Aged Care
Standards and Accreditation Agency Ltd

Decision to accredit
Jacaranda Lodge

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

The Agency has decided that the period of accreditation of Jacaranda Lodge is three years until 8 December 2013.

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

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

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

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

Home and approved provider details

Details of the home

Home's name:	Jacaranda Lodge
RACS ID:	7132

Number of beds:	65	Number of high care residents:	19

Special needs group catered for:	Residents with dementia or related illnesses

Street:		55 Belgrade Road			
City:	WANNEROO	State:	WA	Postcode:	6065
Phone:		08 9306 2311	Facsimile:		08 9306 1163

Approved provider

Approved provider:	Shire of Wanneroo Aged Persons Homes Trust trading as Elderbloom Community Care Centres

Assessment team

Team leader:	Janice Rooney
Team member:	Claire Ryan
Dates of audit:	28 September 2010 to 29 September 2010

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.

Aged Care
Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Jacaranda Lodge
RACS ID	7132

Executive summary

This is the report of a site audit of Jacaranda Lodge 7132 55 Belgrade Road WANNEROO WA from 28 September 2010 to 29 September 2010 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:

- 44/44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Jacaranda Lodge.

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 28 September 2010 to 29 September 2010.

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:	Janice Rooney
Team member:	Claire Ryan

Approved provider details

Approved provider:	Shire of Wanneroo Aged Persons Homes Trust trading as Elderbloom Community Care Centres

Details of home

Name of home:	Jacaranda Lodge
RACS ID:	7132

Total number of allocated places:	65
Number of residents during site audit:	64
Number of high care residents during site audit:	19
Special needs catered for:	Residents with dementia or related illnesses

Street:	55 Belgrade Road	State:	WA
City:	WANNEROO	Postcode:	6065
Phone number:	08 9306 2311	Facsimile:	08 9306 1163

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Jacaranda Lodge.

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
Director of nursing	1	Residents/representatives	11
Manager/registered nurse	1	Laundry staff	1
Quality service manager	1	Catering manager	1
Clinical nurse	1	Volunteers	1
Enrolled nurse	1	Cleaning staff	2
Care staff	3	Maintenance staff	1

Sampled documents

	Number		Number
Residents' files	8	Medication charts	8
Summary/quick reference care plans	8	Personnel files	8
Residents contracts/agreements	2	Service agreements	5

Other documents reviewed

- Activities program
- Aromatherapy permission form
- Aromatherapy plan
- Audit reports
- Business plan
- Chemical register
- Clinical results files
- Clinical reviews
- Compulsory staff training matrix
- Continuous improvement log file
- Cornerstone audit file, schedule and actions
- Dental health assessments
- Education calendar 2010
- Emergency response manual
- Equipment guide file
- Evacuation file
- Fire alarm and detection systems/lighting and equipment preventative maintenance reports
- Food safety program file
- Food and equipment temperature recording charts
- Governance file
- Guidelines for "as required" medications
- Handover sheets
- Hazard alerts and staff incidents and accidents file
- Housekeeping file
- Improvement logs
- Infection surveillance file
- Integrated assessments
- Job descriptions
- Kitchen and laundry cleaning schedule
- Lifestyle profiles
- Local council kitchen inspection and risk assessment July 2010
- Maintenance request book
- Material safety data sheets
- Medication audit report 2010
- Medication incidents
- Meeting minutes-management, occupational therapy, residents/representatives, staff, and quality
- Menus
- Newsletter
- Nurses diary
- Occupational safety and health file
- Occupational therapy assessments
- Occupational therapy statistics
- Pager systems induction record
- Pain assessments
- Pharmacy review of medications documentation
- Physiotherapy referral forms
- Physiotherapy assessments
- Physiotherapy plans
- Police check matrix 2010
- Policies and procedures

- Position descriptions
- Preferred services/suppliers list
- Preventative maintenance and carpet cleaning file
- Professional registration matrix 2010
- Progressive records and photos of wounds
- Recruitment policies and procedures
- Regulatory compliance matrix and staff responsibilities
- Residents diet analysis
- Resident surveys
- Residents' information package
- Residents' welcome and orientation handbook
- Rosters and allocation sheets
- Shower list
- Staff handbook
- Staff incidents
- Staff induction package file
- Strategic plan
- Training attendance and evaluation files
- Volunteer file
- Volunteer handbook
- Volunteer induction checklist
- Workplace planning file
- Wound file
- Wound management plans
- Wound treatment plans.

