



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Domain Seahaven

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

The Agency has decided that the period of accreditation of Domain Seahaven is three years until 6 February 2014.

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:	Domain Seahaven		
RACS ID:	3580		
Number of beds:	109	Number of high care residents:	60
Special needs group catered for:	<ul style="list-style-type: none"> • Dementia suite 		
Street:	119 Cashin Street		
City:	Inverloch	State:	Victoria
		Postcode:	3996
Phone:	03 5674 1700		Facsimile:
			03 5674 1433
Email address:	csmsh@domainagedcare.com.au		

Approved provider

Approved provider:	Domain Aged Care (Services) Pty Ltd
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Assessment team

Team leader:	Lois Knox
Team members:	Joan Rose
	Susan Hayden
Dates of audit:	9 November 2010 to 10 November 2010

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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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.



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Domain Seahaven
RACS ID	3580

Executive summary

This is the report of a site audit of Domain Seahaven 3580 119 Cashin Street INVERLOCH VIC from 9 November 2010 to 10 November 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd. 12 November 2010.

Assessment team's recommendation regarding compliance

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

- Forty four expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Domain Seahaven.

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 9 November 2010 to 10 November 2010

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of three 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 members:	Joan Rose
	Susan Hayden

Approved provider details

Approved provider:	Domain Aged Care (Services) Pty Ltd
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Details of home

Name of home:	Domain Seahaven
RACS ID:	3580

Total number of allocated places:	109
Number of residents during site audit:	105
Number of high care residents during site audit:	60
Special needs catered for:	Dementia suite

Street:	119 Cashin Street	State:	Victoria
City:	Inverloch	Postcode:	3996
Phone number:	03 5674 1700	Facsimile:	03 5674 1433
E-mail address:	csmsh@domainagedcare.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Domain Seahaven.

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Assessment team's recommendations regarding support contacts

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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
Acting facility manager	1	Residents/representatives	22
State operations manager	1	Physiotherapist	1
State compliance manager	1	Physiotherapy aide	1
Clinical coordinator	1	Lifestyle coordinator	1
Registered nurses	2	Lifestyle assistant	1
Endorsed and enrolled nurses	4	Visiting musicians	4
Continence portfolio holder	1	Volunteers	1
Care staff	14	Catering staff	2
Administration assistant	1	Laundry staff	1
Receptionist	1	Cleaning staff	2
Accredited consultant pharmacist	1	Maintenance staff	2
Continence consultant (industry)	1	Environmental services manager	1

Sampled documents

	Number		Number
Residents' clinical files	10	Medication charts	20
'Whenever necessary' medication administration records	35	Deceased residents' palliative care records and progress notes	2
Food allergy records	100	Resident weight records	105
Blood glucose level records	22	Wound care records	15

Restraint related documents	2	Resident self-medicating authorisations	1
Residents' lifestyle assessment and care plans	11	Personnel files	10
External contracts	9	Statutory declarations	3
Resident agreements	10		

Other documents reviewed

The team also reviewed:

- 'Minimum data set' resource folder
- Accidents/incidents register
- Accreditation and continuous improvement self directed learning package
- Activity programs for the three wings
- Annual nurse registrations register
- Asset register
- Audits reports and schedule
- Bed pole review and re-assessments
- Blood glucose reportable alerts
- Building and occupancy certifications
- Cleaning routines and information
- Clinical care resources
- Code of conduct
- Comments and complaints forms and register
- Communication books
- Comprehensive medical assessments
- Contact list of allied practitioners
- Continuous improvement plans and register
- Continuous quality improvement folder
- Contractors' accreditation card tags
- Contractors' induction handbook
- Corporate strategic plans
- Cultural care kit
- Dermal patch histories
- Dietitian communication sheet
- Doctors' communication books
- Education and meetings calendars 2010
- Electrical test and tag records
- Evacuation lists and kits
- Evidence folders for Standards one to four
- Fire service records
- Food handling staff certificates
- Food safety audits and certifications
- Food safety manual
- Garden maintenance schedule folder
- Handover sheets
- Harassment and discrimination policy
- Hazard alert forms
- Hazardous chemicals register
- Hazardous substances and chemical register
- Human resource matrix
- Improvement form monthly register

