Aged Care
Standards and Accreditation Agency Ltd

Decision to accredit
Holmwood Aged Care Facility

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

The Agency has decided that the period of accreditation of Holmwood Aged Care Facility is three years until 23 October 2012.

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

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

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

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

Home and approved provider details

Details of the home

Home's name:	Holmwood Aged Care Facility
RACS ID:	4539

Number of beds:	45	Number of high care residents:	44

Special needs group catered for:	Nil

Street/PO Box:	17-19 Lalors Road				
City:	HEALESVILLE	State:	VIC	Postcode:	3777
Phone:	03 5962 4321		Facsimile:	03 5962 4348	
Email address:	holmwood@virtual.net.au				

Approved provider

Approved provider:	Bonnie Bridge Pty Ltd

Assessment team

Team leader:	Sylvia (Lynne) Sellers
Team member/s:	Nicolle Reeve
Date/s of audit:	4 August 2009 to 5 August 2009

Executive summary of assessment team's report		Accreditation decision

Standard 1: Management systems, staffing and organisational development

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

Standard 2: Health and personal care

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

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

Assessment team's reasons for recommendations to the Agency

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

SITE AUDIT REPORT

Name of home	Holmwood Aged Care Facility
RACS ID	4539

Executive summary

This is the report of a site audit of Holmwood Aged Care Facility 4539 17-19 Lalors Road HEALESVILLE VIC from 4 August 2009 to 5 August 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 Holmwood Aged Care Facility.

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 4 August 2009 to 5 August 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:	Sylvia (Lynne) Sellers
Team member:	Nicolle Reeve

Approved provider details

Approved provider:	Bonnie Bridge Pty Ltd

Details of home

Name of home:	Holmwood Aged Care Facility
RACS ID:	4539

Total number of allocated places:	45
Number of residents during site audit:	44
Number of high care residents during site audit:	44
Special needs catered for:	Dementia, Culturally diverse
Email address for submission of Site audit major findings – assessment information:	holmwood@virtual.net.au

Street:	17-19 Lalors Road	State:	Victoria
City:	Healesville	Postcode:	3777
Phone number:	5962 4321	Facsimile:	5962 4348
E-mail address:	holmwood@virtual.net.au		

Assessment team's recommendation regarding accreditation
The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Holmwood Aged Care Facility.

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

Assessment team's recommendations regarding support contacts
The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

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

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

Interviews

	Number		**Number**
Proprietor/registered nurse division one	1	Residents	12
Director of nursing	1	Representatives	4
Care standards coordinator/registered nurses	2	Catering staff	2
Quality coordinator	1	Laundry staff	1
Business manager	1	Cleaning staff	1
Registered nurses division one	2	Maintenance staff	1
Registered nurses division two	2	Physiotherapist	1
Care staff	4	-	-

Sampled documents

	Number		**Number**
Residents' files	12	Medication charts/care plans	8
Lifestyle care plans	6	Personnel files	5
Care directives	6	Wound charts	10
Social profiles	12	Weight charts	10
Resident agreements	4	Blood sugar level charts	8

Other documents reviewed

The team also reviewed:

- Action plans and register
- Activities program calendars and resident attendance sheet
- Agency staff orientation package
- Archiving
- Audit results and reports and schedules
- Audit sheets, programmed maintenance schedules and corrective maintenance records
- Audit tools and schedule
- Case conference folders/audit schedule
- Catering equipment
- Catheter care records
- Certificate of registration-kitchen
- Charter of residents' rights and responsibilities
- Chemical supply inventory and material safety data sheets
- Cleaning plans and procedures
- Clinical observation folder
- Communication diary
- Contactors service agreements and contractor induction checklist
- Daily allocation charts
- Daily assessments folder
- Daily bowel records
- Diabetes register and monitoring records
- Doctors' communication books
- Domiciliary dentistry program
- Education database
- Education schedule/calendar/flyers
- End of life choice forms
- Entry information package for residents and their families
- Essential service manual
- Evacuation list
- Fire and emergency procedure manual
- Food placement cards
- Food safety program and Food safety audit certificate and results
- Food wastage charts
- Gastro/scabies/pandemic influenza outbreak manuals
- Global clinical and lifestyle reports
- Handover sheet/folder
- Hearing aid battery changes record
- Human resources forms
- Incident reports
- Incident reports and Incident surveillance analyses
- Infection control manual, brochure for visitors and Infection control flowchart and portfolio
- Job descriptions
- Kitchen hygiene and cleaning schedules and temperature charting
- Laundry cleaning training manual
- Master roster
- Material safety data sheets
- Medication advisory committee meeting minutes
- Medication competencies/examinations
- Medication competency assessment forms