Observations
- Activities in progress
- Archive room
- Charter of residents' rights and responsibilities
- Cleaners room
- Equipment and supply storage areas
- Evacuation plans
- Exercise sessions with therapy assistant
- Fire board and maps
- First aid kits
- Food reference/allergy whiteboard
- Interactions between staff and residents
- Internal and external living environment
- Meals in progress
- Medication fridges
- Medication imprest stock
- Medication management system
- Notice boards/white boards
- Notices regarding accreditation audit to residents and staff
- Outbreak kits
- Personal protective equipment
- Residents and staff noticeboards
- Residents rooms
- Storage of oxygen
- Storage of medications
- Suggestion box.

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

Systems and process are in place that support the home to identify, plan, capture, action and evaluate opportunities for improvement. The manager and quality service manager oversee and support the home's continuous improvement system. Staff, residents and representatives are encouraged to participate in the pursuit of continuous improvement through continuous improvement logs, meetings, surveys and verbal feedback. Audits are scheduled to monitor the home's systems and any gaps or improvements identified are actioned. All improvements which are not actioned immediately are captured on a current improvement actions register and long term projects are tracked and actioned on a plan for continuous improvement. Residents and staff were able to provide examples of improvements and are satisfied their suggestions are acknowledged and actioned, where appropriate.

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Some examples of improvements either planned or currently in progress in relation to Standard one are list below.
- The home has commenced developing guidelines for all equipment used on site to provide staff with a guide for the safe and correct use and storage of all equipment. The project was commenced after the manager identified staff were unaware of how to calibrate blood glucose recording machines. The guide provides staff with useful information and ensures equipment is used appropriately.
- The format for recording meeting minutes was identified to not enable the tracking and close out of all issues raised during meetings. Therefore the template for meetings minutes was revised and has been designed around an action plan format, that enables tracking, progress and close out of all items in the minutes.

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

Team's recommendation
Does comply

The home has systems and processes in place to identify and ensure compliance with relevant legislation, regulations, standards and guidelines. Memberships with peak bodies and industry groups are maintained and they inform the home of any changes. Updates and notifications are also received from the Department of Health and Aging. Relevant changes are logged on a regulatory compliance matrix and a review of the information is conducted and discussed at management meetings on a weekly basis. Information is disseminated to staff via memos, staff meetings and any changes to policies or processes discussed, with education and documented guidelines provided as needed. A system is in place to monitor currency of police certificates and ensure all staff, volunteers and contractors have a current police certificate. A system is in place to inform residents and representatives of the accreditation audit.

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

Management and staff have the opportunity to maintain and improve their knowledge and skills through various training and education opportunities. Each employee is required to undertake mandatory training and competencies on starting employment, then on an annual basis. Staff are orientated as to their specific role and requirements, the home and the residents' needs and preferences, and are 'buddied' with an experienced person for the two weeks. Training needs are identified through residents' needs, audit results, surveys, training evaluations and performance appraisals. Management and staff confirm they are offered opportunities to increase knowledge, up-skill to other roles and are satisfied with the level of education and training offered by the home. Residents and representatives are satisfied that staff have the skills and knowledge to deliver care appropriate to residents' needs.

Examples of education and staff development delivered in relation to Standard one are listed below.
- Principles of good customer service
- Legal and ethical issues
- Orientation and induction.

1.4 Comments and complaints
This expected outcome requires that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's recommendation
Does comply

Residents and representatives have access to internal and external complaints mechanisms. Feedback forms and pamphlets are available in the main reception area of the home. Information on complaints mechanisms is documented in the resident handbook, admission information and residents' agreement. A suggestion box is available and accessible for the submission of confidential suggestions and complaints. Resident meetings are held monthly and provide residents and representatives with the opportunity to raise suggestions, issues or complaints. Satisfaction surveys are conducted throughout the year to generate ideas and highlight any concerns. Staff were able to describe how they would assist a resident to make a complaint, should the need arise. Residents and representatives are satisfied with how the home addresses any issues raised, and feel confident to make a complaint.

