nurse division two	4	Cleaning staff	2
Care staff	2	Maintenance staff	1
Ward clerk	1	No lift – quality officer	1
Aged care finance officer	1	Administration files/clerk	1
Falls risk minimisation coordinator	1	External carer	1
Clinical support nurse	1	Education coordinator	1
Pharmacist	1	-	-

Sampled documents

	Number		Number
Residents' files	6	Medication charts	6
Resident assessment / care plans	6	Personnel files	7
Resident agreements	2	Life style assessments	3
Palliative care file	1	-	-

Other documents reviewed

- The team also reviewed:
- Activities schedule
- Air mattress check chart
- Annual essential services report
- Annual business report
- Assessments and care plans
- Braden scale or predicting pressure injury risk
- Challenges of Parkinson information
- Change of diet forms
- Chemical register
- Cleaning schedules
- Communication diary
- Competency modules
- Continence feedback folder
- Continence resource folder
- Continuous improvement plan
- Council/shire report
- Dentist report
- Diabetes emergency information
- Drug of month questionnaire
- Dysphasia information
- Education planner
- Education records
- Education sessions folder
- Educational update information and clinical care
- Emergency management plan
- Environmental audits
- Falls risk assessments
- Fire maps
- Food safety program
- Group folders
- Incident reports
- Infection control education materials and protocols
- Infection control plan
- Infection surveillance data
- Influenza information / protocols
- Inventory register
- Job descriptions
- Kitchen third party audit
- Maintenance request forms
- Material safety data sheets
- Medication assessment
- Medication charts
- Medication competencies
- Memo folder
- Memorandums
- Menus
- Minutes of meetings
- Monthly care plan sign off sheets
- Monthly observations chart
- Newsletters
- No lift competency manual
- Nurse's worksheet
- Nursing board registrations
- Occupancy certificate

- Palliative care resource folder
- Police checks
- Policies and procedures
- Pressure injuries folder
- Preventative maintenance plan
- Preventing falls and harm from falls in older people
- Quality activity / operational plan
- Quality audits
- Recruitment policies and procedures
- Resident food register
- Resident food requirements folder
- Resident handbook
- Resident list
- Resident of the day forms
- Residents' information handbook
- Residents' information package and surveys
- Restrain assessment and authorisation
- Safe swallowing strategies indwelling catheter change record
- Self medication assessment forms
- Social profiles - 'This is your life'
- Staff competency folder
- Staff 'people matters survey'.
- Steps for minimising the risk of falls and fall related injuries folder
- Wanderer chart
- Webster care information folder
- Weight charts
- Wound folder
- Wound identification and dressing selection chart
- Wound management
- Wound management competency

Observations

- The team observed the following:
- Activities in progress
- Archive room
- Assistive devices
- Barbeque and decking area
- Cleaning and utility rooms
- Clinical supplies
- Blood spill and chemical kits
- Equipment and supply storage areas
- External pathways
- Feedback box
- Function room
- Gardens
- Hairdresser / barber
- Hand hygiene brochures
- Influenza information
- Interactions between staff and residents
- Kitchen
- Laundry
- Living environment
- Maintenance shed
- Medication refrigerator
- Mobility aids
- Morning and afternoon tea rounds

- Nutritional supplements
- Out break 'infection control' stock and equipment
- Oxygen bottle
- Personal protection equipment
- Pre packaged medication
- Resident rooms
- Sign in book
- Snozelan
- Spa therapy
- Storage of medications
- Store and supply room
- Wound trolley

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

Daylesford Nursing home has quality programs which are directed and supported by Hepburn Health Service (HHS) corporate systems. These quality programs are integrated into the department and executive meetings, which are both representative and common through all HHS programs. The home’s quality program forms part of a representative department and executive structure which also oversees five homes, where common tools, trending, audits, and surveys are reviewed on a regular basis, through aged care forums, clinical review committee, human resource, infection control, and quality and safety committees. Quality plans are produced at each departmental meeting and feedback to management and staff via meeting minutes and quality plans. Management quality systems are supported by a comprehensive intranet database, which allows all staff to login and review quality trends, data, minutes and plans across all departments.