- Meeting agendas and minutes
- Memoranda
- Menus
- Monthly observation charts
- New resident folder
- Newsletters
- Optometry referrals
- Pacemaker record
- Pest control records
- Physiotherapy assessments/programs/evaluations
- Podiatry folder/assessments
- Policies and procedures
- Recruitment policies and procedures
- Resident agreements
- Resident list
- Resident scrap books
- Residents' information handbook
- Residents' information package and surveys
- Roster
- Schedule of fees and charges
- Selected committee terms of reference
- Specialised procedures folder
- Speech pathology referral documentation folder
- Staff appraisal pack information
- Staff handbook
- Supplement list
- Urinalysis guide
- Volunteer application pack and information kit
- Wound charts/surveillance reports

Observations

The team observed the following:

- Activities in progress
- Blood spills kit
- Doctors visiting residents
- Documentation room
- Equipment and supply storage areas
- Fire equipment and egress areas
- First aid kit
- Hand washing facilities/posters
- Incontinence aids bin
- Infectious waste bins/equipment
- Interactions between staff and residents
- Library
- Lifting equipment
- Living environment internal and external
- Building area
- Meals service
- Medication trolley/round/storage
- Mobility aids
- Notice boards
- Outbreak kits
- Oxygen cylinders storage/signage
- Pain identification/management posters
- Resident communication board/folder
- Sharps containers
- Special introduction digital video disk
- Staff room
- Storage of confidential information
- Storage of medications
- Treatment room
- Urinalysis equipment
- Utility rooms
- Wound trolley

Standard 1 – Management systems, staffing and organisational development

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

1.1   Continuous improvement

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

Team's recommendation
Does comply

The home has established continuous quality improvement systems that are overseen by a multidisciplinary team. Management pursues continuous improvement that is activated through, planned audits, surveys, comments and complaints mechanisms, hazard and risk identification and assessments, clinical data programs, various meetings, observation and surveillance programs. Quality projects are generated as a result of information gained through these systems. Internal and external audits monitors compliance with policies and procedures, regulations and management systems and are conducted according to schedules individualised to each Accreditation standard. Results are collated, analysed and evaluated to identify any resultant trends. Recommendations are reported to relevant committees with results reported to staff, residents and representatives through various forums. Policies and procedures are reviewed three yearly or as changes occur to ensure they are in line with current best practice and statutory requirements. Feedback includes a consultative approach through reporting of results at regular staff meetings, resident, relative meetings, memoranda and newsletters.

The continuous improvement system has resulted in improvements in Standard one including the following:
- Management have revised and expanded its regulatory requirements audit and records regulatory requirement achievements on the continuous plan for improvement.
- A police check flow chart has been developed and implemented to meet legislated changes and to ensure ongoing compliance with legislation.
- Management have reviewed all external service agreements and service suppliers for adherence to facility and legislative requirements around certification and relevant police check requirements.
- A meeting register has been created to track staff attendance at meetings.
- A review has been conducted of resident file storage and a flat file cabinet has been purchased.
- A review of the comments and complaints system and forms was conducted resulting in new forms being developed to be more user friendly. Residents' staff and representatives were informed of the updated forms through meetings, one-to one discussion and through mail outs as required.
- A staff newsletter has been developed to facilitate communication across the shifts between management and staff regarding upcoming events such as, education sessions, safety matters and potential changes to shifts

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 membership with peak bodies to identify relevant changes to relevant legislation, regulatory requirements, professional standards and guidelines". The homes' business manager receives all updates and changes and is responsible to ensure relevant policies and procedures reflect the changes and are provided to staff. Staff are informed of any legislative requirements during orientation and are kept up to date through meetings, memoranda and the education program. Hard copies of legislation and regulatory requirements are located in the business manager's office and in the document room, staff have access to these documents. Internet access to statutory authority and government sites for current standards, regulations and legislation is also available. The audit program monitors compliance with legislative requirements.

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 has processes in place to ensure management and staff have the required knowledge and skills to perform their roles effectively. Management provides staff with an education and training program which includes mandatory training, competencies, examinations and training sessions delivered by internal and external facilitators. Education planning is informed by the completion of an annual training needs survey by staff across all departments, regulatory and legislative changes, clinical needs of residents, staff requests and deficits identified via appraisals and incident reporting data. Attendance is monitored by management and training evaluated by the participants. Staff are required to complete and pass examinations if unable to attend mandatory training sessions. Staff interviewed confirmed they have the opportunity to request specific topics, the education provided to them is relevant to their roles, and assistance is provided by management for ongoing professional development. Examples of education relating to Standard One include:

● Standards of care
● Elderly rights
● What is Accreditation and the process?
● Power of attorney
● Prudential compliance.

