



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Kowree Nursing Home

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

The Agency has decided that the period of accreditation of Kowree Nursing Home is three years until 6 November 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:		Kowree Nursing Home			
RACS ID:		3498			
Number of beds:		18	Number of high care residents:		18
Special needs group catered for:			<ul style="list-style-type: none"> • Nil 		
Street:		128 - 134 Elizabeth Street			
City:	Edenhope	State:	Victoria	Postcode:	3318
Phone:		03 5585 9800		Facsimile:	03 5585 9891
Email address:		info@edmh.org.au			
Approved provider					
Approved provider:		Edenhope & District Memorial Hospital			
Assessment team					
Team leader:		Lois Knox			
Team member:		Jill Packham			
Dates of audit:		17 August 2010 to 18 August 2010			

Executive summary of assessment team's report	
Standard 1: Management systems, staffing and organisational development	
Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
Standard 2: Health and personal care	
Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

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

Accreditation decision

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

Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Kowree Nursing Home
RACS ID	3498

Executive summary

This is the report of a site audit of Kowree Nursing Home 3498 128 - 134 Elizabeth Street EDENHOPE VIC from 17 August 2010 to 18 August 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd. 23 August 2010.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Kowree Nursing Home.

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 17 August 2010 to 18 August 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:	Lois Knox
Team member:	Jill Packham

Approved provider details

Approved provider:	Edenhope & District Memorial Hospital
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Details of home

Name of home:	Kowree Nursing Home
RACS ID:	3498

Total number of allocated places:	18
Number of residents during site audit:	18
Number of high care residents during site audit:	18
Special needs catered for:	Nil

Street:	128 - 134 Elizabeth Street	State:	Victoria
City:	Edenhope	Postcode:	3318
Phone number:	03 5585 9800	Facsimile:	03 5585 9891
E-mail address:	info@edmh.org.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Kowree Nursing Home.

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
Chief executive officer	1	Enrolled nurses	3
Director of nursing	1	Endorsed enrolled nurses	3
Acting unit manager	1	Residents/representatives	7
Registered nurses	2	Laundry staff	1
Human resource manager	1	Cleaning staff	1
General services manager	1	Catering staff	2
Clinical education coordinator	1	Maintenance staff	
Quality manager	1	Administration officers	2
Occupational health and safety officer	1	Leisure and lifestyle officer	1

Sampled documents

	Number		Number
Residents' clinical files (hard and electronic)	4	Medication charts	10
Summary care plans	4	'Whenever necessary' medication administration records	5
Residents' lifestyle and leisure files	6	Residents' administration files	3
Electronic lifestyle and leisure care plans and assessments	3	Food allergies	10
Weight records	10	Deceased resident files	2
Wound care records	6	Personnel files	6
Advanced care plans	4	Dermal patch application records	5

Other documents reviewed

The team also reviewed:

- Activities attendance records
- Activities calendar
- Annual essential safety measures report 18 January 2010
- Annual review of external contracts
- Approved suppliers and contractors list
- Audits and monthly quality reports
- Budget 2009/2010
- Church services schedule
- Cleaning schedules
- Cleaning: schedule and sign off sheet
- Clinical diary
- Clinical forms template folder
- Clinical pathway for admission
- Comments and complaints forms and evaluation records
- Confidentiality statements
- Contractor agreements and service reports
- Education attendances and evaluations
- Emergency procedures action plan
- Emergency procedures area warden action cards
- Emergency telephone contact numbers for staff, medica, allied health and other relevant stakeholders
- Evacuation plan
- Evidence folders: Standards one, two three and four
- Fire and safety annual certificates
- Food safety program 2010
- Handover sheets
- Improvement forms
- Individual bowel chart
- Individual resident physiotherapy plans
- Infection control group report for March 2009 and August 2010
- Infection control manual
- Infectious outbreak guidelines
- Internal assessment of current lifestyle program
- Intranet program
- Inventory register
- Kitchen: electronic records of all areas where food temperatures are taken such as freezer temperatures, cool room temperatures, thermometer calibration records and all refrigerators
- Laundry: work schedule, cleaning schedule
- Local government registration of premises certificate 21 June 2010
- Maintenance book
- Mandatory education matrix
- Material safety data sheets
- Medical stores database and stock lists
- Medication matrix August 2010.
- Memoranda folder
- Minutes of meetings
- Newsletter
- Nineteen day rotational menu
- 'No lift' training tool
- Occupational health and safety activity reports