The home conducts regular staff and resident meetings, where quality improvement issues are discussed, and feedback/improvement requests are tabled. The home keeps feedback forms which are serialised and entered into the database under the appropriate department and quality plan. Staff interviews revealed that they were aware of the processes used relating to continuous improvement, and said that they are encouraged to provide feedback. Residents and representatives comment that they were unaware of feedback forms, and improvement systems, but that they felt comfortable in feeding back issues to staff.

Recent improvements to standard one include:

- The home supported by corporate management has introduced new policy review mechanisms, allowing policies to be reviewed and updated in an efficient and timely manner.
- New software has been introduced to support the home in meeting all health and legal regulatory requirements.

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’s overarching management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home’s organisation subscribes to a legal update system and receives current legislation updates and legislative alerts. The home’s management are informed of updates and policies and procedures are updated to reflect the changes in legislation. Staff are informed of changes to the legislation and updates of policies and procedures through intranet access, memoranda, newsletters and staff meetings. A police check register is maintained for all staff, volunteers and regular contractors.

1.3 Education and staff development:

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

Team's recommendation

Does comply

The home provides staff with education and development opportunities to enable them to develop and improve the skills and knowledge they need to perform their roles effectively. Staff learning and development needs are identified through formal appraisal processes, analysis of feedback, audits results and incident reports. There is an annual mandatory training program in place which includes fire and emergency, infection control and manual handling. The organisation encourages and supports on the job training and development and provides support for staff to participate in identified external training opportunities. Participation in training is recorded and monitored and training activities are routinely evaluated. All staff attend a formal orientation that includes an overview of mandatory topics. Staff confirm their satisfaction with the education support offered by the home.

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

The home has complaint mechanisms that are accessible to residents and representatives, and management promotes an external complaints process, which is explained to residents on entry with the procedures outlined in the resident handbook. Feedback forms and a locked comments box are kept in the front foyer of the home. The home does not receive many written complaints; however verbal complaints are documented by the executive director of nursing and incorporated via a number tracking system into the intranet and sent to the appropriate committee for action. Complaints when received are reviewed, with an acknowledgement letter sent to the complainant. Complaints contribute to the broader corporate 'key performance indicator' system, with trending data reported to the board of management. Staff state that they are aware of the complaints system, and are satisfied with the response to their complaints. The home provides monthly resident meetings in which comments and complaints can be addressed. Residents and representatives state that they are unaware of the complaints system, but that they feel comfortable to talk to staff when they have an issue.

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 is lead by the mission and objectives of the broader Hepburn Health Service, which articulates and clearly represents the broader corporate vision and objectives. The organisation has documented its mission statement, vision, values, objectives and philosophy of care and the information in staff and resident information packs. The commitment to planning and quality is demonstrated corporately through strategic planning, orientation and quarterly induction programs for new staff, and in an organisational plan/flow chart. Staff confirm that they are aware of the values and objectives of the home, and feel confident in management's leadership. Residents and relatives confirm they receive information on the home's vision, values, philosophy and objectives in resident handbooks.

1.6 Human resource management

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

Team's recommendation

Does comply

The home has processes in place regarding the recruitment and selection of staff, which is supported by the district hospital nursing bank. The home complies with the Nurses EBA agreements in meeting appropriate nursing/clinical staff ratios, and employs an additional staff member for morning shifts. The home is supported by Hepburn Health Service (HHS) human resource committee, which reviews recruitment and employment policies on a regular basis. The home is presently in the process of implementing a new 100 point online police check system. The lifestyle coordinator works part time hours, and is reliant on volunteers and a complimentary therapist who visits the home two days a week. The home provides orientation and quarterly induction sessions for personnel on commencement of employment and provides annual performance appraisals. Residents and relatives are pleased with the consistency of staffing levels and the standard of service provided by staff at the home.

