Decision to accredit
Illoura Village Inc

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

The Agency has decided that the period of accreditation of Illoura Village Inc is three years until 10 May 2014.

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

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

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

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

Home and approved provider details

Details of the home

Home's name:	Illoura Village Inc
RACS ID:	5087

Number of beds:	66	Number of high care residents:	52

Special needs group catered for:	• People with dementia and related disorders (special care unit)

Street/PO Box:	22-30 Zeller Street

City:	CHINCHILLA	State:	QLD	Postcode:	4413
Phone:		07 4662 7182		Facsimile:	07 4662 7698
Email address:		Nil			

Approved provider

Approved provider:	Southern Cross Care (Qld) Inc

Assessment team

Team leader:	Stella Comino
Team member/s:	Beverley Wellington
Date/s of audit:	8 March 2011 to 9 March 2011

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	Illoura Village Inc
RACS ID	5087

Executive summary

This is the report of a site audit of Illoura Village Inc 5087 22-30 Zeller Street CHINCHILLA QLD from 8 March 2011 to 9 March 2011 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 Illoura Village Inc.

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 March 2011 to 9 March 2011

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:	Stella Comino
Team member/s:	Beverley Wellington

Approved provider details

Approved provider:	Southern Cross Care (Qld) Inc

Details of home

Name of home:	Illoura Village Inc
RACS ID:	5087

Total number of allocated places:	66
Number of residents during site audit:	59
Number of high care residents during site audit:	52
Special needs catered for:	People with dementia and related disorders (special care unit)

Street/PO Box:	22-30 Zeller Street	State:	QLD
City/Town:	CHINCHILLA	Postcode:	4413
Phone number:	07 4662 7182	Facsimile:	07 4662 7698
E-mail address:	ceo@sccqld.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Illoura Village Inc.

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
Facility Manager	1	Business Coordinator	1
General Manager, Quality	1	Residents/representatives	8
Registered nurses	3	Volunteers	1
Enrolled nurses	3	Laundry staff	2
Care staff	5	Cleaning staff	2
Activity Officers	2	Maintenance staff	1
Head Cook	1	Pastoral care staff	1

Sampled documents

	Number		Number
Residents' files	7	Medication charts	12
Personnel files	4		

Other documents reviewed

The team also reviewed:
- Activities calendars
- Assessment charts
- Audit schedule
- Audits and results
- Building inspection and certification records
- Care plans
- Certificate of maintenance for fire installations
- Clinical indicator data and information
- Comments and complaints records
- Communication diaries
- Contractors' Handbook
- Criminal history clearance records

- Education plan and flyers
- Fire service records
- Food business licence to 30 September 2011
- Hazard register
- Improvement forms
- ISO9001:2008 Certificate to 15 April 2011
- Lifter service report - September 2010
- Maintenance program
- Mandatory reporting register and associated records
- Material Safety Data Sheets
- Meeting minutes
- Newsfax
- Nurses' registration records
- Nutritional supplement lists
- Orientation package
- Outbreak management policy
- Pathology reports
- Policies and procedures
- Position descriptions
- Queensland Department of Health Infection Control update 2010
- Resident handbook
- Residents meal and diet lists
- Resident satisfaction survey
- Restraint documentation
- Risk assessments
- Service agreements with external contractors
- Staff education records
- Staff handbook
- Staff's individual training records
- Temperature monitoring records
- Weight monitoring charts
- Wound management charts

Observations

The team observed the following:
- Activities in progress
- Equipment and supply storage areas
- Evacuation signage
- Files and information storage areas
- Hand washing facilities
- Kitchen
- Laundry
- Living environment
- Meal service
- Medical officers' clinic
- Medication administration
- Medication refrigerators
- Mobility equipment
- Modified eating utensils
- Oxygen therapy in progress
- Personal protective equipment
- Positive interactions between staff and residents

- Pressure relieving devices
- Resident notice boards
- Secure areas for residents
- Staff notice boards
- Storage of medications
- Utility areas
- Wound management equipment

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

Illoura Village is supported by the continuous improvement system established by Southern Cross Care, which provides the framework for the home to drive improvements in the care and services provided to residents. Improvement opportunities are identified through monitoring processes, including audits, surveys, comments and complaints mechanisms and clinical and safety data collection and analysis. Regular meetings for all levels of management, staff and residents provide forums for planning the implementation of improvement activities and evaluation of outcomes. Results of monitoring activities show high levels of compliance with the home's processes. Where deficiencies have been identified, prompt action is taken to address the issues and prevent recurrence. Outcomes are evaluated to ensure effectiveness of action taken. Residents and staff are satisfied that improvements continue to be implemented at the home and provided examples to demonstrate that their suggestions are considered and result in improvements.