- Improvement forms completed
- Incident and infection data
- Incident folders
- Job descriptions
- Laundry routines and information
- Manager's day book
- Mandatory reporting guidelines, reports and registers
- Mandatory reporting self directed learning package
- Medical practitioner guidelines for diabetes management
- Medication incidents register
- Meeting minutes: staff, resident/relative, medication advisory, risk management, quality catering and lifestyle
- Meeting schedule
- Memoranda folder (staff to sign)
- Menu and food preparation manuals
- Monthly newsletters
- Monthly weight chart
- New employee orientation program
- Nurse initiated medication information
- Nutritional supplement records
- Organisational chart
- Outbreak kit and information
- Person centred care philosophy and educational information
- Pest control records and pest sighting records
- Plant and equipment hazard checklist
- Police records checks register
- Policies, procedures and flowcharts
- Position descriptions
- Preventative maintenance schedule
- Privacy and dignity self directed learning package
- Pro forma letter: changing from low to high care
- Proposed medication management policy and procedure modules
- Quality activity analysis forms
- Quality monitoring data
- Quarterly indicators: poly pharmacy, anti-psychotic use and anti-anxiety/hypnotic use
- Reactive maintenance request folders
- Resident food satisfaction and food monitoring surveys
- Resident handbook
- Resident information package
- Resident lifestyle survey June 2010
- Residential medication management records
- Residents' activity participation sheets
- Residents' birthday list
- Residents' confidentiality agreement
- Risk management folder
- Safety instructions for handling oxygen
- Staff confidentiality agreements
- Staff handbook and team handbook
- Staff orientation
- Staff rosters
- Staff skills workbook
- Training records and evaluations
- Transfer documents

- Validated clinical assessments
- Weekly hand over record
- Weight variation record August 2010.

Observations

The team observed the following:

- Activities in progress
- Aged care brochures
- Archive room
- Aviary
- Bird aviary and chicken coop
- Charter of Residents' Rights and Responsibilities
- Cleaning in progress
- Complaints mechanisms
- Continence aid supplies
- Drinks and afternoon rounds
- Equipment and supply storage areas
- External aged care complaint brochures
- Feedback and improvement forms
- Fire exits
- Interactions between residents
- Interactions between staff
- Interactions between staff and residents
- Internal and external living environment
- Maintenance in progress
- Maintenance shed
- Meal and refreshment services in progress
- Men's group resources
- Noticeboards: resident, staff
- Nurses' stations
- Philosophy statement
- Privacy statement
- Raised garden beds
- Residents enjoying a sausage sizzle
- Residents' beading and craft work
- Shredder and confidential document destruction bin
- Staff assisting residents with their meals
- Storage of general and controlled medications
- Suggestion boxes
- Tagged electrical equipment
- Visitor and resident sign in/out books
- Wound care products.

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

As part of the Domain Principal Group there are quality management systems at both the home and organisational level to ensure the active pursuit of continuous improvement. Opportunities arise from strategic planning, comments, suggestions, complaints, surveys, scheduled audits and meetings. Feedback and quality monitoring data is reviewed, trended and analysed to inform and direct continuous improvement activity. Items are logged on the continuous improvement plan as required, actioned, monitored and evaluated and stakeholders receive feedback. Staff and residents are informed about quality processes and continuous improvement at orientation and ongoing through meetings, memoranda, newsletters and informally. Staff, residents and their representatives confirmed the pursuit of continuous improvement across the four Accreditation Standards.

Some recent improvements in relation to Standard one include:

- The recruitment of new staff over the last three months across all areas to ensure sufficient and appropriately qualified staff and staff availability to meet resident needs. New part time and casual staff include two registered nurses, four endorsed enrolled nurses, personal carers and kitchen staff.
- The development and implementation of an effective staff master roster which has streamlined the management of rosters and improved cost effectiveness. There is a section for staff to flag their availability when vacancies occur.
- The development of an electronic human resource matrix to record and monitor key staff information including police checks, registrations, staff education and mandatory training status.
- The development of new position descriptions for registered nurses, endorsed and enrolled nurses following the introduction of the new national registration system. The new position descriptions provide clear clinical accountability and responsibility guidelines.
- In response to staff and resident feedback, evening personal carer shift hours have been extended by four hours to meet residents’ care needs. There are now three personal carer shifts from three o’clock to eleven o’clock as two of these shifts have been extended from nine o’clock to 11 o’clock.
- The introduction of a new online purchase and invoice system which has streamlined the process of ordering new equipment as agreed with central office.