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 can demonstrate a system to ensure appropriate levels of goods and equipment are managed and maintained in all areas. Equipment and inventory requirements are identified through regular stock and equipment audits, maintenance logs, staff requests, clinical and lifestyle assessments. Stores of goods and equipment including clinical supplies are reviewed by key personnel using a formalised request process, with the quality and Hepburn Health Service store manager ensuring stock is well managed and in good supply. Supply agreements are managed through corporate office, with servicing of equipment coordinated by the maintenance manager. An intranet based preventative maintenance program, and regular audits provide for ongoing maintenance of the home's equipment. Resident/representatives and staff confirm that they were satisfied with the equipment and supply levels at the home.

1.8 Information systems

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

Team's recommendation

Does comply

The home has systems in place to communicate issues relating to current information and issues relating to the health and safety of the home. Appropriate paper and computer based records are kept in a well maintained manner to ensure information is easily identified and accessible, and relative to departments and positions. Management ensure information is kept confidential and is stored appropriately, with appropriate archiving and document destruction system in place. Staff members confirm the communication processes utilised by management are effective, these include memoranda, minutes, and staff newsletters. Residents have access to notice boards relating to events and activities, and daily menus are put on clear display for resident to review. Communication from management to residents and family occurs directly during staff-resident meetings and indirectly via verbal feedback. Staff, residents and representatives state that they are satisfied with the level of communication in the home, and feel supported in being able to understand issues which relate to their work and lifestyle needs.

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

Management can demonstrate that the home utilises and provides external services at a level which meets with the standards and quality expectations of the home. All contracts are maintained by corporate office, with evaluations on services included in the home's continuous improvement logs, and discussed at both management and quality improvement meetings. The home has ongoing service arrangements with a number of maintenance and equipment specialists, these service arrangements are regularly reviewed and evaluated against expected standards and corporate performance measures. Management ensure that external services provide the appropriate contract and statutory declarations in support of internal policies and government legislation. Staff can access contact details of preferred suppliers via a phone directory. Staff and residents expressed that they had no complaints relating to the timeliness and quality of external services contracted by the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home has processes for regularly monitoring and identifying opportunities for improvement in relation to residents' health and personal care; these processes are overseen by the relevant corporate based quality and departmental committees. All aspects of clinical care are regularly audited and resident care information is reviewed according to a schedule; Computer based data analysis for falls, medication incidents, infections and skin tears is monitored and implemented actions are evaluated for their effectiveness. Staff state they contribute to the continuous improvement system and residents confirm the home is responsive to changes in their care needs.

Some recent examples of completed improvements are:

- The home has implemented pressure ulcer surveys to help develop strategies in reducing the number of ulcer cases.
- Management has revised personal care assistant medication competencies
- A new 'skin integrity management' approach has been recognised and implemented in the home.
- The home has recently changed continence suppliers, in order to improve the quality and effectiveness of continence practice.
- The home is in the process of reviewing clinical practice with regard to bowel management.

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 has systems in place to ensure compliance with legislative and regulatory requirements, professional standards and guidelines regarding health and personal care. Annual nursing registrations are managed by corporate office and the home's executive director of nursing. Registered division one nurses oversee residents' clinical care needs, and competencies in clinical care and medication management are conducted annually. Medications are stored and administered according to legislated processes. Staff confirm they are informed about legislative and regulatory requirements.

2.3 Education and staff development

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

Team's recommendation

Does comply

The home has processes that ensure staff have the knowledge and skills to provide health and personal care to residents. The education coordinator develops the yearly education planner and is supported by clinical support nurses in conducting competency assessments and ongoing clinical education. Staff education needs analysis are conducted annually and

together with incident reports, staff and resident feedback, clinical needs and staff appraisals inform education plans. Staff are required to attend compulsory training such as manual handling, fire and emergency management and infection control. Nursing staff are required to complete competencies such as medication management and blood glucose levels. Staff confirm they have many educational opportunities and are encouraged and supported to attend external training sessions and be responsible for clinical portfolios.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home demonstrates that residents receive appropriate clinical care. On entry to the home residents’ clinical care needs are assessed and documented. Individual care plans are developed to reflect individual needs and are reviewed regularly by the registered nurse division one and in consultation with representatives and medical practitioner. Staff are responsible for individual care portfolios such as falls, skin tears, wounds and continence management, and follow standardised clinical practice. Staff state they are well informed regarding residents’ individual care needs through care plans, handover sheets and a communication diary. Staff are supported in their roles by the registered nurse division one and have access to clinical resources. Residents and representatives confirm they are very happy with the care residents receive according 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

