



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Falling Waters @ Strathalbyn

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Falling Waters @ Strathalbyn in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Falling Waters @ Strathalbyn is three years until 24 February 2013.

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:	Falling Waters @ Strathalbyn		
RACS ID:	6283		
Number of beds:	45	Number of high care residents:	12
Special needs group catered for:	People with dementia or related disorders People with culturally and linguistically diverse backgrounds		
Street:	7 Langhorne Creek Road		
City:	STRATHALBYN	State:	SA
		Postcode:	5255
Phone:	08 8536 3422		Facsimile:
			08 8536 3382
Email address:	sthdom@adam.com.au		

Approved provider

Approved provider:	Fairlux Pty Ltd
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Assessment team

Team leader:	Sandra Lloyd-Davies
Team member:	Cate Quist
Dates of audit:	8 December 2009 to 9 December 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
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
Does comply
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Does comply

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
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
Does comply
Does comply
Does comply
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Does comply
Does comply

Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Falling Waters @ Strathalbyn
RACS ID	6283

Executive summary

This is the report of a site audit of Falling Waters @ Strathalbyn 6283 7 Langhorne Creek Road STRATHALBYN SA from 8 December 2009 to 9 December 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Falling Waters @ Strathalbyn.

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 8 December 2009 to 9 December 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:	Sandra Lloyd-Davies
Team member:	Cate Quist

Approved provider details

Approved provider:	Fairlux Pty Ltd
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Details of home

Name of home:	Falling Waters @ Strathalbyn
RACS ID:	6283

Total number of allocated places:	45
Number of residents during site audit:	36
Number of high care residents during site audit:	12
Special needs catered for:	People with dementia or related disorders People with culturally and linguistically diverse backgrounds

Street:	7 Langhorne Creek Road	State:	SA
City/Town:	STRATHALBYN	Postcode:	5255
Phone number:	08 8536 3422	Facsimile:	08 8536 3382
E-mail address:	sthdom@adam.com.au		

Assessment team's recommendation regarding accreditation

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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
Site manager	1	Residents	11
Corporate operations manager	1	Housekeeping supervisor	1
Registered nurses	2	Laundry staff	1
Staff development nurse	1	Cleaning staff	1
Care staff	3	Maintenance staff	1
Administration assistant	1	Lifestyle/activities staff	1
Catering staff	1	Lifestyle trainee	1

Sampled documents

	Number		Number
Residents' files	5	Medication charts	6
Care plans	6	Personnel files	4
Lifestyle care plans	8		

Other documents reviewed

The team also reviewed:

- Additional pad allocation lists
- Appointment diary
- Archiving folder
- Building certification assessment
- Communication book
- Corporate education calendar 2009
- Daily staff attendance sheets
- Drug checking procedures for personal care workers
- Drugs of Dependence register
- Handover sheets
- Impress drug list

- Influenza pandemic guidelines
- Inventory register
- Job descriptions
- Maintenance logs
- Management of weight loss guidelines
- Medication incidents
- Memorial service invitations and information
- Missing resident identification form
- Newsletters
- Nurse initiated medications folder
- Orientation check lists
- Police clearance register
- Preferred supplier list
- Recruitment policies and procedures
- Register of competent designated enrolled nurses
- Register of personal care workers credentialed to check dangerous drugs
- Residency agreement
- Resident and relative questionnaires
- Resident and staff incidents
- Resident handbook
- Resident infection logs and summary reports
- Resident orientation check list
- Resident surveys
- Restraint authorisation forms
- Skin care protocols
- Staff credentialing policy, guidelines and records
- Staff handbook
- Staff incident folder
- Staff rosters
- Staff training records
- Temperature monitoring charts
- Toileting lists
- Treatment folder with observation records
- Various audits
- Various education packs
- Various meeting minutes
- Various memoranda
- Various policies and procedures
- Weight management records with risk ratings
- Weight monitoring and management plan

Observations

The team observed the following:

- 'We want your feedback' forms displayed
- Activities in progress
- Air-conditioners
- Archive room
- Chemicals storage areas
- Christmas tree and decorations
- Cleaners' room
- Compliments folder
- Concern status log
- Concerns folder