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

Information regarding external and internal complaints mechanisms is included in the residential information package, resident agreements, and staff handbooks and the complaints procedure is discussed with residents and their representatives on entry to the home. Copies of the comments and complaints forms are located in the entrance of the home. A suggestion box is provided that provides the opportunity for anonymous complaints to be lodged. Forms and brochures relevant to external systems are on display in the foyer of the home. Complaints are treated confidentially with investigation of all complaints being undertaken by an appropriate senior member of staff. Each complaint or suggestion is acted upon appropriately and in a timely manner. Staff are able to discuss their role in handling residents and representatives' complaints. Residents interviewed state they are aware of the complaints process but usually make complaints informally to staff or management and confirm that issues are addressed and feedback is provided to them.

1.5 Planning and leadership

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

Team's recommendation
Does comply

The home has documented its vision, values and mission statements in a range of documents including staff and resident handbooks and these are clearly displayed within the home. The home's commitment to the provision of quality throughout the service is maintained via all components of the well developed quality management system. Management has demonstrated its commitment to quality through the provision of resources that have resulted in improved outcomes for residents.

1.6 Human resource management

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

Team's recommendation
Does comply

The home has appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the needs of residents. The home has comprehensive human resource management processes regarding recruitment, performance management, staff developmental needs and rostering systems. Staff are provided with position descriptions, duty lists, updated policies and procedures, supervision, undergo annual performance appraisals and receive appropriate educational opportunities. Casual, contract and agency staff have access to orientation information and mandatory training specific to the home. Records of qualifications, police checks and professional registrations, where required, are maintained. Staff confirm they are provided with sufficient time to perform their role and residents and their representatives commented they are very satisfied with the skills and competency with which staff attend to their care needs.

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

Policy and procedures are in place for the purchase and maintenance of equipment and goods. Purchasing of goods and equipment is managed through the business manager. Regular preventative maintenance for essential services is scheduled with authorised external providers. Preventative and corrective maintenance programs are in place that are coordinated and overseen by the director of nursing and maintenance personal. Maintenance issues are referred to the director of nursing to be prioritised and are actioned daily. The program ensures that equipment is maintained and is fit for its intended purpose. The program incorporates a 24 hour on-call system. Supplies and equipment are evaluated to ensure that they meet the home's requirements and new equipment can be trialled before it is purchased. Established ordering systems ensure that an uninterrupted supply of stock is available at all times. Supplies are stored appropriately according to safety and accessibility issues. Residents and staff reported that appropriate supplies of goods and equipment are available at all times that meet their needs.

1.8 Information systems

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

Team's recommendation
Does comply

The home has a document control system to ensure that only the most current version of information is in circulation. Resident information and files are stored to ensure resident confidentiality is maintained. Confidential material is stored securely with access available to authorised personnel only. Financial information required pre and post admission is stored in a locked cabinet. Obsolete documents are systematically archived and then disposed of appropriately. The home's monitoring process monitors compliance with privacy issues related to storage of confidential information. Residents and staff reported that they have ready access to information relating to their needs.

1.9 External services

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

Team's recommendation
Does comply

All external service providers who are employed by the home are accredited or professionally certified. External contractors and services are identified and are approved to ensure they meet the requirements of the home. Service agreements are formulated specifying the home's needs including regulatory requirements and specific services required. The business manager reviews service contracts with external providers annually to ensure that appropriate qualifications and registrations remain current. Any dissatisfaction is raised with the contractor and if resolution is not found other suppliers are sought. External providers and contractors are orientated to the home and are required to record entry and exit to the building. Management and staff state they are satisfied with the services provided by the home's current contractors.

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 established continuous quality improvement systems that are overseen by a multidisciplinary team. Management pursues continuous improvement which is activated through a range of forums that demonstrates improvement in resident health and personal care. For a description of the home's system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement.

Examples of recent improvements in Standard two include:
- As a result of deficits identified through medication audits, management have developed and implemented a medication administration competency assessment to ensure all staff have an understanding of the correct method of medication administration and how to report an incident.
- A new suite of clinical assessments and care planning documents has been developed and implemented to meet both the residents care needs and the Commonwealth funding tool requirements. Staff have been provided with training related to the new system and a schedule developed to coordinate the approach.
- A bi-monthly case conference audit has been implemented with a global report on the residents needs posted to all representatives. A section of the report allows representatives to provide comments or raise any issues they may have. This system informs the annual formal case conference system.
- Pictured flip cue cards have been developed to assist with resident communication.
- An audit conducted of the wound trolley resulted in an inventory list being developed to ensure the trolley is fully stocked at all times to meet resident needs in relation to wound and treatment management.
- A clinical aids order form has been reviewed and reassigned to an endorsed division two nurse the form includes daily weekly and monthly allocations.
- A swallowing assessment has been developed and implemented in consultation with a speech pathologist to assist in giving clear instructions on fluid and meal consistency for residents with swallowing difficulties.
- The care standards coordinator now completes and updates kitchen lists and checks changes and recommendations are recorded in the care plans to ensure information is current and all relevant staff have access to the information.
- Audits for clinical equipment including oxygen, blood pressure monitors and stethoscopes have been combined in to one audit tool. Oxygen cylinders are checked daily in line with the oxygen capacity audit to ensure there is sufficient supply at all times.
- New 'oxygen in use signs' have been developed to identify where oxygen is in use and stored.
- Management have reviewed the incident reporting process and has developed compulsory reporting flow charts to ensure the home manages incidents as required.