Examples of improvements reported in management systems, staffing and organisational development include the following:
- In response to staff feedback about increased workload and review of call bell response times towards the end of 2010, additional shifts and changes to work routines were implemented in January 2011. Staff indicated this has resulted in improved work flows and more prompt response to residents' requests for assistance.
- Management identified opportunity to enhance the role of enrolled nurses at the home. Leadership training was implemented and enrolled nurses indicated this has been beneficial in increasing their understanding of their role and empowering them to take more of a leadership role within the care team.

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

Team's recommendation
Does comply

Management of the home has systems to identify and ensure compliance with legislation, regulations, professional standards and guidelines. Changes to legislation and regulations are monitored by the organisation's Corporate Office through membership of industry peak bodies and professional associations, notifications from the Department of Health and Ageing, internet links and other resources. Organisational policies are reviewed regularly and updates are communicated via the organisation's intranet and email system to the on-site management, and disseminated at meetings and through memos to all relevant parties. Orientation and mandatory training processes are reviewed and include information about relevant legislation and changes. Position descriptions outline staff responsibilities to comply with relevant organisational policies and regulatory requirements. Systems are in place to inform residents/representatives of accreditation audits and to ensure all staff have a current

criminal record check which they have passed. Compliance with relevant requirements is monitored through a planned schedule of audits, a central register for monitoring licensing, registration and criminal history clearance and competency assessment of staff.

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

Staff are employed based on their skills, ability, and relevant qualifications held to perform the job. New staff are provided with orientation to the organisation and a 'buddy' shift. Competency assessment is completed by all staff following orientation with regard to key processes relevant to their roles. Position descriptions and policy/procedure manuals are available to guide staff practices. The Facility Manager uses feedback from residents, results of audits, incident reporting mechanisms and feedback from staff via performance appraisals, meetings and improvement forms to assist in the identification of training needs. A planned in-service program is available and includes mandatory and other training. Staff are encouraged to undertake additional training or education and examples were provided. Attendance at in-service and mandatory training is recorded and monitored. Staff demonstrated appropriate skills and knowledge relevant to their roles.

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

Comments/complaints forms are available and used by residents to make comments, improvement suggestions or complaints. Residents and their representatives have used this process effectively to raise concerns or request changes. Monthly resident meetings provide another forum for residents to voice any issues or concerns they may have. Management documents and acts upon both verbal and written complaints and records show prompt follow-up of matters raised. Staff confirm knowledge of the process in dealing with residents who approach them with a complaint or concern. Residents and their representatives are aware of the avenues open to them should they have need to have a concern or issue addressed and are satisfied that issues raised are dealt with in an appropriate, timely and confidential manner. Information about external complaints mechanisms is displayed for residents and available in their residential care agreement and resident handbook for reference, although residents indicated they are satisfied with internal 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 organisation has documented the service's vision, values, philosophy, objectives and commitment to quality in promotional materials, resident and staff handbooks, policy and procedure manuals and documents on display throughout the home.

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 Facility Manager determines staffing requirements through staff and resident feedback and by monitoring changes to care needs of residents. A base roster is used and additional hours are allocated in response to increased resident care needs as the need arises. Nursing staff rosters reflect a mix of skills relevant to residents' needs and staff absences are replaced to ensure appropriate coverage. The home has the benefit of a stable workforce, with low turnover. Recruitment and selection processes are established and staff are employed based on their skills, experiences and qualifications held relevant to the position. Orientation processes include mandatory training in manual handling, infection control, mandatory reporting requirements, food safety and fire safety. Position descriptions and duties lists guide staff practice. Ongoing education is provided across a range of topics. The home monitors staff skills through competency assessments and performance reviews. Qualifications and licensing and police clearance requirements are monitored and current. Residents and their representatives report that staff are prompt when attending to residents' 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

The home uses systems established for the organisation, such as an approved supplier list and order processes to ensure that adequate stocks of key supplies (linen, food products, medical supplies, chemicals, consumables and continence aids) are always available. Orders are checked at the time of delivery to ensure product quality and deficiencies are followed up with suppliers and reported to management for appropriate action. Suppliers are changed as required to ensure quality service delivery. Stocks of goods held on site were appropriately and securely stored. Equipment is maintained by appropriately qualified personnel through reactive and preventative maintenance programs, managed by an onsite maintenance officer. Staff and residents were satisfied with the availability of goods and equipment at the home and that equipment was well maintained.