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's mission, vision and values and commitment to quality are documented throughout the home's strategic plan, resident and staff handbook, staff appraisals and orientation, and are displayed at the main entrance of the home. The home maintains a business plan which is revised annually in conjunction with the organisation's board. The home's strategic statements are consistent throughout the various information sources.

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

Systems and processes for recruitment, selection and performance management are in place at the home. Staff are provided with a comprehensive induction program and have access to guidelines, handbooks, position descriptions and duty lists to guide them in their role. Management and staff have access to education and training and attend performance reviews on an annual basis. Feedback from staff, tracking and analysis of hazards and incidents and workforce planning is used to indicate if there are gaps in staffing levels or skills which may require action. A roster and allocation sheets are posted in advance and leave or absences are covered by the homes' own casual pool of staff. Residents and representatives are satisfied with the responsiveness of staff and the adequacy of care.

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 ensures there are suitable goods and equipment available for quality service delivery via planned ordering, stock rotation and a schedule of preventative and corrective maintenance. Equipment is cleaned, maintained and repaired by maintenance personnel and external contractors and preferred suppliers. Staff have access to guidelines on how to use various items of equipment. New equipment is deemed appropriate prior to purchase, and education is delivered in the proper and safe use and storage of goods and equipment. Audits and hazard reporting ensure that goods and equipment are maintained at sufficient levels and are correctly stored, used and maintained. Residents, representatives and staff are satisfied with the availability and suitability of goods and equipment used at the home.

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

Team's recommendation
Does comply

Systems and processes are in place at the home to ensure management, staff and residents have appropriate access to current information on the processes and general activities and events of the home. Information is routinely collected, recorded, stored and retrieved to ensure the needs of residents, representatives and staff are met. Relevant information is discussed and disseminated at management, quality, staff and residents' meetings. Staff have access to and are provided with information via memos, handover, care plans and policies and procedures. Residents and representatives are provided with information via care conferences, newsletters, noticeboards and verbal discussion with management and staff. An archiving system is in place to ensure records are stored, retrieved and destroyed in line with the home's policy and procedures. Residents, representatives and staff are satisfied they are provided with, and have access to, current information according 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

The home has processes in place to source external contractors and preferred suppliers that meet the home's needs and requirements. A standard contract is developed for external services and regular suppliers, and the service performance is reviewed when the contract is due for renewal. A preferred suppliers list is available for services that are regularly used and meet the requirements of the home. Feedback on service quality is encouraged from management, staff and residents, which assists to determine the choice of service provider. All contracted and external services are inducted to the home, made aware of the home's fire and safety guidelines, and must provide a police certificate, as appropriate. Residents and staff are satisfied with the services provided.

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

For further information please refer to expected outcome 1.1 Continuous improvement.

Some examples of improvements either planned or currently in progress in relation to Standard two are listed below.
- Following a review of wound care, the home has revised and updated the wound assessment tool. The new assessment tool enables staff to track healing time, attach photos to track progress and identifies the type of wound. The result has been an improvement in the tracking and healing of wounds for residents. Nursing staff also have found the assessment process to be more streamlined and can now demonstrate evidence of healing.
- Training evaluations and feedback identified the need for practical education in wound care for care staff. Staff have received practical one to one education on dressing simple wounds and guidelines have been developed to support staff practice. Staff find they are more equipped to respond to skin tears and simple wounds, which supports the nursing staff.

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

Team's recommendation
Does comply

The home has systems and processes in place to identify and ensure compliance with relevant legislation, regulations, standards and guidelines. Memberships of peak bodies and

industry groups are maintained and the advise the home of any changes. Updates and notifications are also received from the Department of Health and Aging. Relevant changes are logged on a regulatory compliance matrix and a review of the information is conducted and discussed at management meetings on a weekly basis. Information is disseminated to staff via memos, staff meetings and any changes to policies or processes discussed, with education and documented guidelines provided as needed

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

For further information please refer to expected outcome 1.3 Education and staff development.