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

Management has systems in place to identify and ensure the home meets regulatory compliance obligations in relation to clinical care. For a description of how the home identifies and ensures compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, refer to Expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard two include:
- Management monitor registered nurses registration requirements annually through the website of the Nurses' Board of Victoria and has a register to track compliance.
- There is a registered nurse division one on duty across all shifts to oversee resident care and the medication system.
- Management has developed a policy to ensure resident comfort in a heatwave. The policy was developed in line with information provided by the Department of Health and Ageing.

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

Team's recommendation
Does comply

The home has processes in place to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. For details regarding these processes, see Expected outcome 1.3 Education and staff development.

Examples of education relating to Standard Two include:
- Catheter care
- TENS machine
- Alternatives to restraint
- Skin care and pressure area care
- Pain management in palliative care.

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

Team's recommendation
Does comply

The home has systems and processes in place to determine residents' needs on entry to the home and on an ongoing basis in order to receive appropriate clinical care. Assessment for current clinical care needs occurs at entry and an interim care plan developed to guide staff practice. Further assessment is completed using a schedule conducted over the following month to formulate a comprehensive individualised care plan. All residents are assessed by medical, physiotherapy and nursing staff on entry and on an ongoing basis. The care

standards coordinator is responsible for the evaluation of clinical care via the case conferencing and global review process. Care staff are informed of changing needs by written and verbal handovers, care plan amendments, daily allocation sheets, communication diaries and one to one communication. Staff are aware of the reporting and assessment requirements and able to demonstrate understanding of individual needs for residents. Residents and their representatives reported they are very satisfied with the clinical care and services they receive.

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' specialised care needs are assessed on entry, through formalised care plan review processes and as their assessed needs change. Residents' specialised care needs are identified, assessed and reviewed by the registered nurse division one rostered on every shift and via the global review evaluation conducted monthly. Further assessment and/or management of specialised nursing care needs is supported by referrals to relevant external health providers when required. Specialised care needs, such as palliative care, behaviour management, wound care, and catheter management are discussed with residents and their representatives. Interviews with residents, representatives, staff and a review of clinical documentation demonstrated specialised nursing care needs are identified, managed and implemented strategies regularly evaluated. Residents and representatives indicated they are highly satisfied their nursing care needs are met by appropriately qualified nursing staff.

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

Team's recommendation
Does comply

The admission process identifies resident's specific health needs and health professionals they attend prior to entering the home and record these details in the resident's file. Residents and representatives may choose to continue to attend their choice of health professional or elect to see the range of specialists attending the home. All residents are reviewed by the physiotherapist on entry to the home and evaluated on a three monthly basis or as required. Visiting general practitioners, speech pathologists, aged mental health services, dieticians, dental services, optometry and podiatry services are organised for residents, especially those who are unable to leave the home. Residents and representatives interviewed confirm they are satisfied with the access to health professionals.

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

Team's recommendation
Does comply

Residents' medications are supplied by an external pharmacy in original packaging labelled for each resident. Resident's medication needs are assessed on entry to the home and a medication care plan developed which is reviewed monthly and as needs change. The registered nurse division one, rostered on each shift, is responsible for the management of resident's medication. Staff's competencies are completed annually and medication practices monitored via regular audits, incident reporting systems and a multidisciplinary medication advisory committee. The medication folders provide details of prescribed medications for individual residents and include allergies, drug alerts, photographs and special instructions to guide administration. Doctor's entries are legible, signed, dated and reflected dose and frequency of prescribed medications. A system is in place to ensure medications are managed safely and in accordance with regulatory requirements. Residents reported they are satisfied with their medication management.