Does comply

The home demonstrates residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Residents specific nursing care needs are identified through the initial assessment process and care plans are individualised to meet the residents specialised needs. Care plans are regularly reviewed by the registered nurse division one and in consultation with resident, representatives, medical practitioner and allied health professionals. Specialised care needs include indwelling catheters, pain management, syringe driver medication, non insulin dependant diabetes, and swallowing difficulties. Staff confirm they are aware of residents specialised care needs have access to resources and are supported in their roles by the registered nurse division one. Residents and representatives confirm the appropriateness of the specialised care residents receive according to their needs and preferences.

2.6 Other health and related services

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

Team’s recommendation

Does comply

The home demonstrates that residents’ are referred to appropriate health specialists in accordance with the resident’s needs and preferences. Residents’ care needs are reviewed regularly and in consultation with representatives, changes are documented on resident care plans and communicated to staff. Residents are referred to allied health practitioners including dentist, dietician, welfare support, speech pathologist, hearing services and optometry. Progress notes and staff confirm that residents have access to external allied health services. Residents and representative confirm residents are referred to appropriate specialists as required.

2.7 Medication management

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

Team’s recommendation

Does comply

The home demonstrates that medication is managed safely and correctly. On entry to the home resident medication needs are assessed and reviewed regularly in consultation with representatives and medical practitioner. Medications are administered by the registered division one nurse from the locked draws in resident’s bedside cupboards, who also have competency medication assessments. Medication charts were noted to have a current and dated photograph, allergies and administration instructions. Independent pharmacy reviews are conducted at regular intervals and audits of the medication charts and non packaged medication from pharmacy. Medications were observed to be stored safely and correctly. Staff confirm they have annual medication competency assessments and ongoing medication education. Residents and representatives confirm they are satisfied that medication is managed safely and correctly.

2.8 Pain management

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

Team’s recommendation

Does comply

The home demonstrates that all residents are as free as possible from pain. Resident’s pain needs are assessed on entry to the home and as required to assess the effectiveness of the plan. Pain strategies including regular analgesia, gentle exercise, heat packs, massage, and position changes are documented and evaluated. Pain medication is monitored for effectiveness and timing in regards to wound care and hygiene needs, and is reviewed by the medical practitioner with changes made as appropriate. Staff confirm they respond to verbal and non verbal cues. Residents and representatives confirm they are satisfied with how staff assist them to manage pain.

2.9 Palliative care

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

Team’s recommendation

Does comply

The home demonstrates that the comfort and dignity of terminally ill residents is maintained. Palliative care plan and end of life wishes are developed as the residents condition deteriorates in consultation with resident, representatives, nursing and allied health practitioners. Pain management is monitored closely for effectiveness, and reviewed by the medical practitioner, referrals made to external palliative services as appropriate. Lifestyle staff, complementary therapist and chaplaincy offer support and comfort to residents and significant others. Special aids such as air mattresses, oil burners, music, lighting and crockery are available. Staff confirm they have attended palliative education, have resources available and are supported by staff responsible for the palliative care portfolio. Residents and representatives confirm the home’s practices maintain terminally ill residents’ comfort and dignity.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

The home demonstrates that residents' receive adequate nutrition and hydration. On entry to the home residents' nutrition and hydration needs are assessed, dietary profile completed and care plan developed with specific strategies including consistency of food, diabetic diet, assistance with feeds, assistive devices, likes and dislikes and nutritional supplements. Changes to dietary profiles are communicated by document to the kitchen; nutritional supplements are delivered with meals and monitored by care staff or administered as part of the medication round. Resident's weights are monitored monthly or more frequently if there are nutrition and hydration concerns; medical practitioners are notified, referrals made to allied health professionals such as dietician and speech pathologist. Assistive devices are used by residents to maintain independence. Staff state they are aware of individuals specific care needs such as nutritional supplements, swallowing difficulties and special diets. Residents and representatives confirm they are satisfied with the homes approach to meeting residents' nutrition and hydration.