1.8   Information systems

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

Team's recommendation
Does comply

Effective information systems are in place. Residents are satisfied that they are consulted about their care and services and informed of events and any changes that are relevant to them. Staff reported that communication is effective and information they require to provide care and services is accurate and up to date. Electronic information is sourced from a computer network managed at the organisation's corporate office and key staff access is secured through user identification and passwords. Residents' assessments, care plans, lifestyle plans and dietary assessments were informative, current, securely stored and available to care and support staff as required. Other information and communication systems such as the continuous improvement system, the safety system, education records, meeting minutes, archiving of obsolete information and the reporting and analysis of clinical data were generally operating effectively.

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 organisation uses external service providers to provide goods, equipment and specialised services in relation to allied health care, maintenance and fire safety. Service agreements and a contractor's handbook are used to manage the provision of services by external suppliers and service performance is monitored within the terms of the agreement, on a job-by-job basis and through feedback from staff and residents. Service agreements include service specifications, licensing and quality information and processes for evaluation and review. The contractor's handbook includes workplace health and safety, government regulations and licensing requirements as well as a first aid flow chart. Residents and staff were satisfied with the quality of services provided by external suppliers.

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

Illoura Village is supported by the continuous improvement system established by Southern Cross Care, which provides the framework for the home to drive improvements in the care and services provided to residents. Improvement opportunities are identified through monitoring processes, including audits, surveys, comments and complaints mechanisms and clinical and safety data collection and analysis. Regular meetings for all levels of management, staff and residents provide forums for planning the implementation of improvement activities and evaluation of outcomes. Results of monitoring activities show high levels of compliance with the home's processes. Where deficiencies have been identified, prompt action is taken to address the issues and prevent recurrence. Outcomes are evaluated to ensure effectiveness of action taken. Residents and staff are satisfied that improvements continue to be implemented at the home and provided examples to demonstrate that their suggestions are considered and result in improvements.

Examples of improvements reported in relation to residents' health and personal care include, but are not limited to the following:
- Weekly doctors' clinics were conducted at the home. It was identified that the residents were waiting a long time to see the doctor and many were requiring taxis or ambulance transport to the doctor's surgery, as the doctor was too busy to see them at the home. Management negotiated for two doctors' clinics to occur weekly, providing access to more doctors and reducing waiting time for residents. Management identified that the need to transport residents to the doctor's surgery has reduced significantly and residents are satisfied they have more timely access.
- The addition of a registered nurse shift on Saturday and Sunday has enhanced clinical oversight on the weekends and the new registered nurse is able to provide on-call coverage for night shift to relieve the facility manager.

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 of the home has systems to identify and ensure compliance with legislation, regulations, professional standards and guidelines. Changes to legislation and regulations are monitored by the organisation's Corporate Office through membership of industry peak bodies and professional associations, notifications from the Department of Health and Ageing, internet links and other resources. Organisational policies are reviewed regularly and updates are communicated via the organisation's intranet and email system to the on-site management, and disseminated at meetings and through memos to all relevant parties. Orientation and mandatory training processes are reviewed and include information about relevant legislation and changes. Position descriptions outline staff responsibilities to comply

with relevant organisational policies and regulatory requirements. Appropriately qualified staff provide care and services as specified in the Quality of Care Principles 1997. Compliance with relevant requirements is monitored through a planned schedule of audits, a central register for monitoring licensing, registration and criminal history clearance and competency assessment of staff.

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

Staff are employed based on their skills, ability, and relevant qualifications held to perform the job. New staff are provided with orientation to the organisation and a 'buddy' shift. Competency assessment is completed by all staff following orientation with regard to key processes relevant to their roles. Position descriptions and policy/procedure manuals are available to guide staff practices. The Facility Manager uses feedback from residents, results of audits, incident reporting mechanisms and feedback from staff via performance appraisals, meetings and improvement forms to assist in the identification of training needs. A planned in-service program is available and includes mandatory and other training. Staff are encouraged to undertake additional training or education and examples were provided. Attendance at in-service and mandatory training is recorded and monitored. Staff demonstrated appropriate skills and knowledge relevant to their roles.