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

Team's recommendation
Does comply

Pain assessments are completed for all residents on entry to the home and for residents who report experiencing ongoing pain. Residents are commenced on a three day pain chart to assess and observe verbal and nonverbal signs of pain. A pain care plan is developed in conjunction with their choice of doctor and other appropriate health professionals if required. The home uses a range of pain management strategies such as therapeutic massage and transcutaneous electrical nerve stimulation (TENS) therapy overseen by the physiotherapist, heat packs, exercise programs, repositioning and analgesia. Staff report they are aware of verbal and nonverbal indicators of pain and of reporting requirements of any residents with indicators of pain. Residents and representatives report satisfaction with the care they receive to minimise 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 comfort and dignity of terminally ill residents is maintained. Residents' end of life choices are discussed with the resident and their representative with the family liaison officer. A multidisciplinary approach includes consultation with the general practitioner, family liaison officer, lifestyle staff, care standards coordinator and palliative care specialists if required. Resident's pain, comfort, nutrition, hydration, skin integrity, religious, spiritual and emotional needs are managed in consultation with the resident and representative. Management will arrange for additional staff to sit with and support terminally ill residents in the absence of family or loved ones. Staff reported education on palliative care is provided and report the use of strategies such as massage, aromatherapy, music and repositioning.

2.10 Nutrition and hydration

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

Team's recommendation
Does comply

Residents and their representative reported they are satisfied with the quantity and quality of food and fluids received. Residents' dietary needs, allergies, likes, dislikes, specific cultural and spiritual requirements are identified on entry to the home and provided to the catering staff. A care plan and colour coded food card is developed for each resident to guide staff practice. Nutrition and hydration is reviewed two monthly via the global review process, and when there are changes to residents' intake, weight or health status. Residents' weights are monitored regularly and more frequently for residents with identified weight or health changes. Menus are reviewed by a dietician, and referrals to speech pathologists, dieticians, dental and medical personnel are initiated according to need assessed by the care standards coordinator. Residents are assisted with meals and fluids and provided with assistive crockery and cutlery if required.

2.11 Skin care

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

Team's recommendation
Does comply

The home has systems in place to assess, monitor, and implement appropriate care to maintain residents' skin integrity. Care plans and quick reference care directives inform staff of resident's individual needs. Staff interviewed report they monitor the condition of residents' skin and maintain integrity through the application of emollients and barrier creams, pressure area care, protein supplements, maintaining resident's personal hygiene needs, monitoring fluid intake and use of pressure relieving equipment. Registered nurses attend to all wounds and treatment is delivered as directed on wound care charts. Skin integrity issues are recorded on an incident form and analysed for trends. Residents and representatives reported they are satisfied with skin care they receive.

2.12 Continence management

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

Team's recommendation
Does comply

The resident's continence history is obtained on entry to the home and an interim care plan developed. Charting for bowel and bladder continence data is collected over designated periods to formulate an individualised care plan and toileting schedule which is evaluated through the global review process and as needs change. The nurse assesses and reviews residents and documents strategies and aids on the care plan to guide staff practice and may consult with the continence consultant if required. Continence aids are available to meet assessed needs. Residents and representatives report staff ensure residents' privacy and dignity is always maintained when providing assistance.

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

Team's recommendation
Does comply

The home has systems in place to assess and effectively manage the needs of residents with challenging behaviours. Initial and ongoing behaviour assessments are undertaken to identify behaviours and effective interventions. Care plans reviewed by the team confirm individualised interventions to reduce or manage behaviours are regularly reviewed. Behaviour incidents are recorded and appropriately actioned and residents with challenging behaviours are regularly monitored. Focus groups involving management, nursing personnel, physiotherapy and lifestyle staff and medical officers meet regularly to review the use of physical and chemical restraints. Staff report they receive training on dementia care and strategies to minimise challenging behaviours and have a supportive and effective relationship with aged mental health consultants.

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 supported to achieve optimum levels of mobility and dexterity through mobility and physiotherapist assessments and regular reviews. Individual exercise programs, falls risk assessments and manual handling training for all staff are provided and supported to maximise residents' mobility and dexterity. The physiotherapy aid and lifestyle staff work closely with the physiotherapist and provide one to one and group exercise activities for residents to maximise mobility and dexterity. Falls data is collected, analysed and trended as part of the incident reporting process. Residents interviewed report they enjoy the regular exercise groups and are pleased with the support they receive to maintain their mobility and independence.

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

Team's recommendation
Does comply

Residents' oral and dental health is assessed on entry to the home. An individualised care plan for oral and dental care is developed and identification of poor oral and dental health results in referrals to the resident's doctor and/or dentist. The home encourages and supports regular dental visits for residents and has introduced a visiting dental service all residents can access should they so choose. Residents' oral and dental status and ability to self manage their oral care is monitored by care staff and the global review process. Residents and their representatives report they are satisfied with the assistance provided in relation to oral and dental health.