2.11 Skin care

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

Team's recommendation

Does comply

The home demonstrates that practices maintain residents' skin integrity consistent with their general health. On entry to the home residents skin integrity is assessed to identify any pre existing condition or disease. Skin assessments are conducted on a regular basis and document specific strategies to maintain integrity and prevent impairment. Alterations to skin integrity are documented and strategies are implemented to attend to wounds and prevent further occurrences. Care staff are supported by the clinical support nurse and portfolio nurse in managing wounds with referrals made to external wound consultants as appropriate. Continence is managed according to assessments and appropriate use of aids to maintain skin integrity. Mobility aids and lifting equipment are regularly maintained and staff have attended training in manual handling. Residents and representatives confirm they are satisfied with the care provide in relation to resident skin integrity.

2.12 Contenance management

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

Team's recommendation

Does comply

The home demonstrates practices in continence management which are effective in meeting residents' needs. Residents continence needs are assessed on entry to the home and care plans are developed which record individual strategies and toileting times. Residents and representatives are consulted regularly and as care needs change in continence management. Staff confirm they are aware of individuals' continence needs, catheter care, and have received education in continence management, use of aids and skin integrity. A registered division two nurse manages and monitors the continence portfolio, support staff and liaises with an external continence advisor. Residents and representatives confirm residents' continence needs are being met and privacy and dignity maintained.

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 is able to demonstrate that its approach to behavioural management is effective in meeting residents' needs. On entry to the home residents' are assessed in consultation with representatives and medical practitioners to identify specific behaviours and triggers. A care

plan is developed with intervention strategies to manage and minimise challenging behaviours and is reviewed regularly. Changes to behaviours are documented in progress notes or on incident reports. External allied health services are consulted if new behaviours have been identified and interventions reviewed. Lifestyle and complementary staff engage residents in on-on-one time, doll therapy, diversional therapy, massage, spa bath and activities. Staff confirm they are aware of resident's specific behavioural strategies and have attended managing difficult behaviours education. Residents and representatives confirm they are satisfied with the home's approach in managing challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

The home demonstrates that optimum levels of mobility and dexterity are achieved for all residents. On entry to the home residents are assessed in consultation with representatives, medical practitioners and physiotherapist and reviewed regularly or as care needs changes. Risk, mobility and no lift risk assessments are conducted and care plans developed to indicate the current care needs and mobility aids required. Falls risk assessments identify strategies to reduce falls and minimise injuries to residents and include hip protectors, hi low beds, clothes, footwear and clutter free environment. Pain management is monitored to ensure residents are pain free and can maintain their mobility and independence. Residents are encouraged to maintain their mobility and dexterity with individual exercise programs, massage and correct footwear. Residents and representatives confirm they are satisfied with the home approach to optimising resident's mobility and dexterity.

2.15 Oral and dental care

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

Team's recommendation

Does comply

The home demonstrates residents' oral and dental health is maintained. On entry to the home oral and dental assessments are conducted to identify residents' specific needs and preferences, care plans are developed and reviewed regularly. Residents are encouraged to maintain their own oral and dental care and assistance is given as required especially to residents who are palliative. Dentures were observed to be stored appropriately, discreetly labelled and hygiene products used according to resident preferences. Staff are aware of resident's preferences in their oral and dental care and have attended education in oral and dental health. Residents and representatives confirm they have access to dental services and are satisfied with the homes approach to managing resident's 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

The home demonstrates that residents' sensory losses are identified and managed effectively. On entry to the home residents sensory needs and specific requirements are identified, individual care plans are developed and reviewed at regular intervals or as care needs change. Residents have access to external allied health practitioners as required such as audiologist and optometrist. Residents are offered sensory stimulation such as talking tapes, large print books, music, aromatherapy, spa baths and massage. Staff confirm they have resources available to maintain hearing and visual aids. Resident's representatives

confirm they are satisfied with the home's approach to management resident's sensory losses.