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

Management of the home is informed of regulatory and legislative matters through a legal update service, membership to professional and industry bodies, liaison with the local government authority and information passed on from corporate office. This information is

distributed to staff through memoranda, noticeboards, meetings and information attached to payslips. Information for residents and relatives is provided through meetings, noticeboards and when appropriate, by individual letter. A register of valid police records checks is maintained for staff and volunteers; non-supervised contractors provide their own police records checks for the home. Statutory declarations are completed when appropriate.

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

An annual training calendar is developed from mandatory training issues, staff appraisals, current issues, suggestions and identified needs. Attendances are recorded and evaluations completed, enabling training records for each staff member to be maintained. A range of training methodology, such as self-learning packages, internal and external facilitators, is used to meet the preferences and needs of staff. Staff are able to attend formal professional development courses and are encouraged to upgrade professional skills. In relation to management and organisational systems, training includes; use of the required assessment funding tool, incident reporting, leadership, continuous improvement and regulatory compliance. Facility managers have attended a business development program. Staff confirm their satisfaction with the education opportunities offered to them.

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, representatives and staff have access to internal and external complaint processes and the information is documented in the feedback form and in staff and resident handbooks. The processes are explained and discussed with residents and their representatives on entry and at their respective meetings; the complaints mechanisms are discussed with staff at orientation and at their meetings. Suggestion boxes for confidentiality are available, brochures are displayed and forms to complete are accessible throughout the facility. Management promotes an 'open door' policy and documentation shows that staff assist residents as necessary and advocate on their behalf. Residents and their representatives confirm they are comfortable discussing issues directly if needed and that issues are raised and discussed at meetings. Residents, their representatives and staff confirm their knowledge of the complaints processes and satisfaction with the processes and responses.

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

Vision and values statements are displayed throughout the home and included in brochures and handbooks for staff and residents. A commitment to provision of high quality care through meeting the requirements of Aged Care Accreditation Standards and fulfilling the basic principles of the 'Eden philosophy', is also clearly documented and displayed.

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

There are appropriate facility and corporate systems and processes in place to ensure there are sufficient skilled and qualified staff to meet residents' care needs. Staff are recruited against skills, experience, qualifications and position descriptions which define responsibilities and role requirements. There is a full day orientation program, new staff are 'buddied' and performance is monitored over a six month qualifying period; staff are also appraised annually. The facility manager and key staff monitor residents' changing needs; staff skills and knowledge and additional training is provided where indicated to meet care needs. Staffing levels can be adjusted to reflect acuity needs; staff, residents and their representatives confirm satisfaction with staff care and skills and staff numbers.

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

Established processes are in place to ensure that medical, health and other supplies are routinely ordered to ensure appropriate levels of quality stock are maintained. There are central office processes for identifying preferred suppliers and for trialling and evaluating new equipment where applicable. Responsive and preventative maintenance systems show that equipment is appropriately and timely maintained by maintenance staff; an electrical testing program is in place. A list of preferred suppliers is available. Stock levels were observed to be appropriate and equipment storage areas were clean, tidy and secure where required. Staff and residents confirm satisfaction with the quality and availability of stock and equipment to meet their needs.

1.8 Information systems

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

Team's recommendation

Does comply

Policies and procedures and other quality management resources to guide care and work practices are accessible for stakeholders. Documentation control, archival systems and confidential documentation management systems are in place, computer systems are password protected and backed up. Stakeholders have access to minutes, handover, noticeboards, flyers, communication books, activity planners, a monthly newsletter and staff and resident handbooks. Staff and resident files are securely stored and are appropriately maintained. Residents and representatives confirm they are consulted about their changing needs and resident/representative meetings are a forum for the exchange of information. Staff confirm they are informed about relevant issues through meetings and memoranda and residents and their representatives report satisfaction with the provision of information.

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

Processes in place to ensure the quality and suitability of externally sourced services include service agreements, specified terms and requirement and probity checks as required. Central office arranges and reviews major supply and service contracts to enhance service and cost efficiency. There is an induction process for contractors, performance is monitored and evaluated and contracts are reviewed. External providers sign in and out and are supervised on site as required. Staff, residents and representatives report they are satisfied with the home's external service providers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home's continuous improvement system demonstrates that improvements in resident health and personal care are ongoing. Key clinical and other care staff participate in monitoring and reviewing the provision of care and implementing improvements. Residents and their representatives report they are consulted about their care and confirm satisfaction with the care provided. For a description of the home's system of continuous improvement refer to Expected outcome 1.1 Continuous improvement.