- Contingence product storage
- Electrical tagging
- Emergency evacuation plans
- Equipment and supply storage areas
- Exit signage
- Fire and evacuation drill reports
- Fire drill folder
- Fireboard and fire fighting equipment
- Gardens and courtyards
- Gastroenteritis kit
- Hairdressing salon
- Hot pack heater
- Impress system
- Information brochures displayed including external complaint mechanisms and advocacy services.
- Interactions between staff and residents
- Internet cafe
- Kitchen
- Kitchenettes
- Laundry
- Licence to administer Schedule 4 and Schedule 8 drugs
- Living environment
- Medication fridge temperature logs
- Medication round
- Memory support unit
- Monthly concerns reports
- Night staff cleaning and maintenance duties
- Noticeboards and whiteboards
- Nurses stations
- Personal protective equipment
- Pharmacy drug return box
- Quiet sitting areas
- Resident and staff interactions
- Residents being assisted during meal times
- Secure medication storage
- Security keypad internal and external doors
- Snack vending machines
- Spa bath
- Staff resources and laminated flow charts and guidelines
- Staff room with notice board including Occupational Health and Safety information, statistical data information and educational resources.
- Staff skills check lists all staff
- Storage of medications
- Treatment room
- Vision and mission statement displayed
- Wide-screen televisions

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

Falling Waters @ Strathalbyn has a quality system that provides a framework for continuous improvement activities which are responsive to the needs of residents, staff and representatives. Mechanisms for identifying improvements include feedback from residents, staff and representatives, quality improvement logs, feedback flyers, suggestion boxes, staff and resident meetings, buzz meetings, audits, surveys and verbal communication. Improvements and actions arising from the feedback mechanisms are recorded on a site specific action plan. The site manager is responsible for maintaining and coordinating improvements across the site. Staff and residents are encouraged to participate in continuous improvement processes through meetings and surveys and are updated about activities in the home and the results of the evaluation process.

The home demonstrated results of improvements relating to management systems, staffing and organisational development including:

- The lifestyle team recognised the benefits of keeping residents up-to-date with the latest activities on offer. The team developed an information page which provides residents with a snap shot of activities for the month. The information page has been incorporated into the home’s newsletter. As a result of this improvement residents are better informed and now contribute feedback and information to the newsletter.
- The home identified the benefits of providing in-house training and education to support the new facility and site manager. A staff development nurse was seconded from corporate office to provide in-house training and education to staff and information sessions for residents. This additional support has been appreciated by staff and has helped them meet resident care needs.
- A suggestion was made from one of the medical officers who visits the home regularly to install a computer program that allows for scripts and reports to be written electronically. Medical notes can be keyed directly into the computer and printed by clinical staff. This improvement has resulted in staff being able to easily read and understand instructions and notes from the medical officer.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems and processes to identify and monitor relevant legislation, regulations and guidelines. Legislative updates are received through subscriptions to peak industry bodies. A regulatory compliance register is maintained and updated through corporate office. Legislative changes are discussed at various meetings. The site manager disseminates relevant information to staff through meetings and verbal communication. The home has a process to record and monitor police clearances for staff, volunteers and contractors. Compliance monitoring is conducted through internal audits and surveys.

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's education and development program is directed by systems and processes from the corporate office. Staff development opportunities are provided for all staff to meet required competencies for the delivery of care. The annual training calendar is based on a training needs analysis, the Accreditation Standards, mandatory training requirements and feedback from regular key staff meetings. A staff development nurse assists the home in the provision of the training program which includes regular self directed learning packages, external resources, in-service training and informal education at meetings. All positions have documented competencies which the home uses as a basis for the skills credentialing process. Training records are maintained for all staff and there is a process for follow up of staff mandatory training. The training program is evaluated by resident and staff feedback, session evaluations, surveys and monitoring of statistical data at corporate level. Staff confirm they are supported to develop and maintain their skills and knowledge to meet organisational standards. Management staff receive ongoing training at corporate meetings and training in relation to standard one includes regulatory compliance, Aged Care Funding Instrument claims process, human resource management, documentation and protocols to follow in the absence of a registered nurse.

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 are familiar with and use the mechanisms the home provides for making a complaint or suggestion. Processes for complaints management include actively seeking feedback from residents using surveys, residents meetings, suggestion boxes and the internal concern resolution process. Concerns, including verbal complaints are logged onto a concern resolution form which includes prompts for documenting immediate action, feedback to the complainant and evaluation of the outcome. The site manager provides the corporate office with a weekly situation report allowing regular formal analysis of all complaints on a local and organisational level. Information brochures are displayed regarding external mechanisms of complaint and advocacy. Information provided in the resident handbook and agreement includes the process for raising concerns and the frequency of residents' meetings. Staff are familiar with the home's policy and procedures for responding to a resident complaint. The scheduled corporate audit system, staff and resident feedback are used to evaluate the effectiveness of the complaints systems and processes.