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

Team's recommendation
Does comply

Information about individual resident's care needs in relation to sensory capacity including vision, hearing and speech is assessed on entry to the home and via ongoing assessment processes. Audiologist and optometry services are consulted with and/or provided to residents in response to identified needs. The home uses a range of sensory aids such as large print books, cue cards, audio material, large screen entertainment, whiteboards and calendars to meet individual residents' needs. Staff receive instruction in the correct use and care of sensory aids. A designated nurse maintains records of all residents' hearing aids and changes their batteries each fortnight. Residents and representatives are satisfied with the support they receive to manage their sensory loss and aids.

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

Team's recommendation
Does comply

Initial and ongoing assessments of residents' usual sleep routines and personal preferences are conducted in consultation with the resident and/or their representative. Residents' sleep is charted on entry to the home to assist with the formulation of a sleep and rest care plan. The home uses a range of strategies to enhance natural sleep patterns including pharmacological and non pharmacological interventions. Documents reviewed by the team confirmed assessments, sleep charting and the care plans reflect the strategies are implemented. Residents and/or their representatives indicate they are generally able to sleep well and staff provide assistance when required such as toileting, repositioning, pain management and offering of warm drinks and food.

Standard 3 – Resident lifestyle

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

3.1   Continuous improvement

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

Team's recommendation

Does comply

The home actively pursues improvements in the areas of resident lifestyle. For a description of the home's system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement.

Examples of improvements in Standard three include and are not limited to the following:

- Activity hours were reviewed and extended to include a sundowners program (The Sunset club) was established from 4:00pm-5:30pm. The program involves selected residents gathering in one of the lounges in the home for calming activities and progresses to assistance with the evening meal. The program is coordinated by lifestyle staff Monday to Friday and an extra care staff member is allocated to the roster Saturday and Sunday to assist with the program.
- The men's group has been extended to include games suitable for residents with impaired eyesight and now includes a male volunteer to assist with the program. Overall attendances have increased.
- A large plasma television was purchased and mounted in a lounge area to improve the clarity and size of the screen to assist residents with visual and hearing issues.
- A scrap book has been developed to incorporate significant activities and events conducted at the home. Management advised the team this will create the home with a piece of history and enable residents, representatives and staff to reminisce and to remember to past residents. More local paper shave been sourced and delivered to the home at the request of residents.
- A new comprehensive lifestyle assessment audit has been developed along with a complete review of all assessments. The form is included in admission information and covers a range of topics including social, religious, cultural background and family and friends support.
- Christmas bauble decorations have been made for all residents through the lifestyle program.
- The monthly lifestyle planner is now produced in large print and is also displayed over the visitors sigh in book located in the entrance to the home.

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

Management has systems in place to identify and ensure the home meets regulatory compliance obligations in relation to resident lifestyle. For a description of how the home identifies and ensures compliance with all relevant legislation, regulatory requirements,

professional standards and guidelines, refer to Expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance related to Standard three include:
- Management demonstrates how it complies with obligations related to security of tenure and resident rights and privacy. Through documentation in resident files related to consultation if there is a need to change rooms. Currently the home is undergoing a building extension and some residents have been required to move rooms. The resident files record such consultation has occurred and one resident interviewed confirmed consultation has taken place and commented they will be allocated one of the new rooms being built.
- Review of the mandatory reporting requirements including recent changes in 2009 to the missing resident reporting procedure.
- Each resident or their representatives are offered a residency agreement that is signed prior to or on entry to the home.

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

Team's recommendation
Does comply

The home has processes in place to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. For details regarding these processes, see Expected outcome 1.3 Education and staff development.
Examples of education relating to Standard Three include:

- Privacy and dignity
- Palliative approach
- Sexuality in the aged
- Cross cultural care
- Lifestyle and cultural diversity care planning.

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

Team's recommendation
Does comply

The home has processes in place to ensure that each resident receives the support they need to adjust to life in the home. Prior to admission the resident liaison officer provides a detailed information package, information about the home and services provided. A tour of the home is provided to residents and their representatives. As part of the admission process residents are introduced to fellow residents, care staff, hospitality staff and lifestyle staff and are familiarised to the home and surroundings. During this process assessment of each resident's clinical and social needs is completed and care plans are developed to record individual needs in consultation with residents and representatives. Residents are encouraged to personalise their own living space with items familiar to them and supported to maintain friendships and social contact in the community, significant dates are celebrated. Residents expressed a high level of satisfaction with the support they received upon entry to the home and on an on-going basis.