2.17 Sleep

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

Team's recommendation

Does comply

The home demonstrates that its practices enable residents to achieve natural sleep patterns. On entry to the home residents' sleep preferences are assessed and individual care plans are developed to reflect these needs. Care plans include rising and settling times, maintaining a quiet and safe environment, room temperature, warm drinks and heat packs. Strategies include relaxation massage, aromatherapy, spa baths and hot drinks. Pain and behaviour strategies and a twenty four hour continence management plan are considered in decreasing wakeful moments and residents achieving natural sleep. Residents and representatives confirm that residents are able to achieve natural sleep patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The home can demonstrate recent improvements relating to programs and activities associated with Standard three. Management follow a system of collecting information from feedback forms, monthly resident and relative meetings and resident internal and reviews on care/lifestyle plans. There is an evaluation and review of improvement initiatives during scheduled meetings and collection of attendance and participation records at lifestyle events. Residents state that management and staff responsive to feedback, and report no complaints with the life style program.

Recent examples of improvements at the home include:

- The home has employed a complementary therapist to assist lifestyle with maintaining resident stimulus, and exercise therapy programs – these include spa treatment and massages.

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 has systems in place to identify and ensure compliance with all legislative and regulatory requirements relating to resident lifestyle. Residents and representatives are provided with a resident agreement and resident handbook which detail information relating to their security of tenure, internal and external complaints mechanisms and rights and responsibilities. Residents are provided with information regarding specified services and information relevant to privacy. Lifestyle documentation supports legislation and regulations relating to residents current and ongoing needs and preferences. Staff receive information and education on elder abuse and mandatory reporting and staff and residents report they are satisfied with information given by the home, are informed of their rights and responsibilities and of any relevant changes regarding regulatory compliance.

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 and encourages staff to participate in learning and development opportunities to improve their lifestyle skills and knowledge. The education coordinator develops the yearly education planner based on results from surveys and lifestyle plan reviews. Staff education needs analysis are conducted annually and are supported with clear incident management policies and procedures. Staff are required to attend compulsory training such as manual handling, fire and emergency management and infection control. Lifestyle staff have opportunities to attend to regional education sessions and activities forums. Staff confirm they have many educational opportunities and are encouraged and supported to attend external training sessions.

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

The home implements an initial assessment program ensuring that new residents receive initial and ongoing emotional support in line with their wishes and needs. The home is supported by one part time lifestyle staff member and part time complementary therapist in helping to communicate and support residents and ensure that emotional needs are identified and supported. The home also coordinates visiting chaplains, and a volunteers program, helping to support residents who are familiarising themselves with their new living and social environment. The home also encourages family support and the maintenance of friendships based around cultural interests, both within and outside the home. Residents are also allowed to bring keepsakes and special memorabilia items and furniture to help them adjust. The Lifestyle coordinator implements annual satisfaction survey, which helps to address emotional needs. Residents' report that staff address their concerns, and are supportive and kind.

3.5 Independence

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

Team's recommendation

Does comply

The home demonstrates that residents' independence is valued and supported. Management and staff support the maintenance of friendships, social engagements, in line with the interests identified in residents' assessments. The assessment and care planning system identifies residents' ability and preference for social interaction and community participation. An occupational therapist is available to assist with resident needs regarding mobility, seating and eating aids. The home also supports residents who wish to take part in bus outings, family outings, external church and social community outings. The home has well kept and attractive outdoor areas which encourage residents who wish to have time to reflect. The home assists residents with postal services and trust fund services when and if needed. Residents' confirm that they feel supported by the home in maintaining their independence.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

The home has systems in place for residents' privacy and dignity to be recognised and respected. A charter of resident's rights is on display in the home and is reflected in resident information packs. Consideration is given to how residents are spoken to, if staff knock on room doors before entering, and if staff are interacting with residents when assisting them with meals. The team observed posters on outside of resident rooms with resident names; together with a picture linking them to a subject or theme, they felt best represented them. Lifestyle staff had recorded resident permission to display these signs. The team noted curtains in shared rooms being used to support residents' privacy needs. Staff were observed by the team to handle and talk to residents with care when attending to daily care and recreational activities. Residents' information was observed to be stored securely and handover was conducted in a confidential manner. Residents and relatives confirm that staff treat them with respect and that they feel they have can talk to management in confidence.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