Some recent improvements in relation to Standard two include:

- The introduction of an internationally recognised evidenced based resident care assessment program which produces more meaningful clinical care data and flags triggers for further assessment and review. The system facilitates the streamlining of the clinical assessment and review process. The implementation phase and evaluation are currently ongoing.
- The introduction of multi-dose medication blister packs which has decreased medication incidents.
- The allocation of an 'off floor' day to the continence link coordinator to ensure the effective management and ordering of residents' continence needs and preferences.
- The set up of a palliative care kit which has ensured the availability of appropriate resources when residents reach the palliative stage.
- In response to staff and resident feedback, a new physiotherapy service has been appointed and service delivery to residents has been enhanced.
- The employment of a dedicated physiotherapy assistant position three days a week which has enhanced residents' mobility.

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

Systems operate to enable the home meet its regulatory and legislative obligations. Annual nursing registrations are documented and information about medication management is available for staff. A drugs and poisons licence is held and mandatory annual medication competencies are performed for relevant staff. A registered nurse oversees documentation and assessments for residents with high care needs. An absconding resident policy and register have been developed

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

A range of clinical topics such as palliative care, pain management, speech pathology-swallowing and thickened fluids, oral hygiene and dementia care is included in the education calendar. Staff are also encouraged to attend appropriate external education courses. Relevant staff undergo clinical competency assessments including clinical tasks, medication management and administration. Staff are encouraged and supported to upgrade nursing qualifications and are appreciative of these opportunities.

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 referenced from evidence based sources to inform and guide staff in all aspects of clinical care. Residents’ clinical care needs are assessed using an internationally validated holistic assessment tool that is managed and reviewed by registered nurses in collaboration with all levels of care staff. The family, attending general practitioners and relevant visiting allied health practitioners continue to provide further information. A care plan is developed from this comprehensive information; a quarterly review of the resident’s care occurs including a consultation with either the resident and/or the representative (this review may occur more frequently). Residents have a choice of general practitioner and visiting allied health professionals who assess, review and document treatments in the resident’s progress notes; the attending general practitioners are informed of all clinical changes. If residents require an episode of acute care, a suite of transfer documents accompanies them. Direct care shift handovers are conducted; clinical and behavioural incidents are reported, recorded and monitored. All aspects of health and personal care are monitored through scheduled clinical audits, weekly handover records, resident and representative feedback, and the formal review. Residents and/or representatives confirm their satisfaction with the health and personal care practices provided by the home

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 using the newly implemented minimum data set of assessment and screening tools. Specialised nursing care is demonstrated in medication management, diabetic care, catheter care, wound management, pain management, palliative care, anti-embolic therapy and managing challenging behaviour. Specialised nursing procedures and treatments have individualised care plans to guide staff. A range of regional and industry based nurse consultants can be accessed to provide additional specialised advice and support; care plans and the integrated progress notes record strategies recommended by these nurses. Specialised nursing care is monitored through quarterly care plan reviews, the formal audit schedule and feed back from residents and representatives. Residents and representatives confirm their satisfaction with the provision of specialised nursing care.

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 are referred to visiting allied health professionals such as a physiotherapy team, speech pathologist, dietitian, dentist and podiatrist. Audiometrists and optometrists also visit; some residents continue to consult practitioners in the broader community. A visiting psycho-geriatrician and associated practitioners visit the home on referral. Comprehensive assessments and prescribed treatments are documented in the progress notes and specific information is transcribed into the care plans. Residents and representatives confirm that they are aware of the availability of allied health professionals and spoke very highly of the physiotherapy program.