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 organisational vision, values, philosophy, objectives and commitment are documented and visible throughout the home. The vision and mission statement is acknowledged in the residents' and staff handbooks, information flyers, staff and residents orientation and throughout relevant policies and procedures. Staff are aware of the home's vision, mission, values and quality objectives.

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 systems to maintain appropriately skilled and qualified staff to deliver services which meet organisational expectations and standards. Processes for staff recruitment include reference checking, position descriptions and skills check lists for all positions. The structured induction program includes information regarding occupational health and safety, manual handling, fire training, skills assessment and a buddy shift with a regular staff member. The staff handbook outlines the organisational code of conduct and expectations and the annual appraisal process measures each employee against their position description and competencies required. The home uses agency staff when regular staff members are unable to replace staff leave. The home actively recruits staff when regular need for agency staff is identified. The home supports registered nurses from overseas and encourages existing staff to further their education in nursing to increase the available pool of staff. A mentoring program assists trainee care staff to be supervised and supported by more experienced staff. There is a process for maintaining current police record clearances for all relevant staff and external contractors. Staffing levels are reviewed and monitored by the site manager using resident and staff feedback, monitoring resident acuity and a weekly situation report is sent to corporate office. Allocation changes are made in response to identified need and to allocate experienced staff with new or less experienced staff.

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 provides adequate supplies and equipment to meet resident care and service needs. The site manager monitors supplies according to need and the home's policies. Equipment purchases are recorded on an inventory register including serial numbers and supplier contact details. The register is updated on an ongoing basis as new purchases are made. Supplies are safely and appropriately stored and rotated according to relevant guidelines. Environmental audits, safety inspections, incident and hazard reports and maintenance requests assist the home to monitor inventory and equipment needs.

1.8 Information systems

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

Team's recommendation

Does comply

Management and staff have access to accurate and appropriate information to assist them to perform their roles. Residents and representatives are provided with information by a variety of methods to assist them in making care related decisions. Resident, staff and administrative information is maintained securely in accordance with relevant legislation. Confidentiality policies are communicated and outlined in the staff induction, position descriptions, resident agreement and resident handbook. There are processes in place for recording and archiving resident information. Computer information is backed up and password protected. Residents and representatives have access to information via meeting minutes, newsletters, noticeboards, the residency agreement and handbook. Avenues for communication for staff include handover, policies and procedures, communication books, meeting minutes, diaries, buzz meetings, reports and face to face communication. The document control process is managed at corporate level and maintains accurate and current documents which are reviewed on a scheduled basis. The site manager provides senior corporate management with a weekly situation report to communicate specific issues, resident and staff information to head office.

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

The home has agreements for external contractors which are reviewed corporately every 12 months. Services are selected from an approved supplier list. The home maintains records of required registrations and police clearances for relevant services. Staff and resident formal and informal feedback processes, including audits, surveys and verbal communication contribute to the evaluation of service provision. Service suppliers are changed if considered unsatisfactory.

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 a quality system that provides a framework for continuous improvement activities which is responsive to the needs of residents, staff and representatives. Mechanisms for identifying improvements in clinical care include feedback from residents and staff, observations, comments and complaints, internal and external audits, care plan reviews and incident reports. The implementation of improvement activities is planned, documented and evaluated by the site manager. Residents, representatives and staff are kept informed about the improvements and results of evaluation processes.

The home demonstrated results of improvements relating to health and personal care including:

- The home has initiated a palliative care focus group in order to provide best practice evidence based palliative care for residents. The home has held one focus group meeting to date. The group have produced brochures for families and a memorial service booklet. Memorial services can be held at Falling Waters and staff have received training in advance directives. Feedback from staff regarding the training program has been positive.
- The home's management met with local medical officers to discuss how to best organise after hours care for residents. A meeting was held at the local hospital. The home has developed a flow chart for staff on what to do when after hours medical assistance is required. A resident review request form was developed in conjunction with the medical officers. The form is completed by the registered nurse and faxed through to the medical clinic. Feedback from medical officers has been positive and resulted in more timely visits and reviews for residents.
- A weekly exercise program has been developed for residents. The program's aim is to improve resident mobility and enjoyment. Two walking groups have been formed, one for long walks and the other for short walks, both held twice a week catering for individual resident needs. Resident feedback has been positive, saying the walks assist with mobility and provide enjoyment and social interaction.