- Occupational health and safety training manual
- Orientation folder
- Orientation schedules
- Outbreak and emergency plans
- Outbreak management report 8 February 2010
- Pictorial skin tear classification protocol
- Plan for continuous improvement
- Police check register
- Policies, procedures and flowcharts: clinical and non-clinical
- Position descriptions
- Preventative maintenance schedule and reports
- Privacy consent forms
- Professional registrations records
- Prospective residents' enquiry pack
- Registration matrix
- Regulatory compliance update folder
- Resident and staff evacuation sheet
- Resident list
- Residents and relatives' surveys
- Residents' birthday list
- Residents' handbook
- Residents' information package
- Risk assessment schedule
- Safe environment manual
- Signature register
- Staff code of conduct booklet
- Staff handbook
- Staff information pack
- Staff roster
- Strategic plan 2005-2012
- Supplier handbook
- Third party food safety audit report 9 June 2010
- Vision, Mission and Philosophy statements
- Workplace inspection reports.

Observations

The team observed the following:

- Activities in progress
- Archive room
- Camera surveillance
- Catering service in progress
- Cleaning in progress
- Comments and complaints forms
- Designated staff smoking area
- Employee of the month nomination forms
- Equipment and supply storage areas
- Evacuation maps
- External and internal living environment
- External complaints and advocacy brochures
- Fire and safety equipment and signage
- Handover in progress
- Health and information brochures
- Improvement forms

- Individual exercise sheets in resident rooms
- Interactions between staff and residents
- Keypad security
- Laundry service in progress
- Lifting equipment
- Low stimulus environment
- Macerator and equipment
- Meal service preparation
- Meal service in progress
- Medication round in progress
- Mobility aids and lifting equipment
- Nostalgia memorabilia
- Nurses' station
- Pan room
- Photo boards
- Privacy curtains in shared rooms
- Quiet room
- Raised garden beds
- Sign in registers
- Spills equipment
- Staff and residents noticeboards
- Staff room
- Storage of clinical files
- Storage of medications, continence aids and wound care products
- Suggestion box
- Visitors
- Waste disposal
- Wide corridors with hand rails in situ.

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

Kowree Nursing Home is affiliated with the Edenhope and District Memorial Hospital; the hospital’s board of management oversees and supports management, clinical and quality systems. The home has effective systems to identify, action and evaluate continuous improvement across the four Standards. Information is collected by the quality manager via feedback by staff, residents and relatives through their meetings, comments and complaints, improvement forms and surveys and through analysis of monthly data collection on incidents, occupational health and safety reports, audits and clinical indicators. There is an organisational continuous improvement plan for larger issues concerning the nursing home as a result of strategic planning and legislative updates. Items are logged onto a spreadsheet with progress monitored by the quality manager in consultation with departmental heads. The plan is discussed at the regular continuous improvement meetings with board members and staff representatives. A quality report is completed as items are closed to evaluate effectiveness and discussions held if further actioning is required. Identified issues can lead to additional staff education, policy and procedure reviews, adjustment to the audit schedule or a change to equipment or external contractor. Staff confirm they are encouraged to make suggestions and that continuous improvement is discussed at their meetings. Residents and representatives state they can discuss any issues at their meetings and they feel comfortable approaching staff directly.

Examples of recent improvements relating to Standard one:

- Staff have been given education on completing the resident of the day documentation to ensure consistent information is collected and they have a good understanding of the system.
- A training tool has been developed for the electronic care planning program to ensure all relevant staff are competent in writing care plans and undertaking evaluations.
- A more formalised approach has been developed involving students who attend the home under the Duke of Edinburgh program. Specific duties are now allocated to improve supervision and the structure of the program for students while on site and to ensure valuable interactions with the residents.

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 receives regular information and updates on professional guidelines and legislative requirements through subscription to a legal update service, membership to industry bodies and notifications from government departments. Processes are in place to ensure relevant policies and procedures are revised and audits and competencies are conducted to monitor compliance. Staff are informed of changes through meetings, memorandums and education sessions. The home has an effective system in place to

monitor that police checks are current for staff, volunteers and contractors and that professional registrations are renewed annually. Confidential information is stored and destroyed securely according to regulations and residents are informed of external complaints and advocacy services.