2.7 Medication management

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

Team’s recommendation

Does comply

Registered nurses manage residents’ medication safely and correctly; registered nurses, endorsed enrolled nurses and medication competent personal care staff administer medications from multi-dose blister packaging. Resident identification is clear and administration processes are systematic. A scheduled monitoring system generally ensures that deficits are identified and addressed; there are documented processes in place to guide staff if medication administration errors occur. An independent pharmacist reviews medication charts on a scheduled basis providing the attending general practitioners and the home with a confidential report. A resident outcome is recorded after the administration of ‘whenever necessary’ medications. The team observed that general medications are stored securely and that there is a safe disposal system in place. Dangerous drugs are stored with additional security; the home has a system in place to ensure safe administration of all controlled and complex drugs. Residents confirmed that their medications are given in a safe and timely 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 resident’s past history and current presence of pain are defined during the entry assessment phase utilising the minimum data set assessment and screening tool. The presence of pain is a major consideration if there is a disturbance to sleep, mobility and behaviour. Pain management protocols are reviewed if there is a change in cognition, or change in clinical status, when there is a new episode of reported pain and when ‘whenever necessary’ analgesia is administered over a period of time. Alternatives to medication such as simple hand and limb massage, heat/cold therapy and individualised diversional tactics are utilised. Equipment such as oscillating air mattresses, memory foam mattresses and other comfortable equipment are available; the home has access to specialist pain management nurses for additional support and advice. Residents interviewed said that they are satisfied with the home’s individual management of their 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 ensures and supports each resident’s right to die with dignity according to known wishes. Residents and their families are consulted about and encouraged to discuss and complete preferences regarding treatment during the entry phase or when the family choose to communicate these wishes; in addition, families are encouraged to discuss all end of life concerns with the family general practitioner. The registered nurses reassess the resident’s needs when the resident has passed to the palliative stage in collaboration with the family, attending general practitioner and if requested, the regional palliative care specialists. The home has access to specialised equipment for the constant and consistent administration of analgesia and other specific medications to minimise anxiousness and nausea; specialised personal hygiene products are used. Documentation of deceased residents’ files confirm that the palliative plans in place guided staff in giving all possible care and that the families concerned were regularly informed of resident changes during this time. To enhance resident and relative support, the home facilitates visiting religious clergy and pastoral carers.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Using the minimum data set assessment and screening tool, staff elicit resident eating patterns, nutrition and hydration needs, food preferences, the presence of food allergies, intolerances, any swallowing difficulties and weight management requirements; the care plan is developed from this information. All new residents and residents ‘at risk’ are reviewed by the contracted dietitian; a visiting speech pathologist complements this service. Catering staff are informed of specific and relevant dietary information; a range of texture modified meals, thickened fluids and adaptive cutlery and crockery are available for all meals and at refreshment times for those who need them. Residents are weighed monthly or as required; unplanned weight loss is monitored and reviewed monthly by the care coordinator and the dietitian. A range of nutritional supplements are available and a record of their administration is maintained; the home has heat wave management guidelines in place. Residents and representatives confirm their 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 residents undergo a systematic review of their skin integrity utilising the minimum data set assessment and screening tool; risks to skin integrity, the potential for pressure injury and other dermatological problems are identified. Special note is taken if the resident is diabetic, has peripheral vascular disease, reduced mobility, is receiving palliative care, is post-surgery or is frail. Wounds are managed using contemporary dressing protocols and the home has access to a regional wound nurse consultant; skin tears and pressure injuries are monitored through the incident reporting mechanism. Specialised pressure relieving practices, equipment and formalised re-positioning regimes are defined by the

registered nurses; emollients, barrier creams and a variety of specific nutritional supplements are provided if required. A podiatrist and a hairdresser enhance skin care practices. Residents and representatives confirm their satisfaction with skin care management.

2.12 Contenance management

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

Team’s recommendation

Does comply

The minimum data set assessment and screening tool incorporates a comprehensive section on urinary and bowel continence performance that considers the resident’s mental, physical and surgical debilities. If required, toileting times and levels of staff assistance are individually prescribed after a defined period of observation and charting; individual trials of continence aids are conducted. The home’s continence portfolio holder has access to an industry based nurse consultant for additional support. Behaviour management includes continence care as a trigger for episodes of agitation and disruptive behaviour; continence requirements are also considered if there are disturbed sleeping patterns. The use of invasive bowel preparations are minimised by the implementation of early intervention strategies such as increased hydration and a nutritious high fibre diet to maximise normal bowel health. Urinary tract infections are monitored as part of the infection surveillance requirements; validated signs and symptoms are used to ensure accurate diagnosis. Residents confirm their satisfaction with the individual continence care provided.