Examples of education and staff development delivered in relation to Standard two are listed below.
- Medication management and competencies
- Palliative care
- Depression in the elderly
- Vision and hearing
- Pain management
- Diabetes management
- Nutrition and dysphagia
- Stoma and catheter care
- Parkinson's disease
- Challenging behaviour
- Dementia care
- Death and dying
- Bladder/bowel management.

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

Team's recommendation
Does comply

The home has processes in place to identify and assess the clinical care needs of all residents on entry to the home. Registered nursing staff develop care plans to guide staff in the provision of residents' individual care requirements reflective of the assessment and the residents' preferences. Residents' care plans are reviewed three monthly and as required, and representatives are invited to participate in the care plan review process. Policies and procedures guide staff in the delivery of clinical care. Residents are regularly reviewed by their general practitioners and relevant allied health providers. Competency based training and education are provided to ensure staff are competent in the delivery of clinical care. Residents and representatives stated that they are consulted about residents' clinical care, and expressed satisfaction with the clinical care 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

Specialised nursing care needs of residents are planned and implemented under the direction of a registered nurse. The clinical nurse assesses, implements strategies, and monitors residents with specialised care needs, including diabetes, glaucoma, skin care, challenging behaviour, and pain management. Care plans are developed that reflect residents' specialised nursing care needs, including information and directives from the general practitioner and allied health professionals. Registered nursing staff are on site at the home to provide care during the day shifts, the manager, who is a registered nurse, is on call after hours, and the home has access to the residential care line if required. The home provides education to clinical staff to enhance their knowledge and skills in specialised areas. Residents and representatives stated that residents receive specialised nursing care according to their needs and preferences.

2.6 Other health and related services

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

Team's recommendation
Does comply

Residents are referred to appropriate health specialists in accordance with their needs and preferences. A multidisciplinary team including the general practitioner, contributes to residents' assessments and identifies the need for input from other health specialists. The home accesses a number of specialist services including speech pathology, podiatry, dental, mental health, optometrist, and dietician. In consultation with residents and their representatives, residents are referred to appropriate health specialists and allied health practitioners. Information and recommendations resulting from specialists' reviews are provided to the home's clinical staff, and any adjustments to care or medication are implemented. Residents and representatives stated that they sometimes organise their own appointments to specialists and are satisfied with the residents' access to health specialist services.

2.7 Medication management

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

Team's recommendation
Does comply

The home has systems and processes in place to ensure that medications are ordered, stored, administered, documented, and disposed of safely and correctly. Medication competent care staff administer residents' medications via a multi-dose blister pack medication administration system. Residents' individual medication profiles and signing sheets contain photographic identification, and information relevant to the administration of their medication. An external accredited pharmacist conducts an annual review of individual resident's medications, and the home and general practitioner have access to the report. There is a process in place to monitor the safety of the home's medication management processes through internal auditing, and medication incidents are recorded and analysed with follow-up actions as required. Residents and representatives stated that they are satisfied that residents' medications are administered and managed safely and correctly.

2.8 Pain management

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

Team's recommendation
Does comply

Processes are in place to ensure all residents are as free as possible from pain. On entry to the home and as required, residents' pain management needs are assessed and evaluated. Assessment tools include identifying non-verbal cues to determine pain in residents with cognitive or communication deficits. A pain observation and intervention chart is used to track the incidence of pain, and staff assess and review the effectiveness of pain management interventions. In addition to pain relieving medication, alternative strategies are used to manage pain that include repositioning, aroma therapy, emotional support, heat applications, and exercises. There are processes in place for monitoring of 'as required' medication. Residents and representatives stated residents' pain is managed effectively by staff at the home.

2.9 Palliative care

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

Team's recommendation
Does comply

The home's approach to palliative care ensures the comfort and dignity of terminally ill residents is maintained in accordance with their needs and preferences. Residents are kept in their familiar environment at the home where it is the resident's wish and the home is able to safely manage the care required. Residents and representatives have the opportunity to complete an advance care directive on entry to the home, or thereafter as preferred. Care plans are reviewed and revised to guide staff in maintaining the comfort and dignity of terminally ill residents. The clinical nurse monitors the effectiveness of care interventions, including review of pain management or care needs. If necessary, the home liaises with an external palliative care service that provides specialist advice on complex care issues. Residents and representatives interviewed reported that the comfort and dignity of terminally ill residents is maintained.