1.3 Education and staff development

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

Team's recommendation

Does comply

The home provides all staff with a comprehensive education framework to enable the maintenance and upskilling of clinical and non-clinical practices. The topics for inclusion in the current staff education calendar were derived from staff requests and interest, mandatory topics, performance appraisals, audit and incident results, resident clinical changes, training needs analyses, program evaluations and issues related to specific work areas within the four Accreditation Standards. Education sessions are provided using a variety of informal and formal modalities including 'e-learning' and self-directed packages; attendances are maintained and sessions are evaluated. Staff selection criteria require all clinical staff to have or be working towards higher registration. All staff attend a formal orientation that includes an overview of mandatory topics. Staff are informed of forthcoming internal and external education programs via for example, e-mails, fliers displayed on the staff notice board, meetings and meeting minutes. Staff confirm their satisfaction with the opportunities offered in accessing continuing education.

Recent education opportunities that have had a major influence on staff and resident outcomes reflecting management systems include the following:

- Elder abuse.
- Preceptor training.
- Management skills for nurse managers.
- Four day quality assessor course (director of nursing).

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

The home provides stakeholders with access to internal and external complaints handling mechanisms. Comments and complaints information is discussed with residents and representatives prior to entry and is documented in the residents' handbook, formal agreement and brochures throughout the facility. Resident feedback forms and a suggestion box is positioned in the foyer; the home has an open door policy and regular meetings provide an opportunity to raise any issues or concerns. Data from comments and complaints is collated, actioned and reviewed with any trends feeding into the continuous improvement system. Residents and representatives state they are aware of the internal and external complaints systems and say they are comfortable approaching staff with any concerns.

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 vision, mission and philosophy statements are clearly display throughout the facility and are consistently documented in publications for staff, residents and representatives and the general public. The organisation has a strategic plan in place and a capital budget which contains items specific to the nursing home. The board of management's commitment to continuous improvement is articulated in the values statement and the strategic and operation plan.

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 director of nursing provides overall supervision, support and guidance at all times; this role is supported by a unit manager, registered nurses, endorsed and enrolled nurses who provide clinical care across all shifts. Hotel services, maintenance and administrative staff provide specific support services; Currently, residents have compacted access to lifestyle staff offering limited diversional and lifestyle activities. To ensure maximum resident care during periods of increased resident acuity, the director of nursing has the ability to increase the broader staffing profile. Recruitment is managed at a local level, vacant positions offered via the home's website, local print media and other modalities. Staff are selected according to organisational needs and clear criteria for the vacant position available. New staff attend a formal orientation that includes an overview of mandatory topics; all staff are appraised annually or as required and have completed probity checks. The home has a stable work force that enables increased continuity of care and has a bank of casual staff. Staff confirm that staffing levels reflect the changing needs of the residents; residents and representatives confirm their general satisfaction with the staffing profile; residents and representatives compliment the staffs' attentiveness to care practices.

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 has systems and processes in place to ensure stocks of appropriate goods and equipment is made available for quality service delivery. Departments work within a prioritised capital budget and larger items are authorised at board level. The home has evidence of the safety, working order and suitability of appropriate goods and equipment. A stock imprest system and rotation of stock is monitored by relevant departmental managers and new equipment undergoes a risk assessment through the occupational health and safety representatives. Equipment is maintained through a preventative and reactive maintenance schedule and electrical equipment is tested and tagged by appropriately qualified staff. Staff, residents and representatives are satisfied there are satisfactory levels of goods and equipment available 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 are in place to ensure staff have access to current information necessary for the effective delivery of services and for residents and representatives to be informed of their care management. Staff are supplied with formal contracts, position descriptions and information handbooks that inform them of policies and procedures and residents and representatives are supplied with contracts and handbooks stating their rights and responsibilities. New information is distributed to staff through meetings, memoranda, noticeboard displays, handover sheets, care plans and progress notes. Residents and representatives are kept up to date through meetings, newsletters and one on one consultation. The home's computer system is password protected and has back-up to an external hard drive and confidential material is stored and disposed of according to regulations. Staff state communication is satisfactory and they are able to access current information as needed. Residents and representatives say they are consulted when changes occur and that staff and management are accessible if required.

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 ensure ongoing quality and responsiveness of externally sourced services. Formal service agreements are signed off by the chief executive officer and include information on insurance, police clearance, qualifications and expected service levels and these are reviewed bi-annually for satisfaction. Feedback from staff, residents and representatives is sought through audits, surveys and observations. New suppliers undertake an orientation and are given a handbook. A list of preferred service providers is available and staff can access after hours emergency personnel. Staff, residents and representatives state they are satisfied with the quality of service provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home pursues continuous improvement in relation to residents' health and personal care. An audit schedule is in place that covers clinical areas; incident and infection data is analysed and trended. Identified issues are captured and corrective actions are implemented through the home's improvement processes. Staff confirm monthly clinical data is discussed at meetings; residents state they are satisfied with feedback on any health management concerns.