The home has one part time (16 hours per week) lifestyle coordinator who is supported by a two day per week complementary therapist and a small team of volunteers, visiting chaplains and entertainers. Residents are assessed on admission to the home in order to identify social and activity interest. The lifestyle coordinator conducts quarterly reviews on resident activities and reports to management as to each resident's attendance numbers and any variation in resident's participation levels. The team noted that the home offers both group and personal activities, making allowance for residents with a variety of care needs. Resident lifestyle care plans are reviewed according to individual participation levels and the home conducts annual satisfaction surveys, which together with lifestyle assessments are used to inform the monthly leisure and activities program. Residents and relatives are able to have input into the program through one on one feedback. Discussion with residents and relatives confirm that they feel supported to participate in activities and interests appropriate to their needs and preferences.

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 home demonstrates that it has effective systems and processes supported by the visiting chaplains, and family in identifying, valuing and fostering individual resident's cultural and spiritual life. The home conducts cultural and spiritual assessments which are completed by lifestyle staff on resident's entry, which enables the home to make accommodation for special dietary, care, social and spiritual needs. The team noted that staff have access to relevant policies and resources relating to diversity issues. Special days, food, and interfaith church and communion services are offered on a regular basis representing a broad mix of interdenominational chaplains and faith representatives. Residents report that they feel supported by the home in helping them observe and maintain spiritual and cultural practices.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Residents' choices and preferences are recorded on entry to the home and regularly reviewed by life style and care staff on a three monthly basis. Individual preferences are noted in care plans, dietary lists and activities records. Residents are encouraged to exercise choice and control regarding most aspects of their life at the home including treatment therapies, social programs, meals, and activities which relate to their own interests. Residents report that they feel supported by the home in helping them make choices and decision regarding what they like and choose to do.

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's aged care finance officer oversees the admission process ensuring that residents understand that they have secure tenure within the home and are aware of their rights and responsibilities. The home's resident information hand book contains information such as residents' rights and responsibilities, hotel services and leave arrangements which is made available to new residents on entry to the home. Formal occupancy arrangements are contained in the resident agreements and include information for residents regarding, complaints handling, fees and charges and their security of tenure. Individual resident bond and/or financial information together with annual prudential statements are sent out to residents and/or representatives on an annual basis. The team noted that out of the samples observed, all resident agreements were signed and witnessed. Residents and representatives report that they feel secure and safe and comfortable in their rooms, and report that they are happy with their living environment.

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 monitors its performance in relation to the environment and safe systems through corporate based quality improvement, hotel services and occupational health and safety meetings. Supported by the broader corporate network, the home employs a number of key systems to monitor the homes environment, including, safety and environmental inspections, incident and hazard reporting, surveillance monitoring (regular ‘walk throughs’) and feedback from staff and resident meetings.

Recent improvements include:

- The home has recently employed a new quality and safety officer.
- A menu review has taken place, with a new menu plan in the process of being implemented into the home, which will comprehensively detail dietary information, and be accompanied by presentation pictures, to assist staff in knowing how a dish should be prepared and presented.
- The home supported by the corporate health service has put in place an infection control web page, to allow staff improved access to information on infection control procedures.
- Maintenance staff have increased the security of the home by introducing key pad locks at entry and exit points.
- Seats have been purchased out the front of the home for residents to wait for transport.
- Prints (paintings) from local artists were purchased for the home.

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 overarching 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. Internal communication systems ensure changes to regulatory information are appropriately communicated to staff, residents, relatives, volunteers and contractors. External services are maintained by external contractors and risk assessments have been completed for manual handling tasks and chemical usage. The kitchen is registered with the local council and meets all food safety requirements. Regulatory requirements are reflected in work practices and in the homes systems and processes relating to occupational health and safety, fire safety and infection control. Staff confirm adherence to required work practices and 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 and encourages staff to participate in learning and development opportunities to improve their knowledge and skills to perform their roles effectively. New staff attend an orientation and induction Education needs analysis are conducted annually and incident management system, feedback, resident clinical needs and appraisals develop the education sessions. New staff attend an orientation and induction training day and ongoing compulsory training is attended by staff which includes manual handling, fire and emergency management and infection control. Training sessions are available in different formats for easier access. Staff have attended occupational health and safety workshops, chemical safety and been trained in no – lift training.