2.10 Nutrition and hydration

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

Team's recommendation
Does comply

Residents' needs in relation to nutrition and hydration are assessed on entry to the home, and monitored on an ongoing basis. Residents' personal preferences, special needs, allergies, and cultural requirements are recorded and communicated to relevant staff. Residents are weighed on entry, monitored monthly and any concerns are reported to the clinical nurse. A contracted catering company is used by the home and they develop all menus with input from of their dietician. Following assessment by allied health practitioners, modified cutlery, crockery, and altered textured meals are ordered as required. Residents who are identified with swallowing difficulties are referred to their general practitioner and speech pathologist for review. Staff were observed to be assisting residents with their meals and drinks. Residents and representatives reported that they are satisfied with the home's approach to meet residents' nutrition and hydration needs.

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

Team's recommendation
Does comply

On entry to the home, an assessment of residents' skin integrity and pressure ulcer risks is completed. Individualised care plans are developed, and these detail preventative strategies to maintain residents' skin integrity. Regular reviews are conducted and where a risk of compromised skin integrity is identified, treatments and nursing interventions are implemented. A range of aids and equipment to maintain and promote skin integrity and reduce the risk of skin injury are available, and include the provision of pressure-relieving mattresses and cushions, limb protectors, and specialised manual handling equipment. Staff undertake education on maintaining residents' skin integrity, and specialist wound services are utilised if required. Residents' skin integrity incidents such as skin tears and wounds are reported and analysed, with follow-up actions as appropriate. Residents and representatives interviewed stated they are satisfied with the care provided in relation to residents' skin integrity.

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

Team's recommendation
Does comply

The home has processes in place to ensure that residents' continence is managed effectively. On entry to the home, residents' continence needs are assessed by the registered nurse, and care plans are developed and reviewed three monthly or as required. Residents are assisted to manage their continence through a range of measures, including scheduled toileting and the use of suitable continence aids, to ensure residents' comfort and dignity are maintained. Bowel elimination is monitored and interventions are documented. The environment was observed to be clean and free from odour. Staff reported that they have sufficient supplies and training to enable them to manage the continence needs of the residents. Residents and representatives interviewed stated that the home is effective in meeting residents' continence needs.

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

Team's recommendation
Does comply

There are processes in place to ensure that the needs of residents with challenging behaviours are managed effectively. Residents' behaviours are assessed on entry to the home, and care plans are developed outlining the interventions required to minimise and manage residents with challenging behaviours. Regular reviews are undertaken, and care interventions are discussed with residents, representatives, and the general practitioner. Referrals to specialist services, including older adult mental health services, are made in consultation with the general practitioner. The home has policies and procedures to minimise and monitor the use of restraint, and appropriate authorisation and review is completed. Residents and representatives reported that they are not adversely affected by the behaviour of other residents.

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

Team's recommendation
Does comply

The home has processes in place to support residents in achieving and maintaining their optimum levels of mobility and dexterity. On entry to the home, residents are assessed for their mobility, dexterity, and falls risk by the physiotherapist and occupational therapist. Care plans and mobility charts are developed and reviewed three monthly, and as required. The care plan indicates appropriate assistive equipment required, and group exercise programs are implemented by the therapy assistants, who monitor residents' progress. Appropriate seating and other aids are available to assist mobility and maintain residents' independence. The team observed residents moving around the home using mobility aids, and undertaking group exercise sessions with the therapy assistant. An incident reporting system includes analysis of incidents to identify trends, and implementation of strategies to reduce residents' falls. The physiotherapist conducts manual handling training annually for all staff. Residents and representatives interviewed by the team expressed their satisfaction with the support provided to maintain their mobility and dexterity.