Examples of recent improvements in relation to Standard two:

- The physiotherapy care plans have been reviewed by the physiotherapist to ensure appropriate and achievable exercise programs are in place. Staff have also received education by the physiotherapist to ensure correct implementation of the exercises.
- An ongoing review of bowel charts is underway. More detailed information is being added to care plans and on the individual bowel charts to capture daily dietary requirements.
- As a result of a rise in skin tears of one of the residents, a meeting was held with the family to review the resident's clothing needs. It was suggested to the family that they purchase particular types of clothing to reduce the risk of skin tears.

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 ensures compliance with regulations and guidelines regarding health and personal care through their policies and procedures, regular auditing, education sessions and clinical competencies. Care plans are written by qualified staff and overseen by a registered nurse; medication management and specialised nursing care are provided by qualified staff. Medications are stored securely; medication incidents are reported and acted on appropriately.

2.3 Education and staff development

This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team's recommendation

Does comply

The home provides clinical staff with a comprehensive education framework to enable the maintenance and upskilling of clinical practices. The topics for inclusion in the current staff education calendar were derived from staff requests and interest, mandatory topics, performance appraisals, audit and incident results, resident clinical changes, training needs analyses, program evaluations and issues related to health and personal care.

Recent education opportunities that have had a major influence on staff and resident outcomes reflecting health and personal care include the following:

- Bladder and bowel management.
- Understanding renal impairment and associated medication management.
- Understanding and managing residents living with dementia.
- Assessing the resident with dysphagia.

Mandatory topics:

- Basic and advanced life support.
- Medication management for registered and endorsed nurses.
- Syringe driver management.

2.4 Clinical care

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

Team’s recommendation

Does comply

There are clinical policies, procedures and flowcharts to inform and guide staff in all aspects of clinical care. Residents’ clinical care needs are assessed (using validated and generic tools), planned, managed and reviewed by registered nurses, in collaboration with endorsed and enrolled nurses; the family, the attending general practitioners and relevant visiting allied health practitioners provide further information. A monthly ‘resident of the day’ process occurs that incorporates a holistic view of the resident. Residents have a choice of general practitioner and visiting allied health professionals who assess, review and document treatments in either the resident’s electronic or hard copy progress notes. Residents and relatives are consulted formally when initial care plans are implemented and at other times. If residents require an episode of acute care, a suite of transfer documents accompanies them. Direct care shift handovers are conducted; clinical and behavioural incidents are reported, recorded and monitored. Monitoring all aspects of clinical care is achieved through scheduled clinical audits, resident and representative feedback, and the monthly review. Residents and representatives confirm their satisfaction with the health and personal care practices provided by the home

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s recommendation

Does comply

Specialised nursing care needs are assessed, planned, managed and reviewed by a registered nurse. Specialised nursing care currently consists of for example, medication management, diabetic care, wound management, pain management, skin integrity, palliative care and mental health issues. Whilst specific registered nurses at the home hold speciality qualifications in for example, complex wound care and dysphagia management, a range of regional and industry based nurse specialists can be accessed to provide additional advice and support. Care plans and the integrated progress notes record strategies recommended by these nurses. Specialised nursing care is monitored via care plan review, the formal audit schedule and feed back from residents and representatives. Residents and representatives confirm their satisfaction with the provision of specialised nursing care.

2.6 Other health and related services

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

Team’s recommendation

Does comply

Residents are referred to visiting regionally based allied health professionals such as a physiotherapist, a speech pathologist, a dietitian, a dentist and a podiatrist. Comprehensive assessments and prescribed treatments are documented in either the electronic or hard copy progress notes and specific information is transcribed into the care plans. Residents and representatives confirm that they are aware of the availability of allied health professionals.

2.7 Medication management

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

Team’s recommendation

Does comply

Registered nurses manage residents’ medication safely and correctly; registered nurses and endorsed enrolled nurses administer medications from predominantly original packaging. Resident identification is clear and administration processes are systematic. A scheduled monitoring system generally ensures that deficits are identified and addressed; there are documented processes in place to guide staff if medication administration errors occur. An independent pharmacist reviews all medication charts on a scheduled basis providing the attending general practitioners and the home with a confidential report. A resident outcome is recorded after the administration of ‘whenever necessary’ medications. The team observed that general medications are stored securely and that there is a safe disposal system in place. Dangerous drugs are stored with additional security; the home has a system in place to ensure safe administration of all these and other high risk drugs. Residents confirmed that their medications are given in a safe and timely manner.