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 and processes to identify and monitor relevant legislation, regulations and guidelines. Legislative updates are received through subscriptions to peak industry bodies. A regulatory compliance register is maintained and updated through corporate office. Legislative changes are discussed at various meetings. The site manager informs care and nursing staff of relevant information through meetings and verbal communication. The home has processes to record and monitor current nursing registrations of staff. A current licence for possession of Schedule four and eight medications is available on-site. Compliance monitoring is conducted through audits and surveys.

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

Management demonstrates systematic training processes to provide training related to health and personal care. The annual education calendar developed at corporate level is maintained by the site manager with the assistance of a staff development nurse. Specific care topics are identified each month and educational packs provided for staff to read and sign. Questionnaires support the learning process. In addition training is provided throughout the year in response to resident care needs, and identified current skill and knowledge requirements using internal and external resources. Education is also provided in buzz meetings, staff meetings, memoranda and one to one education in response to specific need. Each position has a description with specific competencies documented and the home uses a staff credentialing process with competency based assessments against specific procedures, train the trainer philosophy and a mentoring program. Training records are maintained for all staff. An ongoing variety of education is provided relevant to resident care and includes dementia care, palliative care, oral and dental care, behaviour management, nutrition and hydration, sleep promotion, medication management, wound management, colostomy care and mobility and dexterity. Recognition as an approved Registered Training Organisation allows the organisation to train care staff to meet organisational requirements and provide consistent of standards of care. Education sessions are evaluated by staff feedback and statistical data provided during the audit process.

2.4 Clinical care

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

Team’s recommendation

Does comply

Residents and representatives are satisfied the home provides clinical care appropriate to their needs. The entry and assessment process includes consultation with the resident, family, medical officer, health professionals and consideration of relevant medical history. Information regarding all aspects of resident health and care needs is reviewed by the registered nurse and the need for further allied health assessment, such as swallowing, cognition and safety is assessed. Care plans are developed with strategies for supporting resident care and a comprehensive care review is conducted by registered and enrolled nursing staff quarterly. Registered nurses check care reviews conducted by enrolled staff. Changes to resident health are reported, monitored and referral is made to the medical officer or allied health as appropriate. Evaluation of care and staff practices occurs via resident feedback, clinical incident data analysis, buzz meetings, consultation with the resident or representatives, surveys and scheduled clinical audits.

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

Residents are satisfied that appropriately qualified staff are available to meet their specialised nursing care needs. Registered nursing staff assess specialised nursing care needs and plan individualised care. The home credentials enrolled staff to attend wound care and administer medications with registered nurse supervision. Credentialing processes include a documented skills assessment, questionnaires and specific procedure competency testing. The home seeks consultation with the medical officers and relevant health specialists for example in diabetic management, stoma care and staff are provided with education in specialised nursing care areas as need is identified. Examples of specialised care education include, percutaneous endoscopy tube management, colostomy management, continence management, medication administration, administration of drugs of dependence, cleaning airway secretions and diabetes management. Staff practices are monitored using the annual appraisal process, the mandatory education program, monitoring of clinical incidents and resident feedback.

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 and representatives are satisfied they are referred to appropriate health specialists in accordance with their needs and preferences. The home engages a physiotherapist who conducts a mobility and dexterity assessment and develops a program of exercise for staff to implement or assist the resident with. The podiatrist makes regular scheduled visits. Other allied health professionals such as speech pathologist, audiologist, dietitian, and dentist are available as need is identified. In addition wound care consultants, medical specialists and advisory services are consulted on an as need basis. Evaluation of the care provided occurs during the regular care review process, the scheduled audit process, clinical meetings and resident feedback.

2.7 Medication management

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

Team’s recommendation

Does comply

Residents and representatives are satisfied the home manages their medications safely and correctly. Residents have a medication assessment completed on entry and a plan of care developed. A self administration assessment is completed and reviewed annually for residents who wish to self administer. Credentialed enrolled staff or registered nurses administer medications via a dose administration aid system. Medication charts are reviewed by medical officers regularly and a pharmacist provides medication reviews, education and consultation. Staff education is conducted via the annual medication credentialing questionnaire and drug calculation test. Schedule eight drugs are checked and stored in accordance with legislative requirements. The home maintains an emergency impress supply for residents. Medication incidents are identified, documented and evaluated by the statistical data process. Staff practices are monitored by the appraisal process, direct observation, resident feedback and the audit process.