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

Team's recommendation
Does comply

Residents are assessed by qualified nurses on admission using baseline health assessments and additional assessment tools as required. Interim care plans are developed on entry to the home with more comprehensive plans developed after the assessment process is complete. Registered nurses develop the care plans to guide staff practice and are formulated in consultation with residents/representatives, care staff, allied health and the treating medical officer. Care plans are reviewed regularly and changes in care needs and preferences are reflected in progress notes and the resident's care plan. Staff are informed of amendments to care through hand over processes, communication diaries and one-to-one discussion and demonstrate knowledge of individualised resident's requirements that are consistent with documented plans of care. Residents/representatives report satisfaction with the care that is provided.

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 with specialised nursing care needs are identified through assessment and reassessment processes in consultation with residents/representatives and the health care team and registered nurses develop and review care plans three monthly or as residents'

needs change. Complex and specialised nursing care is delivered by qualified nurses who demonstrate appropriate skills and who work within their scope of practice. Referrals to allied health professionals occur as necessary and changes are documented and communicated to relevant staff in a timely manner. Staff receive education and have access to resources and equipment to enable residents' specialised nursing care needs to be met. Residents/representatives indicate satisfaction with the specialised nursing care provided.

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

Team's recommendation
Does comply

Residents have access to a range of allied health and specialist services including dietician, speech pathology, podiatry, optometry, physiotherapy, audiology, psycho-geriatric and palliative care services. Allied health professionals visit the home or alternatively residents are supported to independently access specialist treatment of their choice in the community as required. Referral to appropriate health specialists is as timely as possible and is initiated by registered nurses and/or the treating medical officer in consultation with residents/representatives. Feedback from health specialists is documented in progress notes and care plans are revised to reflect changes. Resident/representative feedback indicated satisfaction with access to health specialists and other related services in accordance with their needs and preferences.

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

Team's recommendation
Does comply

The home utilises a multi-dose system for residents' routine medications including 'as required' (PRN), and short course medications are supplied in the original packaging. Whilst qualified nurses oversee the medication management system, carers with specific training and testing in medication management assist the residents with their routine packed medications. Medication charts are reviewed by the medical officer and pharmacist and includes information such as photographic identification, resident allergies and instructions for administration specific to the needs of the resident. 'As required' (PRN) medications are monitored for effectiveness and outcomes are documented in progress notes. Processes exist for ordering, delivery, monitoring and return of medication items, and the home has processes for management of medication incidents. Residents/representatives report satisfaction with the management of medications and the assistance provided by staff.

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

Team's recommendation
Does comply

On admission each resident's history of pain is assessed by registered nurses and residents' experiencing acute or new episodes of pain are commenced on pain assessment and monitoring charts. Verbal and non-verbal pain assessment tools are available for staff to use and interventions used to manage pain are recorded on the care plan. Strategies to manage

pain involve a multidisciplinary approach and include pharmacological and non-pharmacological interventions such as massage, heat therapy, repositioning, exercise and distraction. Staff have access to information on the home's pain management approaches and demonstrate knowledge of specific pain management interventions for residents. Residents/representatives are satisfied that their pain is managed effectively and that staff are responsive to their changing needs.

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 terminal care needs and wishes of residents are identified on admission where possible and as residents' needs change. Copies of advanced health directives and enduring power of attorney documents are located within the residents' files for staff reference. Residents' care plans are altered according to their needs and emotional support is provided to residents and their families by nursing staff, activity officers, religious representatives, pastoral carers and volunteers and consideration is given to cultural and religious values. Alternative care options are discussed with the resident and their family as care needs increase. Staff utilise organisational and external resources and specialty equipment to ensure the comfort and dignity of terminally ill residents.

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

Team's recommendation
Does comply

Residents' nutrition and hydration requirements are identified through the initial and ongoing assessment and review processes and care plans are developed to reflect residents' dietary needs and preferences. Residents' body weight is monitored and unplanned weight loss or gain is recorded with referrals made to the medical officer, dietician and/or speech pathologist. Strategies recommended are implemented and include assistance with meals, provision of texture modified diets, dietary supplements and increased monitoring of food/fluid intake and weight. The menus utilised at the home are reviewed by the dietician, provide choice and variety and accommodate residents' needs and preferences. Staff ensure residents receive adequate nourishment and hydration, have an awareness of individual resident's needs and special preferences and provide appropriate diets, dietary aids and assistance. Residents/representatives report satisfaction with the quantity and quality of food and fluid received.