2.8 Pain management

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

Team’s recommendation

Does comply

The resident’s past history and current presence of pain are defined during the entry assessment phase. Pain management protocols are reviewed if there is a change in cognition, a change in clinical status, when there is a new episode of reported pain and when ‘whenever necessary’ analgesia is administered over a period of time. Two validated pain assessment tools are used to assist care staff in assessing pain management; pain assessments are holistically linked to the physiotherapy, continence, behaviour and sleep assessments. The presence of pain is a major consideration if there is a disturbance to sleep, mobility and behaviour. Alternatives to medication such as simple hand massage and individualised diversional tactics are utilised. Equipment such as memory foam mattresses and cushions are available; the home has access to specialist pain management nurses for additional support and advice. Residents and representatives interviewed said that they are satisfied with the home’s management of pain.

2.9 Palliative care

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

Team’s recommendation

Does comply

Residents and their families are consulted about and encouraged to complete advanced care plans regarding end of life care during the entry phase or when the family choose to communicate these wishes; in addition, families are encouraged to discuss all end of life concerns with the family general practitioners. The registered nurses reassess the resident’s needs when the resident has passed to the palliative approach in collaboration with the family, attending general practitioner and if requested, the regional palliative care specialists. The home has access to specialised equipment for the constant and consistent administration of analgesia and other specific medications to minimise anxiousness and nausea; residents have the choice of remaining at the home or moving to a dedicated palliative care room in the adjoining acute care facility. To enhance resident and relative support, the home facilitates visiting religious professionals, pastoral carers and a regional social worker.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

During the entry assessment, resident nutrition and hydration needs, food preferences, the presence of food allergies, intolerances, any swallowing difficulties and weight management requirements are noted on a generic nutrition assessment tool; a care plan is derived from this information. Residents are reviewed by the contracted dietitian when nutritional deficits become apparent; a visiting speech pathologist complements this service. Catering staff are informed of specific and relevant dietary information; a range of texture modified meals, thickened fluids and adaptive cutlery and crockery are available for all meals and at refreshment times for those who need them. Residents are weighed monthly or as required; unplanned weight loss is generally monitored. A range of nutritional supplements are available and a record of their administration is maintained. Residents and representatives confirm their satisfaction with the quality and quantity of the meals provided and that their input into the menu was valued.

2.11 Skin care

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

Team’s recommendation

Does comply

During the entry phase residents undergo a systematic review of their skin. Using a validated skin assessment tool, registered nurses conduct an assessment to identify risks to skin integrity and the potential for pressure injury. Special note is taken if for example, the resident is diabetic, has peripheral vascular disease, reduced immobility or is frail. Wounds are managed using contemporary and varied dressing protocols and the home has access to ‘in-house and regional wound nurse consultants; skin tears are monitored via the incident reporting mechanism. Pressure relieving practices, specialised equipment and formalised re-positioning regimes are utilised; emollients, barrier creams and a variety of specific nutritional supplements are provided if required. A podiatrist and a hairdresser enhance skin care

practices. Residents and representatives confirm their satisfaction with skin care management.

2.12 Contenance management

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

Team’s recommendation

Does comply

Individual resident continence requirements reflecting if and what aids are being used, how successful the current practices are and what can be done to enhance dignity and comfort are discussed during the entry assessment period. Toileting times and levels of staff assistance are individually prescribed after a defined period of observation and charting; individual trials of continence aids are conducted. Behaviour management includes continence care as a trigger for episodes of agitation and disruptive behaviour; continence requirements are also considered if there are disturbed sleeping patterns. The use of invasive bowel preparations is minimal and early intervention strategies such as increased hydration and a nutritious high fibre diet are in place to maximise normal bowel health. Urinary tract infections are monitored; validated signs and symptoms are used to ensure accurate diagnosis. Residents confirm their satisfaction with the individual continence care provided.

2.13 Behavioural management

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

Team’s recommendation

Does comply

All residents undergo a suite of validated behaviour management assessments during the entry phase, annually and if and when behaviours change. Care plans are developed from for example, information from the assessment tools, from documented staff observations over a defined period of time, from the aged persons mental health team and the family. The home has clear protocols in place to manage the need for restraint, for residents who are aggressive and for residents who may abscond; the home has alternate environmental strategies and limited individual diversional, validation and reminiscing therapies in place to moderate challenging behaviours. The team observed the staff interacting in a calm and therapeutic manner with all the residents.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all residents”.