2.8 Pain management

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

Team's recommendation

Does comply

Residents are satisfied they are maintained as free from pain as possible. Assessment, consultation and care planning processes are conducted to maintain resident comfort. Appropriate tools are used to assess pain in residents with cognitive impairment or communication difficulties. Pain management programs are monitored by the care review process, regular reporting and assessment of pain incidences and close observation of residents who experience pain. The home has purchased a thermostatically controlled hot pack heater and hot packs are used regularly for joint and abdominal discomfort. Massage and mobility programs assist in pain management. Education for staff is ongoing using internal and external resources. The scheduled audit program monitors the effectiveness of pain management and action plans are put in place to rectify any areas of non-compliance with organisational standards.

2.9 Palliative care

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

Team's recommendation

Does comply

Feedback from families and friends confirms satisfaction with the way the home provides end of life care. Resident needs are identified through assessments, care planning, meetings and ongoing review to maintain comfort, dignity, emotional support and pain management. Terminal wishes are recorded and respected. Appropriate assessment tools are utilised where a resident has cognitive deficit or communication is impaired. Alternative therapies such as music, massage and heat packs are considered for residents who may benefit. Education is ongoing for staff via internal and external resources. Families are supported during the process and the home recently conducted a memorial service for residents who died in 2009. Feedback from families indicated this was appreciated. A Palliative Care Focus Group, recently commenced, is developing additional resources for staff and residents in relation to palliative care. Care is evaluated by the regular audit process, observation of staff practices and feedback from residents and representatives

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents are satisfied with the way the home meets their nutrition and hydration needs. Detailed assessments are conducted on entry to determine the residents’ nutritional and dietary needs and preferences. Referral is made to a speech pathologist or dietitian as need is identified. Residents’ dietary needs are maintained in the kitchen and registered nurses review the plan of care regularly. A documented weight monitoring and management plan guides staff with actions to take when weight loss or gain is identified. Supplementary drinks and diets are offered to improve nutrition and hydration of residents with special needs. Foods are provided which meet cultural and religious requirements. Residents’ satisfaction is actively sought via resident meetings, surveys and questionnaires.

2.11 Skin care

This expected outcome requires that “residents’ skin integrity is consistent with their general health”.

Team’s recommendation

Does comply

Residents are satisfied with the management of skin integrity. Skin care assessments are completed on entry with a plan of care documented to identify the skin care needs and maintain skin integrity in high risk residents. Registered nurses assess complex wounds and supervise all wound management undertaken by enrolled staff. The home uses a variety of skin care and pressure relieving aids including special mattresses, protective limb garments and sheepskins. Wound specialist advice is sought as required for chronic or problem wounds. The home evaluates skin care management by monitoring skin incidents and infections, staff and resident feedback, the regular care review and the clinical audit process.

2.12 Contenance management

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

Team’s recommendation

Does comply

Residents are satisfied their continence needs are met and they are supported to maintain comfort and dignity. Bladder and bowel function are assessed on entry and in consultation with the resident and family a plan of care is developed. Continence management advice and education is sought from a continence nurse as required. Toileting regimes are documented and individual habits of residents are respected and supported. Urinary tract infections are recorded and monitored. A range of continence products is available to suit individual needs and these are evaluated by the registered nurse during the regular care review. The supply and allocation of continence products is managed by an enrolled nurse who maintains adequate supplies and attends the Continence Focus Group meetings at the corporate office. Pad usage is monitored by documentation of extra pads used which assists the registered nurse in reviewing individual requirements. Infections are recorded and monitored. Staff are provided with education regarding continence management.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Residents are satisfied with the way the home manages challenging behaviours. The assessment process, conducted in consultation with the residents’ families, medical officer and relevant allied health professionals provides the registered nurse with information to develop an individualised care plan. Regular review of the care plan is conducted via staff buzz meetings, family meetings, medical officer consultation and external resources as required. Care staff are guided by documented triggers for behaviour and successful interventions. The use of restraints is minimised and when applied authorisation is sought from the resident, families and the medical officer. The home provides a secure memory support unit with a safe environment and outdoor areas for residents who wander. Lifestyle programs are tailored to support residents in this area with a staff member allocated to provide afternoon activities and support for these residents. Activities include massage, garden walks, music and pet therapy. The education program provides information for staff on dementia, behaviour management and supporting residents’ dignity and independence. Resident incidents are monitored and analysed, action plans discussed and implemented in response to any concern or increase in incidents. Evaluation and monitoring of care provided occurs via staff and resident feedback, observation of practice, monitoring of statistical data and the regular scheduled audits carried out by the corporate office.