2.13 Behavioural management

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

Team’s recommendation

Does comply

All residents undergo a suite of behaviour management assessments that are components of the minimum data set assessment and screening tool that identifies psychosocial well-being issues, cognitive patterns, mood and behaviour patterns and underlying co-morbidities. These assessments are conducted during the entry phase, quarterly, annually and if and when behaviours change. Comprehensive care plans are developed from assessment tool information, documented staff observations over a defined period of time (if required), information from the aged person’s mental health team and the family. The home has clear protocols and environmental safety mechanisms in place to manage the need for restraint, for residents who are aggressive and for residents who may abscond; lifestyle staff have individual diversional, validation and reminiscing therapies in place and access to a range of living spaces for relaxation and change of environment to moderate challenging behaviours. Staff confirm their understanding of mandatory reporting requirements. The team observed the staff interacting in a 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 in collaboration with the registered nurses assesses the resident’s mobility, dexterity and slow stream rehabilitation needs and activities of daily living to maximise individual independence for all new and current residents. Residents have individualised physiotherapy programs in place that are supervised by the physiotherapist

and the physiotherapy aide. The physiotherapy aide and lifestyle staff incorporate regular gentle exercises into various activities throughout the week. Residents were observed utilising different mobility aids in a safe manner; maintenance of mobility aids is provided by the maintenance staff. All falls are reported, monitored, analysed, trends identified and if necessary actioned; the home has a formal falls risk assessment in place. Residents confirm their satisfaction with the comprehensive physiotherapy services provided.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

The resident’s oral and dental needs are reviewed during the entry phase using the minimum data set assessment and screening tool; if deficits are identified then an additional validated assessment tool is used. Care plans document individual preferences for cleaning dentures and other care; residents have a choice of tooth brush bristle. Residents identified as having swallowing difficulties are referred to a visiting speech pathologist. Residents’ oral care during palliation is specialised; post inhaler/nebuliser use is individualised. The home supports residents to attend visiting dentists/dental technicians in the broader community. The menu is reviewed by the dietitian for nutritional/sugar content. Residents confirm their satisfaction with the oral and dental care and assistance provided to them.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Communication, comprehension and a sensory assessment is completed on entry utilising the minimum data set assessment and screening tool; the care plan nominates individual strategies to manage the residents’ sensory needs. Residents are referred to visiting allied health professionals; some residents continue to access allied specialists in the broader community. Care staff and lifestyle staff provide simple hand and limb massages, relaxing music, ‘one to one’ time and quiet conversation to minimise agitation. The home has a specialised bath that is often utilised for sensory enjoyment and pain management. The living environment is of low stimuli; corridors are wide and have hand rails. During palliation, additional care is taken to ensure that sensory care is enhanced. Residents and representatives confirm that care staff are sensitive to caring for their sensory losses.

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 cycles are noted utilising the minimum data set assessment and screening tool. If there are issues identified related to sleep, then a ‘sleep log’ will be conducted for a defined period of time. 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. Past life histories, pain management, continence care, immobility and behaviour management are defined precursors to disturbed sleep patterns and are integral to individual care planning. Residents interviewed said that they slept well.

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 demonstrates that it actively pursues continuous improvement and encourages input from stakeholders in relation to resident lifestyle. Interviews with residents and their representatives confirm they are offered opportunities to provide feedback. For a description of the home’s system of continuous improvement refer to Expected outcome 1.1 Continuous improvement.

Some recent improvements in relation to Standard three include:

- The employment of an additional lifestyle assistant to expand the lifestyle program. The new assistant assists with lifestyle activities over the weekend; there are now two lifestyle assistants running concurrent programs over both weekend days.
- The introduction of a weekly Sunday morning coffee time with the opening of the kiosk on Sunday mornings. Residents can now enjoy a leisurely coffee and or cake while socialising with friends and family sitting either indoors or outdoors on the terrace.
- In response to resident comments the mobile library service which provides access to talking books and large print books on a four weekly basis has been re-established. Resident feedback is positive.
- In response to resident feedback the introduction of a weekly men’s group has been implemented. This group is ‘working well’.
- The donation of a large magnifying viewer for residents to use in the library room. This assists residents with visual deficits to read as enlarged print images can be projected on to the large television screen.
- In response to quality monitoring feedback, a self directed learning package relating to residents’ right to privacy and dignity has been developed and rolled out to staff. Over 73 per cent of staff have completed the learning to date. As a result staff practices have improved to ensure residents’ right to privacy is respected.

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

Regulatory requirements related to resident lifestyle are met through the provision of information in the resident handbook, resident agreements and information displayed throughout the home. Information includes security of tenure, privacy, care and services provided, rights and responsibilities and complaint mechanisms. An elder abuse policy and register have been developed.