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

Team's recommendation
Does comply

There are processes in place to ensure residents' oral and dental health is maintained. On entry to the home residents' oral and dental health and their ability to manage their oral hygiene is assessed. Residents' care plans detail strategies and the assistance residents require to maintain their oral and dental hygiene including assistance required to clean their teeth or dentures. Care plans are reviewed three monthly to assess the effectiveness of the care interventions. An annual dental examination is offered to all residents, and follow up treatment is arranged with family consultation. Staff reported that they routinely undertake oral care for residents, and ensure they have appropriate oral health equipment and products. Residents and representatives interviewed expressed satisfaction with the oral and dental care provided by the home.

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

Team's recommendation
Does comply

Residents' care needs related to sensory loss are assessed on entry using the integrated assessment tool and strategies are implemented to manage these effectively. Care plans alert staff to residents' sensory losses, their care needs, and the relevant interventions related to sensory loss. Assistive devices are available for residents to minimise the effects of sensory deficits, and maximise each resident's independence and interaction in activities of daily living. Residents have access to large printed information, including residents handbook and newsletter and large printed library books. The activities program has opportunities for the residents' sensory enrichment, and the team observed residents enjoying a cookery demonstration in the activities area. Residents and representatives stated they are satisfied with the assistance they receive from staff to manage their sensory losses.

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

Team's recommendation
Does comply

There are processes in place to assist residents to achieve natural sleep patterns. On entry to the home, the residents' settling routines are identified, as well as aids used to promote sleep, and their retiring and rising preferences. Staff reported they assist residents to settle at night by using strategies including physical exercise during the day, and at night the dimming of lights, a quiet environment, pain management, and the offer of a snack or warm drink. Night sedation medication is administered as prescribed and is regularly reviewed by the resident's general practitioner. Residents and representatives interviewed reported to the team that they are satisfied with the way staff help the residents to achieve a restful sleep at night.

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

For further information please refer to expected outcome 1.1 Continuous improvement.

Some examples of improvements either planned or currently in progress in relation to Standard three are list below.
- Through the audit process, the home identified gaps in relation to the process for orientating and welcoming new residents to the environment. A resident survey was completed to generate feedback and suggestions and the home has commenced with developing a formalised welcome and orientation process for new residents. The pre-admission pack is currently being reviewed, and the home is currently developing staff guidelines. An orientation checklist to ensure all aspects are covered when a new resident is admitted, is being developed to ensure residents are supported and assisted to settle into their new environment.
- A therapy equipment register has been developed and a maintenance and cleaning program put in place, following an audit identifying that therapy equipment was not being checked and cleaned on a regular, scheduled basis. Therapy staff are now utilising the equipment more frequently.

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

Team's recommendation
Does comply

The home has systems and processes in place to identify and ensure compliance with relevant legislation, regulations, standards and guidelines. Memberships with peak bodies

and industry groups are maintained and they advise the home of any changes. Updates and notifications are also received from the Department of Health and Aging. Relevant changes are logged on a regulatory compliance matrix and a review of the information is conducted and discussed at management meetings on a weekly basis. Information is disseminated to staff via memos, staff meetings and any changes to policies or processes discussed, with education and documented guidelines provided as needed. Residents and representatives are notified of changes to accommodation fees and charges as they occur. The home has systems in place, and staff are aware of processes for reporting resident assaults and unexplained absences.

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

For further information please refer to expected outcome 1.3 Education and staff development.

Examples of education and staff development delivered in relation to Standard three are listed below.
- Elder abuse
- Cultural diversity
- Advance care directives guidelines.

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

There are processes in place at the home to ensure that residents receive support in adjusting to life in a new environment. Staff and management welcome and orientate residents and their families to the home. Residents' emotional care needs are identified during the initial assessment period, and care plans identify strategies to guide staff to assist the resident during the settling in period. Pastoral care is provided to residents who require extra support. Residents are encouraged to personalise their rooms and to join in activities at the home and in the community. Staff described the strategies they use to meet the emotional needs of the residents. Residents and representatives interviewed advised they are satisfied with the emotional support offered by staff at 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 processes in place to assist residents to achieve maximum independence, maintain friendships and participation in the community. Residents' abilities and wishes in relation to independence and lifestyle needs are assessed on entry to the home, and documented in their care plans. Residents are assisted to achieve independence through social events, therapy activities, and friendships within the home and community. The

occupational therapist and physiotherapist provide specific equipment to maintain residents' independence. Relatives, friends, and community groups visit the home, and a weekly bus outing is available for all residents. Residents and representatives reported that they are satisfied with the assistance provided by staff at the home to maintain residents' 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