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

Team's recommendation
Does comply

Registered nurses identify the skin care needs of residents during assessment and reassessment processes and interventions used to maintain skin integrity are recorded in the

care plan. Consultation occurs with residents/representatives and other health professionals and skin tears and wounds are documented on the wound management plan. Wound and skin care products are utilised and equipment such as pressure relieving mattresses, sheepskins, heel and limb protective devices are available to maintain, protect or improve residents' skin. Manual handling equipment is provided to support the safe transfer and mobility of residents and staff receive education in manual handling. The incidence of wounds and their causes is recorded and monitored and complex wounds are attended to by registered or endorsed enrolled nurses and documented on wound treatment sheets to ensure effective care delivery and evaluation of wound healing. Residents/representatives are satisfied with the care received in relation to skin integrity.

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

Team's recommendation
Does comply

The continence needs and preferences of residents are identified through assessment and reassessment processes using specific assessment tools that consider each resident's bowel and bladder patterns. Interventions are identified for residents and information is transferred to the care plan to guide staff practice. Strategies such as programmed toileting, bowel management regimes, dietary modification, hygiene assistance and use of continence aids are recorded, implemented and evaluated for effectiveness by registered nurses. Staff demonstrated an awareness of individual residents' specified requirements. Residents/representatives report that staff respect their privacy and dignity when providing continence care and confirm their continence needs are met.

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 identified with challenging behaviours are assessed on admission or when needs change and a plan of care is developed to effectively manage and care for residents behaviours of concern. Behaviour assessment tools are used to assist in identifying contributing factors to residents' behaviour patterns and techniques used to manage behaviours are evaluated for effectiveness on a regular basis. Incidents of significance are reported to enable analysis, preventative action and referral. Residents authorised for restraint have regular medical reviews; observation and release of restraint is documented according to the home's recommendations. Staff described interactions with residents with challenging behaviours that supported their dignity and individuality.

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

Team's recommendation
Does comply

The home has processes for assessing, planning, delivering and evaluating residents in relation to their mobility, dexterity and rehabilitation needs. Residents' mobility and falls risk

is assessed by qualified nurses in association with the physiotherapist, to assist in maintaining and/or enhancing a resident's mobility and dexterity. Residents' mobility is monitored regularly and resident falls are monitored and recorded. The home provides mobility aids and equipment to minimise the risk of falls to residents and individual and group exercise programs are delivered by the activity officers. Staff receive annual manual handling education to guide and enable them to safely assist residents to mobilise and transfer using appropriate mobility aids as instructed. Residents report satisfaction with the support provided by staff to achieve their optimal mobility and dexterity within and around the home.

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

Team's recommendation
Does comply

The oral and dental care needs and preferences of residents are assessed on admission and when residents' needs change. Information detailing the daily care of teeth, mouth and dentures is documented in the care plan and is reviewed regularly. Residents are assisted to maintain their oral and dental needs with referrals to external oral and dental care providers where possible. Special dietary considerations and palliative care needs are included in the management of residents' oral and dental care including the provision of soft and vitamised diets, and regular mouth care where appropriate. Staff have education in providing oral care for residents and have access to appropriate equipment and supplies for the management of residents' oral and dental care needs. Residents report satisfaction with the assistance provided by staff in maintaining 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 each resident's sensory losses and the use of assistive devices is collected through initial and ongoing assessment processes and is incorporated into the resident's care plan. Therapists assess residents' ability to participate in programs and adapt activities to the needs of residents with sensory impairments utilising assistive devices and equipment such as large print books and sign boards. Staff demonstrate an awareness of these strategies and processes are in place to ensure the correct use and maintenance of sensory aids. Residents with sensory loss indicate satisfaction with the assistance and support they receive from staff to maintain their optimal sensory function.

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

Team's recommendation
Does comply

Initial and ongoing information about residents' usual sleep patterns, settling routines and personal preferences are collected through initial and ongoing assessment and review processes. Strategies to promote adequate sleep and rest are developed in consultation with residents and consider their normal sleep patterns. Sleep monitoring charts are used for residents identified as having disturbed sleep patterns and referral to medical practitioners'

occurs for residents identified with prolonged sleep disturbances. Staff facilitate individual resting routines and flexible settling/rising times. Residents are satisfied with the home's approach to maintaining their natural sleep and rest patterns and with the assistance received from staff during times of sleep disturbances.