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 provides a safe and comfortable living environment for residents. The team observed the home to be clean; featuring well appointed soft furnishings, clear and open, with well lit passage ways and modern entertainment systems. Management are able to demonstrate a system to monitor living environment, which included environmental audits, supported by maintenance and quality improvement requests and report logs. Residents are kept secure by operating electric door locks at entry areas and secure gates are placed around the perimeter of the home. Resident rooms are large and residents have access to ensuite bathrooms, with room occupancy ratios well within the legislated privacy standard. The home provides large lounge and dining room areas, with a recreation room available for entertainment and social activities. The team observed an outdoor court yard allowing residents to enjoy attractive lawn and garden features. Residents and relatives reported that the home is comfortable and secure.

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

Management demonstrates that the home provides a safe working place in keeping with regulatory compliance and best practise initiatives. The home is supported by an organisation wide occupational health and safety committee, to which it provides a representative. This committee incorporates a reporting system, which reviews incident reports, hazard identification and audit findings are reviewed by the committee on a quarterly basis. All incidents are recorded on incident forms, given a tracking number and placed on the quality intranet / database system. The team observed that the home has a preventative maintenance program that is monitored and reviewed according to a clear schedule. Staff are made aware of safety issues and practices through scheduled mandatory training events, staff meetings and feedback from environmental audits. Manual handling equipment is available in key areas of the home, with staff reporting that they are kept in good working order. Staff confirm that they are trained in the main competency areas, and that they are satisfied with how the home supports and protects their work safety needs.

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 has established procedures in place for detecting and responding to fire, security and emergency incidents. The home keeps regular and up-to-date test records, where the appropriate and qualified professional conducts fire and emergency equipment checks and signs off on a monthly basis. The home utilises security locks on doors which are linked to the fire and emergency panel. Staff are made aware of these systems at induction, and at mandatory training sessions which are scheduled on a routine basis. The team observed appropriate signage relating to equipment, stores and exit pathways. Staff confirm that they receive regular training in fire evacuation and emergency drills.

4.7 Infection control

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

Team's recommendation

Does comply

The home is supported by Hepburn Health Services, and a public health network to assist in identifying, reporting, managing, and containing infection. The team observed reserves of personal protective equipment, infection kits, and procedural information reflecting government infection control guidelines. The home was observed to have infection control policies and education resources available to staff. Information on influenza 'outbreak' management was clearly displayed throughout the home, with the home ready to employ new additional information relating to 'containment' phase when released from the department. The home supplies residents with individual slings to be used on lifting equipment, to help reduce the transfer of infections. The home has in place a food safety program, with kitchen, cleaning, laundry and care staff demonstrating a comprehensive awareness of infection control systems and procedures. Hand washing training and competency are carried out periodically. The home was noted to have hand washing stations situated in convent and accessible areas. The team noted staff are aware of the importance of hand washing, and staff stated that they are supported by the home with training and information on current practice relating to infection control.

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

The home provides hospitality services consistent with the expectations and needs of the residents. Kitchen services are shared with Hepburn Health Service (HHS), and supported by corporate quality and stock and inventory systems. The kitchen runs on a four weekly menu cycle, and displays daily menus in the main resident dining room. Staff were noted to be serving morning and afternoon tea, with care staff thickening drinks in accordance with dietary needs. The home provides a personal laundry, managed by cleaning and care staff, with linen outsourced to a provider arranged by HHS. Management uses surveys, feedback forms and quality audits, which are reviewed by subcommittees and placed on quality improvement plans. Hospitality staff operated clean and well kept working areas, whilst demonstrating good knowledge and awareness relating to resident's dietary likes, and dietary needs. Cleaning services are monitored by the HHS infection control officer, employing two cleaning staff to service the entire HHS Daylesford facility. Residents are able to report on services at resident meetings and via feedback forms. Residents state that any issues have been addressed and feedback to them in a timely and appropriate manner.