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

A variety of systems are in place to assist residents to maintain their independence. Residents' lifestyle needs and preferences, such as social, cultural and community interests, health and personal care needs, are assessed on entry to the home and reviewed bi-monthly. Care files record the level of support and assistance required and identifies residents who require an authorised person to act for them. The resident handbook outlines the residents' rights and responsibilities. Information is provided outlining the residents' right to take leave and discusses services to support their needs. Physiotherapy and activities programs assist residents to maintain social and physical independence. Representatives, friends and community visitors are encouraged to visit and management provides open and flexible visiting. Residents confirm they participate in their daily choices and decisions regarding their personal care needs, food preferences and lifestyle program and are supported to be as independent as possible.

3.6 Privacy and dignity

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

Team's recommendation
Does comply

The home has systems in place to ensure residents privacy and dignity is maintained. Policies and procedures along with monitoring of staff practice and the orientation process provide residents with privacy and dignity. Shared rooms have privacy curtains fitted which assist staff to undertake all hygiene needs in maximum privacy. Staff were observed knocking before entering rooms and meal time demonstrated that staff spoke quietly and sat beside residents they are assisting. Clothing is discreetly labelled and residents were observed to be dressed appropriately for the weather and clean at all times. Resident files are stored away from public access and handover is undertaken in private rooms to ensure confidentiality of information. Residents and representatives said staff treat and speak to them with respect.

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' leisure and lifestyle preferences are assessed following entry to the home in consultation with residents and representatives. Lifestyle systems ensure ongoing assessment, planning and evaluation of the resident satisfaction with the activities they attend. As residents needs change staff consult with residents and representatives to provide activities to suit the individual to meet their needs. Activities are offered through a flexible program that offers a range of individual and group sessions and caters for social interaction, and physical activities. The program makes provision for residents who have mobility and cognitive issues and includes a sundowners program. Residents and relatives are able to

input into the program through resident and representative meetings, surveys and directly to the activities staff. Assessment of resident satisfaction is gained through review of daily attendance records and individual care plans. Interviews with residents and representatives indicated satisfaction with the activities provided.

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

Team's recommendation
Does comply

The home has processes to identify individual customs and beliefs to ensure that all cultural and ethnic customs are fostered. Assessment of individual needs is conducted on entry to the home. Care files provide specific information for individual needs; changes are made as required. Regular religious services are conducted in the home including communion for those who wish to participate. Visiting clergy provide room visits for residents who do not attend communal services if requested, particularly for those receiving palliative care. The home has a cultural care kit and can provide assistance to residents with identified religious needs outside those provided in the home to access groups. Management and staff said residents are encouraged and assisted to celebrate significant anniversaries and events. Residents and representatives interviewed said they are satisfied with the support provided to enable them to maintain their cultural and spiritual interests.

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 and their representatives are very satisfied management and staff encourage and support them to exercise choice in relation to deciding aspects of their daily care and lifestyle. The family liaison officer meets with all prospective and current residents and representatives via family conference meetings. The homes' comments and complaints systems are reinforced and the meeting provides a forum for consultation and information sharing so residents and representatives can have input into their care and individual routines. The home further promotes residents and representatives' right to choice and decision making via the global report process, the resident communication board and folder, newsletters, resident and representative forums, care and lifestyle planning processes and regular surveys.

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

Prospective residents and their representatives are provided with an extensive tour of the home and comprehensive information including an information package that sets out terms of residency and information about services offered and fees and charges. An accommodation agreement is offered which contains information about residents' rights and

responsibilities, specified care and services, methods of making complaints and are properly executed. Residents and their representatives are consulted about room changes if they are required. The resident handbook provides residents with general information about the home and rules of residency. Resident's rights and responsibilities are clearly displayed within the home. Internal audits are conducted to ensure compliance. Most residents interviewed understand their rights regarding security of tenure.

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

Examples of improvements in Standard four include and are not limited to the following:

- The home is currently undergoing a building extension with five single rooms with private ensuite facilities being added to provide more privacy for residents. Resident and representatives have been informed of the building works through meetings and newsletters. The building plans are located in the business manager's office and are made available to all stakeholders.
- The building plan includes a new lounge area which flows into an internal courtyard through retractable doors promoting a secure environment for residents.
- The building works will ensure certification ratios are improved. There will be no more than three residents per room in the shared rooms.
- Internal renovations have occurred including upgrading of the existing communal bathroom, toilets and showers. New vinyl flooring has been installed in all wet areas and fresh paint on the walls.
- Installation of fire paths from all fire doors to the external evacuation points. Continual monitoring of all fire evacuation pathways is undertaken by the occupational health and safety representative.
- Due to the extreme bush fire alert during the summer of 2008 management have developed an evacuation management plan with strong links to the Country Fire Authority and the local emergency services. Resident transfer wrist bands have been established that alert to critical medical details to be known during an emergency evacuation, such as wanderer, insulin dependant diabetic, etc. The management team also attended The Emergency management planning for aged care facilities at a local town hall regarding bush fire preparedness.
- A review of the evacuation maps has been undertaken with the local Country Fire Authority in light of the current building works being conducted at the home. One of the original fire exit doors and egress has been closed due to the building works. This is now clearly identified on the new maps.