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

Residents are satisfied with the way the home manages and promotes mobility. The physiotherapist assesses new residents and initiates a mobility and exercise plan. Registered nurses conduct a falls risk assessment followed, as indicated, by an environmental assessment of the resident’s room. Care is implemented to sustain levels of mobility and function. Care staff support residents with their exercise and walking programs and the home’s layout allows residents to walk outdoors with or without staff assistance as required. Falls prevention and safety processes include hip protectors, sensor mats, environmental hazard identification and monitoring footwear. Assistive devices are provided as required. Lifestyle staff conduct exercises and activities to promote mobility and dexterity. The home has a gym where residents are able to use mobility equipment. Falls are recorded, monitored, analysed and action plans implemented as need is indicated.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents are satisfied with the oral and dental care provided by the home. Care needs are assessed using the oral cavity assessment tool. Staff engage dental services as required to assist in the maintenance of natural teeth or the fitting dentures. The home uses preventive dental products to assist in improving oral hygiene for residents with their own teeth. The staff training calendar includes information regarding oral and dental care particularly for residents with cognitive deficit. Oral and dental care is considered for residents with appetite issues or who are losing weight. Staff practices are monitored by the annual appraisal and resident feedback. The regular care review and audit process evaluates care provided.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents are satisfied their sensory loss is managed effectively. An assessment of sensory loss in all five senses is conducted on entry with a plan of care developed which includes preferred tastes and flavours and aids required to assist vision and hearing.

The care plan details information for care staff regarding the care of aids required such as hearing aid battery checks and replacement. Access to health professionals and specialist services is arranged as required with staff to accompany residents to appointments if necessary. Visually impaired residents are supported with large print books. Lifestyle activities are included to enhance sensory stimulation. Evaluation of care occurs at the scheduled care review process, resident feedback and observation of staff practices.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents are satisfied they are assisted to achieve natural sleep patterns. The initial assessment identifies relevant information regarding resident sleep history. Sleep assessments and information about settling routines assist the home in planning and assisting residents to achieve natural sleep. Night staff monitor sleep patterns and support residents with pain control, emotional support, warm drinks and medication as required. Interventions are documented in the progress notes for registered nurse review and referral to the medical officer for review or alteration to medication regimes. Evaluation and monitoring of care is undertaken by monitoring staff practices, seeking residents’ feedback, the care review process and the audit process.

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 has a quality system that provides the framework for continuous improvement activities which is responsive to the needs of residents, staff and representatives. Mechanisms for identifying improvements in relation to resident lifestyle include feedback from residents and staff, activity surveys, resident meetings and one-to-one discussions with residents and their families. Residents, representatives and staff are kept informed about the activities in the home and the results of evaluation processes.

The home demonstrated results of improvements relating to resident lifestyle including:

- The home’s management discussed with residents the implementation of an annual memorial service to commemorate residents who have passed away. The inaugural service was held in October 2009. The home produced invitations and memorial service flyers. Feedback has been positive from residents, staff and representatives.
- As a new site the home developed, implemented and modified an activities program based on feedback from residents and lifestyle activities evaluations. The program includes movies, crafts, exercise, hand massage and music. A bus was purchased for resident outings. The home encourages participation with the local community. Feedback from residents is recorded and used to continuously improve the activities program.
- The home has developed a volunteers’ program. The lifestyle coordinator recruited volunteers from the local community to assist with nail care, shopping, crafts, walking, story telling, music and providing male company for male residents. The activities program has not been fully evaluated as yet. Initial feedback from residents has been positive.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems and processes to identify and monitor relevant legislation, regulations and guidelines. Legislative updates are received through subscriptions to peak industry bodies. A regulatory compliance register is maintained and updated through corporate office. Legislative changes are discussed at various meetings. The site manager disseminates relevant information to staff members through meetings and verbal communication. Residents are provided with legislative information in the residency agreement, resident handbook and at resident meetings. Compliance monitoring is conducted through internal audits and surveys.

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

Management demonstrates systems and processes to provide all levels of staff with the knowledge and skills required in relation to resident lifestyle. The annual training calendar is developed using a training needs analysis, feedback from staff meetings, resident feedback, and mandatory training requirements. In addition ongoing training occurs in response to change in resident needs, staff appraisals, and results of surveys and audits. The home is supported by a staff development nurse and uses a variety of training methods, including self directed learning packages, external resources, formal training, questionnaires, meetings and read and sign memoranda . Education provided relevant to standard three includes a comprehensive educational pack on Cultural and Spiritual awareness, restraint minimisation, elder abuse, call bell system and response to emergencies, dignity, independence, Aged Rights Advocacy Service and documentation for lifestyle. The Lifestyle Focus Group which meets at the corporate office allows lifestyle staff to share information with lifestyle staff from all sites within the organisation and provides ongoing educational resources.