Team’s recommendation

Does comply

The physiotherapist, in collaboration with the registered nurses assess the resident’s mobility, dexterity and rehabilitation needs and activities of daily living to maximise individual independence. Residents have individualised physiotherapy programs in place and lifestyle staff have regular gentle exercises incorporated into various activities. Residents were observed utilising different mobility aids in a safe manner; maintenance of mobility aids is provided by the maintenance staff. All falls are reported, monitored, analysed, trends identified and if necessary actioned; the home has a range of falls prevention equipment and strategies in place. Residents confirm their general satisfaction with the physiotherapy services provided.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

The resident’s oral and dental needs are reviewed during the entry assessment phase then as part of personal hygiene practices. Care plans document individual preferences for cleaning dentures and other care; residents have a choice of tooth brush bristle. Residents identified as having swallowing difficulties are reviewed by registered nurses qualified in assessing dysphagia and can be also referred to a regional speech pathologist. Resident’s oral care during palliation is individualised and specialised. The home supports residents to attend visiting dentists/dental technicians. Residents confirm their satisfaction with the oral and dental care and assistance provided to them.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Communication, comprehension, vision, hearing, reading and writing are assessed during the entry assessment phase. Care plans in place nominate individual strategies to manage the residents’ sensory needs. Residents are referred to visiting allied health professionals; some residents may attend allied specialists in regional centres. Lifestyle and care staff provide simple hand massage, relaxing music, one to one time and quiet conversation to minimise agitation. The living environment is of low stimuli and the external gardens are a pleasant retreat. During palliation, additional care is taken to ensure that sensory care is enhanced. Residents and representatives confirm that care staff are sensitive to caring for sensory loss.

2.17 Sleep

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

Team’s recommendation

Does comply

During the entry assessment phase, the resident’s sleeping and rest patterns are assessed over a defined period of time. In consultation with the resident/representative, individual resident preferences for rising and settling and other specific rituals are documented in the care plan. The home promotes the use of non-pharmacological interventions where possible. Past life histories, pain management, continence care, immobility and behaviour management are defined precursors to disturbed sleep patterns and are integral to individual care planning. Residents interviewed said that they slept well or that when experiencing sleeplessness it is managed individually.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has a system for monitoring and improving outcomes relating to residents’ lifestyle experiences. Satisfaction levels and ideas for improvement are sourced from audits, surveys and feedback from meetings and attendance records. Residents state they can make suggestions for activities and that feedback is good.

Examples of recent improvements relating to Standard three:

- A new wide screen plasma television has been installed in the day room to improve the residents’ viewing.
- A resident scrapbooking project collecting memorabilia and photographs has commenced by the lifestyle staff. It is planned to display the scrapbook on the noticeboard in the day room to share the residents’ experiences.
- Security of tenure information is currently being reviewed with the planned outcome of providing a clearer, simplified format specifically around bonds and fees. The goal is to produce a flowchart to follow step by step instructions on the process.
- Staffing hours have been extended to eight o’clock in the evenings to provide more activities to residents who wish to stay up later and remain in the day room.

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’s policies, procedures and auditing system ensure staff are aware of, and comply with, relevant regulations relating to residents’ lifestyle. Training and policies are available to staff relating to mandatory reporting, elder abuse and absconding residents. Residents receive information on their rights and responsibilities, security of tenure, privacy and consent in their handbooks and formal signed agreements. There are displays of relevant brochures throughout the home.

3.3 Education and staff development

This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s recommendation

Does comply

The home provides care and lifestyle staff with an education framework to enable the maintenance and upskilling of specific practices related to enhancing resident lifestyle. The topics for inclusion in the current staff education calendar were derived from staff requests and interest, audit and incident results, training needs analyses, program evaluations and issues related to resident lifestyle.

Recent education opportunities that have had an influence on staff and resident outcomes reflecting resident lifestyle include the following:

- Falls prevention.
- Non-pharmacological approaches to resident wandering, dementia and depression.
- The completion of the Certificate four in lifestyle and leisure by an enrolled nurse staff member.

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

Systems are in place to ensure residents and representatives are emotionally supported in adjusting to their new life at the home and on an ongoing basis. New residents are given an information pack explaining services and levels of care; they are taken on a tour and introduced to staff and other residents. On entry, assessments are undertaken to capture past and current social and emotional histories and care plans are developed documenting preferences, emotional triggers and strategies for the resident to enjoy life at the home. Residents are encouraged to personalise their rooms and to maintain close contact with family and friends. The home has access to specialist allied health workers for further support if needed and care plans are reviewed regularly to capture any changes. Residents and representatives are encouraged to discuss any issues or concerns with staff and management. Staff were observed spending one on one time with residents and visitors were present throughout the day. Residents state they feel at home and are comfortable in their rooms.