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

Illoura Village is supported by the continuous improvement system established by Southern Cross Care, which provides the framework for the home to drive improvements in the care and services provided to residents. Improvement opportunities are identified through monitoring processes, including audits, surveys, comments and complaints mechanisms and clinical and safety data collection and analysis. Regular meetings for all levels of management, staff and residents provide forums for planning the implementation of improvement activities and evaluation of outcomes. Results of monitoring activities show high levels of compliance with the home's processes. Where deficiencies have been identified, prompt action is taken to address the issues and prevent recurrence. Outcomes are evaluated to ensure effectiveness of action taken. Residents and staff are satisfied that improvements continue to be implemented at the home and provided examples to demonstrate that their suggestions are considered and result in improvements.

Examples of improvements reported in relation to residents' lifestyle include the following:
- In response to a resident's request to their family for a computer, management purchased a laptop computer for residents' use. Staff assist the residents who have an interest, to use the computer. Some residents are enjoying playing games on the computer and one resident is using the computer for corresponding with family and friends.
- In response to a "bright idea" submitted by a staff member, a mobile oven was purchased, providing opportunities for residents to participate in cooking sessions with staff and observing the cooking process. Residents in the special care unit of the home are participating in regular cooking sessions and enjoying the results of their efforts.

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 of the home has systems to identify and ensure compliance with legislation, regulations, professional standards and guidelines. Changes to legislation and regulations are monitored by the organisation's Corporate Office through membership of industry peak bodies and professional associations, notifications from the Department of Health and Ageing, internet links and other resources. Organisational policies are reviewed regularly and updates are communicated via the organisation's intranet and email system to the on-site management, and disseminated at meetings and through memos to all relevant parties. Orientation and mandatory training processes are reviewed and include information about relevant legislation and changes. Position descriptions outline staff responsibilities to comply with relevant organisational policies and regulatory requirements. Mandatory reporting

processes are in place for reporting of incidents of suspected or actual abuse of residents and for residents who are missing from the home without explanation. Compliance with relevant requirements is monitored through a planned schedule of audits, a central register for monitoring licensing, registration and criminal history clearance and competency assessment of staff.

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

Staff are employed based on their skills, ability, and relevant qualifications held to perform the job. New staff are provided with orientation to the organisation and a 'buddy' shift. Competency assessment is completed by all staff following orientation with regard to key processes relevant to their roles. Position descriptions and policy/procedure manuals are available to guide staff practices. The Facility Manager uses feedback from residents, results of audits, incident reporting mechanisms and feedback from staff via performance appraisals, meetings and improvement forms to assist in the identification of training needs. A planned in-service program is available and includes mandatory and other training. Staff are encouraged to undertake additional training or education and examples were provided. Attendance at in-service and mandatory training is recorded and monitored. Staff demonstrated appropriate skills and knowledge relevant to their roles.

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

Processes are in place to identify residents' emotional support needs on entry to the home and on an ongoing basis. Prior to admission where possible residents and their families are provided with a tour of the home and given opportunity to have their enquiries addressed. On admission a resident handbook is provided and residents are orientated to the environment, services, staff and other residents. Regular review processes identify changes or concerns experienced by residents, current strategies used to support residents are discussed during nursing handover and family care consultations occur and are documented in progress notes and consultation forms. Management, staff, clergy and the pastoral care worker provide social and emotional support to residents. Residents confirm satisfaction with the emotional support provided on entry and on an ongoing basis to enable them to adjust to life within the home.

3.5   Independence

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

Team's recommendation
Does comply

The home has systems in place to support and assist residents to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. Residents' preferences are assessed on entry to the home and are documented on care plans and diversional therapy records. Residents requiring alternative decision makers have relevant information documented and those with special needs are provided with appropriate equipment and support by nursing staff and activity officers to promote independence. Staff assist residents to pursue activities of preference, encourage residents to maintain friendships and cultural/spiritual connections within the home and wider community and are aware of individual resident's preferences and limitations. Residents report satisfaction with the assistance they receive in maintaining personal independence.

3.6   Privacy and dignity

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

Team's recommendation
Does comply

The home has processes in place to recognise and respect each resident's right to privacy, dignity and confidentiality. Residents are provided with information about their rights on admission and strategies are implemented to ensure that residents' privacy and dignity are maintained during all aspects of resident care. Staff receive information relating to confidentiality and respect for residents at orientation, through meetings, handbooks and education sessions and systems are in place to identify and monitor staff practices. Residents' personal information is stored securely. Staff demonstrate strategies to maintain residents' privacy and dignity and interact with residents respectfully.
Residents/representatives confirm that staff are courteous, respect their privacy and treat them with dignity when caring for them.