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

In relation to resident lifestyle, education includes topics such as person centred care and privacy and dignity; informal discussion also occurs. Staff interactions with residents regarding aspects such as privacy, dignity, choice and decision making are constantly observed and monitored by senior staff with immediate follow-up when necessary. Staff confirm expectations regarding their approach to privacy, dignity, choice and independence.

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 administrative officer interviews prospective residents and representatives, arranges pre-entry tours and provides key information and an information package. Management and staff report they welcome and orient new residents and support them to settle in by spending time with them to build rapport and introducing them to suitable co-residents. All new residents receive a resident handbook and are encouraged to personalise their rooms with favourite items and mementos. Care notes show that residents/representatives are consulted about their emotional needs with individual strategies identified to support them. Staff provide extra support at sad times through individual attention and open visiting hours assist family and friends to visit regularly. Residents and their representatives report staff are caring and expressed satisfaction with emotional support provided by staff.

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

Residents' needs and preferences for social/community participation and maintaining an independent lifestyle are assessed on entry to the home and are reviewed. Community visitors attend, a library service visits and intergenerational programs occur. Residents participate in monthly bus and other outings either independently or with staff or family for shopping or to maintain links with their local community. Regular 'happy hours' promote social friendships; exercise and walking programs run by the physiotherapy assistant promote and improve residents' physical independence. Residents have access to a kiosk twice weekly and are assisted to exercise their voting rights as desired. Residents and their representatives confirm they are supported to be independent and enjoy their bus outings.

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

Processes in place to protect residents' right to privacy, dignity and confidentiality include privacy policies and procedures, staff education and staff confidentiality agreements. These rights are documented and explained during the initial settling in period and are evident in residents' privacy and photograph consent documentation. Education on privacy is part of the staff induction process. Residents live in single rooms, have personal telephones, access to a lockable drawer, have a key to their room if desired and their confidential information is securely stored. Staff report they ensure the privacy and dignity of residents by using their preferred name, knocking on their doors and closing the door when attending to their care needs. Residents and representatives confirm staff are respectful and caring.

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

Processes are in place to support residents to participate in various activities of interest to them and include lifestyle assessments through consultation with new residents and or their representative. Lifestyle care plans and profiles are developed and are reviewed three monthly or as required, however, the care plans are often generic. Monthly activity planners are generated for each of the three wings, activities are run seven days a week; there is a dedicated lifestyle assistant and a 'sundowner' program for the secure wing. The programs include cognitive and cultural activities, cards, games, exercises, craftwork, pet care, beauty care, movies and musical entertainers and singers. Resident participation is monitored and review of the activity program occurs through observation, the recent resident lifestyle survey and resident feedback. Residents were observed enjoying various activities and generally express their satisfaction with the program.

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

Residents' cultural, spiritual beliefs and customs are identified on admission and are respected and fostered. Staff have access to a cultural resource kit to facilitate this process if required. Care plans show that residents and their families are consulted about their specific cultural and spiritual needs and these are documented and implemented as desired. Residents' cultural and spiritual needs are met through the celebration of cultural events, days of significance and practices that are of importance to them as a group and individually. Religious services at the home include a weekly Catholic service, a monthly Uniting Church service and a monthly Anglican service. Residents and their representatives confirm they are encouraged and supported to maintain their cultural and spiritual lives.

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

The rights of residents to make decisions and exercise choice and control over their lifestyle is recognised and respected. Residents' individual preferences are identified through assessments and are reflected in their care plans. Residents can choose their own doctor, make their end of life wishes known and choose the types of activities they wish to attend. Residents are encouraged to express their opinions through meetings and one on one feedback discussions. Residents confirm they have choice in regard to meal options, activities of daily living, attire, sleep, settling, rising times and activities.

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

Security of tenure, resident rights and responsibilities, complaint mechanisms, privacy, care and services provided are documented in resident agreements and accompanying documentation. The Charter of Rights and Responsibilities is also displayed. A letter is written when a resident with low care needs is reassessed as requiring a high level of care; a list of care and services to be provided is attached. Residents demonstrate awareness of living together harmoniously in a shared living environment, one commenting that they (the residents) all help each other.

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 has an established continuous improvement system that demonstrates improvements in the physical environment and safe systems are ongoing. For a description of the home’s system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement.