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 demonstrates that residents are supported to achieve optimal independence, maintain friendships, family connections and community links. The home's assessment and care planning process identifies cognitive, mobility and dexterity levels, any risk taking behaviours and preferences for social interaction. Physiotherapy programs are implemented which include individual exercises to maintain mobility and strength; residents have access to a variety of equipment and utensils to encourage independence. Residents are assisted to access petty cash for daily living requirements, to vote in elections, attend local activities and a taxi can be arranged for external appointments. Regular audits are conducted to ensure the environment is free of hazards. Residents state staff assist them to maintain their independence as required.

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 respects each resident's right to privacy, dignity and confidentiality. Resident and staff handbooks and contracts document policies on this outcome and residents sign consent

forms for release of medical information. There are privacy curtains in shared rooms, doors are closed in single rooms when care is given and dignity capes used when transferring residents to the shower. There is a quiet room to meet with visitors and external secure courtyards. The home has processes in place to accommodate residents and representatives' needs during palliative care. Files are kept in locked areas, handover occurs discreetly and residents can access a safe for the storage of valuables. Staff were observed knocking on doors before entering rooms and addressing residents by their preferred names. Residents confirm that staff treat them with respect and that their privacy is maintained.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

Residents are assessed on entry for their preferences, interests, risks and participation levels relating to lifestyle choices; care plans are developed by the diversional therapist and registered nurse documenting group and individual activities. The lifestyle care plan is reviewed every two months to capture changes to the residents' needs and abilities. The home offers a monthly three day a week program run by a lifestyle staff member; care staff attend to the program on other days and to individual pursuits for immobile residents such as hand and foot massages and one on one reminiscing. Residents that are able attend the affiliate hostel program when appropriate; some residents are also involved with the local community day centre. Community and religious groups visit the home and volunteers, students and visitors are welcome to participate. 'Happy hour' is held weekly and special occasions are celebrated. Residents can make suggestions for activities and satisfaction is measured through attendance/participation records and feedback. Residents confirm they enjoy the activities provided.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

The home demonstrates it fosters and values residents' social, cultural and spiritual lives. Initial assessments and care plans document preferences including special celebratory days, religious choices, interests and palliative care wishes. Staff have access to cultural care kits and interpreters are available if needed. Various religious denominations hold group and individual services, residents attend a local community group and volunteers and visitors are encouraged. Special events are acknowledged and significant days are celebrated. Surveys are conducted to capture satisfaction with this outcome. Residents state satisfaction with the support provided to meet their cultural and spiritual needs.

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

During the entry assessment phase, detailed information about the resident's individual preferences is defined, gaining this information from the resident or their authorised

representative. These preferences include for example, rising and settling times, personal hygiene practices, choices for dressing, grooming, oral and dental care, food preferences, some lifestyle and leisure activities, cultural and spiritual needs and choice general practitioner. If the resident and their representatives choose to, an advanced care plan is completed at this time. Residents and their representatives are provided with a comprehensive information package that clearly defines the operations of the home; the Charter of residents' rights and responsibilities is displayed. Surveys and feedback from meetings monitor residents' satisfaction with their choices and residents can sign consent forms if they wish to practice risk taking activities. Residents and representatives confirm their satisfaction with the home's respect and individualised choices and decision making processes.

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 ensures new residents understand their security of tenure, rights and responsibilities, financial obligations and services offered. An information pack and formal contract agreement covers policies of termination of occupancy and strategies in place to deal with harassment and victimisation. Extensive consultation is undertaken in the event of the need to move a resident to another bed or to a more appropriate facility. Residents and representatives are encouraged to seek external legal and financial advice and the home has an open door policy to discuss any concerns. Monthly invoices are sent out by the organisation's administration along with information regarding prospective changes to fees. Residents state they feel secure in their tenancy 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

The home actively pursues continuous improvement to ensure residents live in a safe and comfortable environment. Identified areas of improvement are sourced through feedback from staff, residents and representatives, maintenance requests, environmental audits and incident and infection data analysis. Issues are addressed immediately where possible or added to the plan for continuous improvement for further investigation and actioning. Residents confirm suggestions can be raised at meetings or directly to staff and staff are knowledgeable of the process for reporting hazards and are involved in the workplace audits.