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' past and current interests, social history, likes and dislikes, beliefs, customs, abilities are identified through interview and individualised activity plans are formulated by activity officers in consultation with residents/representatives. The activities program consists of one-to-one and group activities that are evaluated through review of participation rates, observations by the activity officers and resident feedback. The home utilises the services of a number of volunteers to assist with activities such as group and individual sessions. The monthly schedule is placed throughout the home, and residents are encouraged and assisted by activity officers and care staff to attend. Activity officers provide resources and activities specific to the needs of residents in the special care unit.

Residents/representatives report satisfaction with the leisure and activity program offered by the home.

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' specific interests, preferences, cultural and spiritual needs are identified on entry to the home and information is documented on the admission data base, the social history form and on the care plan. Provision is made for the celebration of significant cultural and religious days and residents' food requirements are maintained with the assistance of family. Spiritual support is provided by the pastoral carer who visits each resident according to their requests and religious groups offer regular church services and provide additional counsel to residents if required. Staff demonstrate an awareness of residents individual beliefs and backgrounds and have access to cultural resources should they require additional guidance or support. Residents are satisfied with the home's approach to their individual interests, beliefs and backgrounds.

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

Team's recommendation
Does comply

Individual care and lifestyle preferences are identified through assessment and review processes and information regarding residents' alternative decision-makers is documented and accessed if required. Residents receive information about internal and external complaints mechanisms, advocacy services and their rights and are enabled to participate in decisions and exercise choices through direct discussions, satisfaction surveys, resident meetings and the comments/complaints process. Staff interactions with residents support residents' choice and decision making in the planning and provision of care. Residents confirm that they are able to exercise choice and are satisfied with their involvement in decision making.

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/representatives are supplied with written and verbal information regarding service provision prior to entering the home. The documents provided contain information about security of tenure, internal and external complaint mechanisms, orientation processes as well as information regarding each resident's rights and responsibilities. Management ensures that all parties understand the terms of the agreement and prospective residents/representatives are encouraged to seek independent advice on the terms of the agreement prior to accepting the contract. The organisation ensures there is current

information about specified care and service obligations, accommodation fees and charges. Ongoing information is provided through letters, newsletters and discussions at resident meetings. Residents/representatives feel secure in their tenure and understand their 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

Illoura Village is supported by the continuous improvement system established by Southern Cross Care, which provides the framework for the home to drive improvements in the care and services provided to residents. Improvement opportunities are identified through monitoring processes, including audits, surveys, comments and complaints mechanisms and clinical and safety data collection and analysis. Regular meetings for all levels of management, staff and residents provide forums for planning the implementation of improvement activities and evaluation of outcomes. Results of monitoring activities show high levels of compliance with the home's processes. Where deficiencies have been identified, prompt action is taken to address the issues and prevent recurrence. Outcomes are evaluated to ensure effectiveness of action taken. Residents and staff are satisfied that improvements continue to be implemented at the home and provided examples to demonstrate that their suggestions are considered and result in improvements.

Examples of improvements reported in relation to the living environment and safe systems include the following:
- As a proactive measure, security of the external areas of the home has been increased with the securing of the space between Calma Court and Illoura. This ensures staff safety overnight, as they are required to move between the different areas of the home. Residents commented that they feel secure in the home.
- In response to a resident's comment about the poor state of the gardens in response to a satisfaction survey, management increased hours for gardening work. As a result, Illoura Village won the Southern Cross Care garden competition in 2010 and the residents are very happy with the way the gardens are managed at the home.

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

Team's recommendation
Does comply

Management of the home has systems to identify and ensure compliance with legislation, regulations, professional standards and guidelines. Changes to legislation and regulations are monitored by the organisation's Corporate Office through membership of industry peak bodies and professional associations, notifications from the Department of Health and Ageing, internet links and other resources. Organisational policies are reviewed regularly and updates are communicated via the organisation's intranet and email system to the on-site management, and disseminated at meetings and through memos to all relevant parties. Orientation and mandatory training processes are reviewed and include information about relevant legislation and changes. Position descriptions outline staff responsibilities to comply with relevant organisational policies and regulatory requirements. Compliance with relevant requirements is monitored through a planned schedule of audits, external inspections of kitchen and fire safety systems, a central register for monitoring licensing, registration and

criminal history clearance and competency assessment of staff. All staff complete mandatory training as required.