Residents' rights to privacy, dignity and confidentiality in the home are recognised and respected. The team observed staff interacting with residents in a respectful manner. All residents have a single room and ensuite. Resident confidential documentation is stored securely and accessed only by authorised personnel. The team observed that staff knock on doors prior to entering residents' rooms. All staff complete and sign a confidentiality statement on employment, and undertake education on respecting residents' privacy and dignity at orientation. Staff reported how they maintain the residents' privacy and dignity, and are aware of the confidentiality of resident information. Residents and representatives described how staff respect residents' personal space, dignity, and confidentiality.

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

Team's recommendation
Does comply

Processes are in place to ensure that residents are encouraged and supported to maintain interests and activities. Residents' social history and current interests are assessed by the occupational therapist, and individual therapy care plans are developed and reviewed three monthly. The activity program planner is displayed throughout the home, and residents have access to a range of internal and external activities, including those suitable for residents with sensory, cognitive or mobility impairment. To ensure residents' needs and preferences are met, the occupational therapist and therapy staff regularly evaluate residents' participation in activities. Staff described, and the team observed, staff supporting and encouraging residents to attend social activities. Residents and representatives interviewed stated that residents are supported to participate in activities and interests appropriate to their needs and preferences.

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

Team's recommendation
Does comply

On entry to the home, each resident's individual interests, customs, beliefs, and cultural and linguistic needs are identified, documented in the care plans, and reviewed three monthly. This information is used in the development of the activities program, and includes appropriate community and culturally-specific group activities. Residents have access to the different religious personnel according to their needs and preferences. The home has a chapel on site and all residents are welcome to attend services. Residents' birthdays are celebrated and families are encouraged to book time and space for family functions.

Residents and representatives interviewed reported that they are satisfied with the support they receive to meet their spiritual and cultural needs and preferences.

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

Processes are in place to ensure that residents and representatives participate in decision making about care and service delivery through resident and representative surveys, comments and complaints, and residents' meetings. Resident and representative input is sought during care planning to meet individual needs and preferences, including activities of daily living, choice of general practitioner, food preferences, and the activity program. Information on resident advocacy groups and complaints processes is available to residents, and displayed around the home. Staff respect the residents' choice not to participate in activities and events, and their right to refuse treatment. Residents and representatives interviewed reported that they are satisfied with the opportunities residents have to make choices and decisions over their lifestyle.

3.10 Resident security of tenure and responsibilities
This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's recommendation
Does comply

The home has processes in place to ensure residents have secure tenure within the home, and understand their rights and responsibilities. Information on residents' rights and responsibilities is on display in the home and included in the resident agreement. On entry to the home, residents or representatives receive a resident agreement that outlines security of tenure and the residents' rights and responsibilities. External advocacy and guardianship/administration are used as required. Consultation is undertaken with residents and representatives prior to room transfers within the home and changes to the provision of services. Staff are provided with education and training regarding residents' rights. Residents and representatives reported that they are satisfied residents have security of tenure at the home.

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

For further information please refer to expected outcome 1.1 Continuous improvement.

Some examples of improvements either planned or currently in progress in relation to Standard four are list below.

- Following a review of the staff performance appraisal tool, it was identified that the education and skills areas did not include competencies in relation to fire, occupational safety and infection control. A management decision was made to include these competencies as a part of each employee's annual review. The education questionnaire has since been developed and staff must now demonstrate their competency in the various areas as a part of their annual performance appraisal. The improvement is yet to be evaluated, but management are confident staff knowledge in relation to the topics has improved.
- An audit and liaison with other aged care homes identified that the home does not have a business continuity plan to support the home, residents and staff should a critical event occur. The quality service manager is currently negotiating a memorandum of understanding and networking with local emergency services and suppliers, to develop a plan and be prepared in the event the home should need to operate without essential services or need to shut down the building for a period of time due to a critical event.