Examples of improvements relating to Standard four:

- The director of nursing has undertaken formal infection control training and a position description has been developed as a specific portfolio to better manage infection control risks. The immunisation policy has also been reviewed to encourage staff to have inoculations against influenza.
- The policy relating to contacting maintenance services has been reviewed to clarify the procedure for contacting after hours services.
- Material safety data sheets have been updated to ensure current information is available for chemicals on site.
- Fire safety packs have been developed for external contractors to ensure they are managed safely and effectively. They contain evacuation plans, emergency procedures action plans and a fire safety training compact disc. The packs have been mailed to all external contractors and are to be completed annually.

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 a system in place to identify and ensure compliance with relevant legislation to ensure residents live in a safe and comfortable environment. Staff receive ongoing mandatory education on fire and emergency procedures, medication management, infection control, food handling and manual handling. Chemicals are stored appropriately with accompanying material safety data sheets, the kitchen has a current food safety plan and certification by a third party, fire and safety regulations are monitored and maintained by an external service provider and current essential services and building certificates are on display.

4.3 Education and staff development

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

Team's recommendation

Does comply

The home provides all staff with an education framework to enable the maintenance and upskilling of practices related to the physical environment and safe systems. The topics for inclusion in the current staff education calendar were derived from mandatory topics, staff requests and interest, audit and incident results, training needs analyses, program evaluations and issues related to the physical environment and safe systems.

Recent education opportunities that have had an influence on staff and resident outcomes reflecting the physical environment and safe systems include the following:

- A suite of mandatory topics: fire and emergencies, manual handling/'no lift', infection control and food safety for food handlers.
- Fire warden training.
- Hotel staff (catering): preparing texture modified food and thickened fluids, preparing appropriate food for residents with diabetes.

4.4 Living environment

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

Team's recommendation

Does comply

The home is comfortably furnished, well maintained for the age of the building, is clean and generally clutter free. Residents are accommodated in shared and single rooms and access communal bathrooms. They are encouraged to personalise their rooms and room spaces; the home is decorated with nostalgic memorabilia and has a pleasant garden outlook through large windows. There are appropriate supplies of mobility, dexterity and manual handling equipment to meet the residents' needs and regular monitoring of the environment is conducted through audits, scheduled preventative maintenance and occupational health and safety assessments. Exits are clearly signed and fire and safety equipment is maintained. The home has policies in place covering management of restraint, lifting, absconding residents and elder abuse. Residents, representatives and staff confirm satisfaction with the living environment provided at 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 an effective occupational health and safety system that provides a safe working environment that meets regulatory requirements. The safe environment committee comprises site and organisational personnel, including qualified occupational health and safety representatives who provide training, support and guidance to staff at the home. Policies and procedures and safety manuals are accessible for staff, regular audits are conducted, infection and incident data is analysed monthly and hazard and maintenance issues are dealt with in a timely manner. Staff confirm they receive mandatory training on

manual handling, infection control and fire and safety and state they feel the environment is 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

The home has effective systems in place for the detection, prevention and management of fire and emergencies. Appropriate fire detection, sprinklers and alarm systems are installed and service records confirm external contractors undertake regular inspections and maintain equipment. Evacuation kits containing current resident and staff lists are available, emergency contact numbers and evacuation maps are on display and exits are clearly marked and free of clutter. Keypad and camera security is installed, after hours security measures are in place and visitors are required to sign a register. Training records confirm staff attend fire and safety training at orientation and that it is an annual mandatory requirement ongoing. Staff are able to detail their actions in the event of an emergency and residents state they are involved in evacuation drills at the home.

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 effective infection control program in place. Infection control protocols and guidelines are current, accessible to all staff and have been developed from evidence based practices. Staff are informed of current practices appropriate to their area of practice at orientation and at other times; staff are provided with appropriate personal protective equipment. The home has current information to guide all staff in managing infectious outbreaks; hotel services have access to essential equipment to manage outbreaks. The director of nursing manages all aspects of infection control and acts as a resource person, conducts education, formal/random infection control/hand washing audits and related competencies. Infections are monitored as they occur; data analyses of key performance indicators are reported to various staff groups. The team observed care staff using correct hand washing techniques; hotel service staff demonstrated basic infection control principles in their related work areas.

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

Hotel services enhance all aspects of residential life and the staffs working environment. Residents and representatives are informed about hotel services offered prior to entry and in the handbook. Catering staff have relevant resident information identifying for example, specific nutrition and hydration requirements, most food allergies, food preferences and choices. The kitchen meets all local government accreditation requirements. The home has cleaning schedules that meet individual resident and service needs. Personal laundry services are provided by the home; the home provides a labelling service to residents for their clothes. The home has monitoring systems in place that identify deficits. Residents and relatives confirmed their very high satisfaction with the hotel services provided by the home.