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

Processes and systems are in place to identify and ensure that the home is compliant in relation to the physical environment and safe systems. For a description of how the home

identifies and ensures compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, refer to Expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard four include:
● Management demonstrates evidence of compliance with food safety, occupational health and safety, building certification and fire and safety regulations, legislation and guidelines.
● Evidence includes internal and external audit results including third part audits of the kitchen.

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

Team's recommendation
Does comply

The home has processes in place to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. For details regarding these processes, see Expected outcome 1.3 Education and staff development.
Examples of education relating to Standard Four include:

● Chemical information
● Manual Handling
● Infection control
● Fire and safety
● Food handling courses.

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

Systems are in place to ensure that the residents' living environment is safe, clean and well maintained. The home is currently building an extension that will provide five single rooms with private ensuites facilities. Currently Residents are accommodated either in single or shared rooms with shared en-suites or shared bathroom and toilet facilities. Bedrooms are personalised, spacious, and clean and furnishings are provided appropriate to resident's individual needs. Communal areas around the home are tastefully decorated and provide areas for meetings with families and friends. The home maintains a comfortable environment with effective heating and cooling systems. The outside courtyards and garden areas are well maintained. Regular monitoring of the safety and suitability of the environment is conducted through audits, hazard reporting systems, scheduled preventative and corrective maintenance programs, occupational health and safety, cleaning and environmental audits and general awareness of surroundings. Residents and representatives said they feel the living environment is well maintained and meets their needs.

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

There is an effective system in place for identifying, evaluating and rectifying incidents and hazards. The orientation program and annual education calendar for staff includes compulsory training in safe systems. Maintenance routines ensure that the environment is safe and that equipment is fit for its intended use. Occupational health and safety is raised at all meetings where issues and outcomes are discussed. Incidents and hazards are reported, collated and analysed monthly. The home has an occupational health representative who conducts regular environmental audits and attends scheduled meetings. Regular audits are conducted and they indicate no systemic trends for workplace hazards or incidents. Staff interviewed demonstrated an understanding of occupational health and safety issues.

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

Emergency procedures are documented in policy and procedure manuals and evacuation procedures are displayed. Fire safety systems are in place and regularly monitored and maintained by contracted fire professionals. An evacuation kit and resident evacuation list are located in the document room. The home meets the requirements of the current certification. Designated fire exits are clearly signed and free from obstruction and are connected to the fire panel to ensure quick and effective evacuation. The home has a smoke free environment with allocated smoking areas, external to the building. The outside perimeter of the building is clear of dangerous material that may contribute to a fire hazard. Chemicals are appropriately stored with material safety data sheets available in all areas where chemicals are stored. Staff have attended training in the correct use of chemicals and safety systems. Staff interviewed by the team are able to explain the emergency and evacuation procedures confidently.

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

Team's recommendation
Does comply

There are systems and processes to ensure the home has an effective infection control program which includes policies, procedures, flowcharts and education for staff to refer to. The infection surveillance program includes overseeing strategies for individual residents, recording, monitoring, trending and analysis of infection data. Identified trends are addressed and subsequent strategies implemented. Outbreak management manuals and kits are available to guide staff practice. Colour coded cleaning systems and equipment across the environmental departments and temperature recording of fridges and food is implemented by management to reduce the risk of cross contamination and infection. Staff confirm mandatory infection control education and hand washing competencies are provided and are able to describe appropriate infection control measures. The home has developed a brochure for

representatives and visitors to increase awareness of how to reduce the risk of gastroenteritis outbreaks.

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

Team's recommendation
Does comply

The residents and representatives are informed of the hospitality services on entry to the home and residents' needs and preferences are documented. The homes in house catering service provides residents with choice and a menu individualised according to resident preferences. Catering staff communicate directly and indirectly with residents, enhancing the resident's quality of life and the staff working environment. Hospitality services are provided by the home's appropriately skilled and qualified staff who ensure that the living environment is clean and functional. Cleaning is conducted seven days a week, with rooms detailed according to a schedule. Linen and residents' personal laundry is undertaken in the home and regular monitoring and auditing processes ensure that quality and hygiene standards are maintained. The laundry provides separate soiled and clean areas and a labelling system is in place to ensure residents clothing is individually recognised. Residents provide feedback on services through satisfaction surveys, meetings and discussions with staff and the cook. Residents and representatives said that they are satisfied with the services provided.