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

Staff are employed based on their skills, ability, and relevant qualifications held to perform the job. New staff are provided with orientation to the organisation and a 'buddy' shift. Competency assessment is completed by all staff following orientation with regard to key processes relevant to their roles. Position descriptions and policy/procedure manuals are available to guide staff practices. The Facility Manager uses feedback from residents, results of audits, incident reporting mechanisms and feedback from staff via performance appraisals, meetings and improvement forms to assist in the identification of training needs. A planned in-service program is available and includes mandatory and other training. Staff are encouraged to undertake additional training or education and examples were provided. Attendance at in-service and mandatory training is recorded and monitored. Staff demonstrated appropriate skills and knowledge relevant to their roles.

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

Team's recommendation
Does comply

Residents have access to internal and external communal sitting and dining areas with sufficient and appropriate furniture for residents and their visitors. Residents are accommodated in single or two-bed rooms with en-suite bathrooms and are encouraged to have their own furnishings in their room. Preventative maintenance and cleaning schedules are in place and are adhered to by staff. Additional maintenance requirements are reported by staff or residents and are attended to by maintenance staff or external contractors in a timely manner. A secure area is provided for the safety of residents with dementia and authorisation processes are in place for residents requiring protective assistance. Management monitors the living environment to ensure that it meets the needs of residents. Processes are in place to identify and control hazards, to address the immediate effects of incidents, to review long term incident data and to monitor safety at the home. Resident/representative feedback indicates residents feel safe and comfortable in all areas of the home.

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 has processes in place to assist in the identification, actioning and review of safety issues. Workplace health and safety information is provided at staff meetings, orientation, and mandatory training. Safety performance is monitored through internal audits, third party inspections, hazard and incident reporting processes and risk assessments. Identified issues are reviewed and action is taken to prevent recurrence. Staff have access to material safety data sheets and personal protective equipment. Chemicals, equipment and supply storage areas are identified by signage. Accidents and incidents are recorded identifying frequency, severity and location and action is taken to instigate control measures to prevent any recurrence. Staff reported that they were aware of their safety obligations and that management is responsive to providing a safe workplace.

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

There are processes and equipment in place for detection and action in the event of a fire, security breach or other emergency incident within the home. The home's fire system includes fire detection, alarms, control panel, and fire equipment which is inspected in accordance with requirements and maintained by external contractors. Fire evacuation plans are displayed throughout the home. Fire exits and pathways to exit are free from obstacles and exit doors are clearly marked. Staff attend fire safety training during orientation and annually thereafter. There are processes in place to ensure internal courtyards and external doors are secured overnight. Emergency and disaster procedure guidelines are available in each wing of the home. Staff demonstrate knowledge of fire, security and other emergency procedures including their role in the event of an alarm, emergency or evacuation.

4.7 Infection control

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

Team's recommendation
Does comply

The home has an infection control program that is overseen by the registered nurse. Cleaning, kitchen and laundry staff reported they had received training in infection control and that they are familiar with their roles in minimising infections. Cleaning schedules are in place for general cleaning and cleaners use colour coded equipment and are familiar with the use of personal protective equipment (PPE) and spills kits. Equipment such as single use clinical products, gloves, aprons, sharps containers, hand washing facilities, waste receptacles and storage areas are provided to enable infection control practices to be implemented. Staff demonstrated awareness of infection control guidelines and practices applicable to their area of duty including the use of PPE, hand washing, barrier nursing and outbreak procedures. Pest controls are conducted on a regular and as needed basis.

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

Management has established processes to provide hospitality services that enhance residents' quality of life and staff's working environment. Catering staff have been trained in food safety and implement quality monitoring processes to ensure food safety. Meals are cooked from fresh ingredients on site. Staff transport meals to Calma Court and Taylor Wing from the central kitchen in insulated trolleys to maintain meal temperatures. Residents are consulted about their preferences and their requests are considered and provided where possible. Residents and their representatives were very complementary of the cleanliness of the home. Cleaning staff follow consistent processes to ensure the home is clean and tidy. Laundry services are provided on-site and processes are in place to ensure items are appropriately sorted to prevent loss or misplacement of personal items. Staff expressed satisfaction with the equipment and supplies provided for them to use and with the training and support provided by management. Residents were satisfied with the catering, cleaning and laundry services provided by the home.