3.4 Emotional support

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

Team's recommendation

Does comply

Residents are satisfied with the level of emotional support provided. The home has a process for assessing and identifying residents' emotional needs. A detailed record of each resident's history is taken on entry to the home. A lifestyle plan is developed from this information and incorporated into the resident's care plan. Fresh flowers and a welcome notice are placed in the resident's room to assist them to settle into their new environment. Lifestyle staff provide one-to-one support and use a variety of strategies to assist residents with emotional needs including hand massage, conversation and provide access to spiritual support and counselling if required.

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 are satisfied the home provides them assistance to maintain their independence and participate in community activities according to their needs and preferences. Residents who wish to maintain independence but may be deemed at risk are able to complete a risk assessment form in consultation with representatives and are assisted to maintain their independence. The home provides regular bus trips, shopping excursions and access cabs are available to residents when required. Residents are provided with a locked drawer to store valuables. Telephones can be connected in residents' rooms if requested. Activity programs are tailored to encourage participation, independence and physical activity.

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

Residents are satisfied their privacy, dignity and confidentiality is recognised and respected by staff in the home. Individual care needs and preferences are initially assessed and reviewed every three months or as required. Residents are addressed by their preferred name. Anticipatory requests are recorded and respected. The home's building design allows residents to sit in private quiet areas or to socialise with other residents. A hairdressing salon is available for residents who choose to use this service. Staff respect residents' right to privacy by knocking on doors prior to entering.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

Residents are satisfied they have the opportunity to participate in a range of activities appropriate to their needs and preferences. Lifestyle assessments provide the basis for the development of an individual lifestyle care plan which is evaluated every three months or as required. A weekly activities program is posted on noticeboards throughout the facility. Lifestyle staff use activity attendance records, surveys and resident feedback to monitor and evaluate resident participation in the activities provided. Lifestyle staff manage the activities program assisted by volunteers from the local community.

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 are satisfied that the home values and promotes individual interests, beliefs and cultural backgrounds. A lifestyle assessment and social history informs staff about residents' cultural and spiritual needs and preferences. Weekly pastoral services are conducted and one-to-one pastoral visit are available for residents who request this service. Residents are assisted to attend services outside the facility. Festivals of significance to residents of different ethnic backgrounds are celebrated and public holidays such as Melbourne Cup Day are celebrated and incorporated into the activities program.

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 are satisfied they are able to exercise choice and control regarding their needs and preferences. The initial admission process gathers information in relation to personal choice and is integrated into care plans, including end-of-life decisions. The assessment process includes consultation with the resident and their representatives where possible and the information gained assists lifestyle staff in the development of a lifestyle plan which caters for residents' individual needs. Residents are supported and encouraged to decorate their rooms to reflect individual preferences. Residents are assisted to exercise their right to vote during elections. Residents are offered an alternative meal on the day if the meal provided is not to their liking.

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

Residents are satisfied they have secure tenure and understand their rights and responsibilities. Information regarding resident rights and responsibilities is provided on entry to the home in the residency agreement and the resident handbook. Room changes are carried out in consultation with residents or their representatives in line with the home's policies. Residents and representatives are kept informed with newsletters, meetings and direct discussion with staff. Brochures regarding independent sources of advice and advocacy are displayed at reception. Staff are aware of resident's rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has a quality system that provides a framework for continuous improvement activities which are responsive to the needs of residents, staff and representatives. Mechanisms for identifying improvements relevant to the physical environment and safe systems include feedback from residents and staff, observations, comments and complaints, internal and external audits, improvement forms, meetings, maintenance logs, incident and hazard reports. Staff and residents are encouraged to participate in improvement processes through discussion at meetings, feedback flyers and surveys to evaluate the effectiveness of the improvement. Residents, representatives and staff are kept informed about the activities in the home and the results of the evaluation process. The home demonstrated results of improvements relating to physical environment and safe systems including:

- In an effort to improve the home’s infection control processes, influenza vaccinations were offered to residents and staff. Once available, the home also offered the H1N1 (swine flu) vaccination to residents. The service was provided in-house by a visiting medical officer. A number of residents chose to have the vaccination. The effectiveness of this program has not been evaluated as yet.
- The menu was reviewed to address concerns raised by residents. The home’s aim is to improve the quality and variety of food. The home monitored catering services by observing the meal service, sampling the meals and assessing them for taste, temperature and presentation. A survey identified opportunities for improvement to the meal service and resident suggestions were communicated to catering staff. Feedback from a subsequent resident meeting has been positive, noting that the food service has improved.