Some recent improvements in relation to Standard four include:

- The enhancement of the garden in response to resident’s suggestion, with the recent planting of a large number of plants purchased for residents’ enjoyment. A working bee was organised with the involvement of residents, representatives and staff contributing to the upgrade of the garden.
- The staff training area and staff training resources have been re-located to the staff training room from the residents’ library room. Residents now have unrestricted access to their library room.
- The replacement of carpet in the secure wing with vinyl flooring has eliminated odour and made floor cleaning easier and quicker.
- Replacement of a large number of beds with new electric beds has enhanced resident safety and comfort as the beds can be adjusted to suit their individual needs.
- Purchase of floorline electrical beds has minimised the risk of falls for high falls risk residents.
- The replacement of sensor mats with a laser beam sensor system has improved safety for high falls risk residents as the risk of tripping on the sensor mat has been eliminated.
- A full review of the menu in July 2010 by a dietitian has improved the menu including alternative options and enhanced resident satisfaction with meals.

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

Systems are in place to enable the home meet its regulatory and legislative requirements. Current fire and building certifications are held. Occupational health and safety protocols are in place. Material safety data sheets are displayed and work place injury information is available. Annual independent food audits are conducted and staff who handle food have appropriate qualifications. Laundry and cleaning staff have training relevant to their roles.

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 training calendar related to physical environment and safe systems includes assessed annual mandatory training such as bullying and harassment, manual handling, emergency evacuation procedures and infection control. Hand washing competencies are assessed annually and staff are clear about requirements for procedures related to a person with an antibiotic resistant condition. Catering staff have food handling qualifications while cleaning and laundry staff are trained in the use of relevant chemicals. Staff demonstrate knowledge and understanding of their roles.

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 can accommodate residents with dementia conditions as well as high and low care needs in single rooms with mainly en suite bathroom facilities. The home is light, well maintained and comfortably furnished with a range of shared living, dining and activity areas throughout. Extensive gardens around the building and in secure internal courtyards enhance the environment for residents and staff. A large aviary and chicken coop add interest for residents. Residents are encouraged to move freely around the home; wide corridors and hand rails assists residents with their mobility. A number of residents and relatives commented on the beautiful roses in the gardens; residents said they feel the home is comfortable and safe.

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 and staff demonstrate knowledge and awareness of occupational health and safety and demonstrate safe working practices. A newly appointed maintenance officer will undertake the occupational health and safety representative training and subsequently attend annual refresher courses. Environmental audits, under the auspices of the maintenance officer, are conducted regularly. Hazard analysis is undertaken as required and risk assessments completed. Incident reports are collated and analysed with results presented at relevant meetings. Staff confirm the requirements for annual competency assessed compulsory training.

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

Staff demonstrate awareness of the procedures for emergency evacuation; clearly identified maps and emergency procedure instructions are displayed throughout the home. Fire systems are in place and regularly maintained; fire exits are signed, free from obstruction and keypads linked to the fire system. Designated smoking areas are available for both residents and staff; residents who smoke are assessed for their ability to do so and staff assist and supervise residents when appropriate. Main reception is manned during business hours and visitors can enter through either the low or high care wings; sign-in books are kept in both areas. The building is secured overnight for the safety of staff and residents.

4.7 Infection control

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

Team's recommendation

Does comply

Laundry, cleaning and catering infection controls are implemented including colour coded mops and cloths, personal protective equipment, controlled temperature washing machines and dryers and temperature records as required by food safety legislation. Clean and dirty laundry areas are designated. Cleaning storage and utility rooms are clean and neat. An independent food audit in June 2010 was satisfactory. Staff and residents are offered annual influenza immunisations and residents may also offered pneumonia immunisations. The organisation holds an infectious outbreak kit and guidelines. Staff demonstrate awareness and knowledge of infection control and confirm annual mandatory hand washing reviews. Infection data is collated and analysed by type of infection; it was noted that infection rates are consistently low. Results are presented at relevant meetings.

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

Residents express satisfaction with the hospitality services provided and staff demonstrate knowledge of their roles and responsibilities. All hospitality services are in-house. Food is fresh cooked daily according to the nutritionally balanced four-week rotating menu. Choices and alternatives are available and catering staff said they try to accommodate all resident requests for foods. Shared lounges, dining areas and toilets and resident rooms with ensuite bathrooms are cleaned daily; each room also receives a thorough clean once weekly. Personal items are laundered daily with a same day return to residents.