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

Team's recommendation
Does comply

The home has systems and processes in place to identify and ensure compliance with relevant legislation, regulations, standards and guidelines. Memberships with peak bodies and industry groups are maintained and they advise the home of any changes. Updates and notifications are also received from the Department of Health and Aging. Relevant changes are logged on a regulatory compliance matrix and a review of the information is conducted and discussed at management meetings on a weekly basis. Information is disseminated to staff via memos, staff meetings and any changes to policies or processes discussed, with education and documented guidelines provided as needed. A food safety plan is in place and the home has processes in place for the reporting of outbreaks and infections.

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

For further information please refer to expected outcome 1.3 Education and staff development.

Examples of education and staff development delivered in relation to Standard four are listed below.
- Infection control
- Occupational safety and health
- Fire and safety
- Manual handling
- Food safety
- Chemical safety
- Intimidation in the workplace.

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 at the home have access to safe, clean and well maintained private and communal areas. Scheduled and corrective cleaning and maintenance programs assist to provide a comfortable living environment for residents. Hazard alerts and environmental audits are completed and actioned in a timely way, to remedy any safety issues. Internal temperatures are controlled via reverse cycle air-conditioning and noise levels are monitored to suit residents' preferences. Residents have access to call bells, adjustable furniture and equipment to support their needs. Staff practices were observed to support a safe and comfortable living environment, ensuring walkways are clutter free and equipment is used and stored safely. Residents and representatives confirmed there are satisfied the home provides a safe and comfortable environment.

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

Systems and process are in place which assist the home to provide a safe working environment. Management and staff have access to policies, procedures, and guidelines, and attend annual mandatory occupational safety and health (OSH) education. Elected OSH representatives are available for advice and support, and the home's management and staff representative meet monthly to discuss quality and risk management, hazards and incidents. All employees are encouraged to adopt a risk management approach, and a culture of safety is promoted at the home. Workplace inspections, housekeeping audits and hazard alerts are completed and discussed with staff at meetings, and safety issues are highlighted in memos as to actions required, and the promotion of safe systems of work. Staff confirmed they are satisfied that they are provided with, and contribute to, a safe working environment.

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

Systems and processes are in place at the home to detect and act on fire, security and emergency risks and incidents. Emergency response manuals, evacuation maps and emergency numbers are available at various points around the home in the event and emergency occurs. Approved professionals carry out regular maintenance and checks on fire systems, security systems and duress alarms. Staff are able to locate information and describe how to respond in the event of a fire or emergency. Residents have fire and evacuation information displayed in their rooms. Security checks, cameras, duress alarms and lock up procedures are in place to secure the building and maintain staff and residents' security. Designated smoking areas are available for staff and residents, with ashtrays and fire blankets to reduce fire risks.

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 surveillance program in place which assists in identifying, containing and preventing infection. The home monitors residents' infections which are recorded, collated and analysed to determine any trends or areas for action to prevent infection. An infection control representative is on staff and oversees staff practice, controls outbreaks, completes audits and provides infection control updates. An external consultant is also utilised by the home for professional advice and education. A food safety system is in place, with colour-coded food preparation and cleaning equipment. Vaccination programs for staff and residents are conducted and resources are available to contain infection inclusive of outbreak kits, personal protective equipment, hand washing facilities and antibacterial hand gels. Information on gastroenteritis and influenza outbreaks is available, along with the home's own guidelines regarding infection control. Staff are aware of, and demonstrate practices in line with, government and the home's infection control guidelines.

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

Catering, cleaning and laundry services are provided according to residents' needs and preferences, in a manner which enhances their quality of life. Rotating seasonal menus provide residents with a choice of meals, catering to any special dietary requirements. Cleaning is completed on a daily basis and hospitality and maintenance staff follow a schedule of spot and spring cleaning in residents' areas, laundry and food service areas. A system for labelling clothing and returning lost clothing is in place. Residents and representatives can give feedback in relation to hospitality services through monthly meetings and surveys. Regular environmental audits are conducted to ensure a consistent standard is maintained. Residents and representatives confirmed they are very satisfied with catering, cleaning and laundry services provided.