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 has systems and processes to identify and monitor relevant legislation, regulations and guidelines. Legislative updates are received through subscriptions to peak industry bodies. A regulatory compliance register is maintained and updated through corporate office. Legislative changes are discussed at various meetings. The site manager informs catering, cleaning and laundry staff of relevant legislative changes via meetings and verbal communication. Policies and procedures are updated with legislative requirements relating to the physical environment and safe systems such as, fire safety and food hygiene. Corporate office, in consultation with the site provides a rehabilitation and return to work program for workers affected by workplace injuries. Compliance monitoring is carried out through audits and surveys.

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

Management demonstrates systems and processes to provide all levels of staff with the skills and knowledge required to meet organisational standards of care. Processes used to identify training requirements include training needs analysis, resident and staff feedback, results of incident monitoring and mandatory requirements. Staff training is provided by a variety of methods including self-directed learning packages, questionnaires, internal and external resources and meetings. Training related to Standard Four includes fire and emergencies, fire warden training, food safety, infection control, laundry standards, chemicals, occupational health and safety, hand-washing and regulatory compliance. The home uses a credentialing process to assess staff competencies against documented requirements and maintains records of all individual staff training. Staff confirm they are supported in a learning environment and encouraged to develop and maintain their skills and knowledge.

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

Residents confirm the home provides a safe and comfortable living environment. Residents are accommodated in single rooms with en-suite bathroom facilities and are encouraged to personalise their rooms. Residents have secure storage space in their rooms. Communal lounges, an activity room and dining rooms are available and there is resident access to enclosed external courtyards. Preventive and corrective maintenance, audits and hazard reports assist the home to monitor the living environment in addition to resident and staff feedback. The home is secure and enables residents to wander freely within their living environment. Gardens are maintained by an external contractor. The home has a minimal restraint approach based on risk assessments and regularly reviews and monitors restraint use. Residents have access to call bells to summon staff assistance as required.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The home provides a safe working environment for staff and residents. Staff are aware of their responsibilities for occupational health and safety according to the home's policies and procedures. Incident and hazard reporting processes are monitored by the site manager. Environmental safety audits contribute to the monitoring of processes. Staff receive manual handling training as part of the initial induction process and on an ongoing basis. Corporate office liaises with site representatives to facilitate rehabilitation and return to work programs for staff affected by workplace injuries.

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 safe systems to minimise the risk of fire, security and other emergencies. Emergency procedures incorporate fire, bushfire and other threats. Evacuation procedures are posted throughout the facility and emergency procedures are accessible to staff including posted residents' mobility status on the handover list. Maintenance and checking of fire systems and equipment is logged and provided by external services. Fire safety training is included in staff training and induction processes. The home's security is maintained through key pad operated external doors.

4.7 Infection control

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

Team's recommendation

Does comply

The home has systems and processes to provide an effective infection control program according to infection control guidelines. The site manager undertakes overall responsibility for the infection control program. Hospitality services are provided according to infection control guidelines and the home has an audited food safety program. The home provides an influenza vaccination program for residents and staff. Staff are satisfied with the quality and quantity of the personal protective equipment supplied by the home. They are aware of individual resident's infection status, and they are aware of infection control precaution measures and the benefits of frequent hand-washing.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

Residents are generally satisfied with the hospitality services provided and the responsiveness of the home to their suggestions and feedback. Falling Waters @ Strathalbyn offers extra services to interested residents and all hospitality services are provided by the home's staff. Meals are prepared on-site, according to a four week rotating menu. A choice of two options for each meal is offered to residents who have opted for extra services. Catering services are informed of resident dietary needs and food preferences through the residents' dietary care plan. This information is recorded on a kitchen whiteboard and modified as required. Meals are plated in the kitchen from the bain-marie with resident names on meal trays. Cleaning services are provided according to work schedules and procedures consistent with the home's policies and procedures. An on-site laundry manages the home's linen and residents' personal clothing using an ozone chemical disinfection process to allow for a cold water wash, consistent with Australian Standard AS4146:2000. Hospitality services are audited and evaluated via resident surveys, resident meetings, internal audits and individual discussions with residents and hospitality staff.