



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Kyabram Nursing Home

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

The Agency has decided that the period of accreditation of Kyabram Nursing Home is three years until 31 October 2012.

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

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

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Kyabram Nursing Home				
RACS ID:	3455				
Number of beds:	42	Number of high care residents:	38		
Special needs group catered for:	<ul style="list-style-type: none">Dementia suite				
Street/PO Box:	Fenaughty Street				
City:	KYABRAM	State:	VIC	Postcode:	3620
Phone:	03 5857 0445		Facsimile:	03 5852 1868	
Email address:	Isullivan@kyhealth.org.au				

Approved provider

Approved provider:	Kyabram District Health Services
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Assessment team

Team leader:	Lois Knox
Team member/s:	Donald McMonigle
Date/s of audit:	4 August 2009 to 5 August 2009

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

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

Standard 2: Health and personal care

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

Accreditation decision

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

Agency findings
Does comply
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Does comply

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

Accreditation decision

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

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

Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Kyabram Nursing Home
RACS ID	3455

Executive summary

This is the report of a site audit of Kyabram Nursing Home 3455 Fenaughty Street KYABRAM VIC from 4 August 2009 to 5 August 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

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

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Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 4 August 2009 to 5 August 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Lois Knox
Team member:	Donald McMonigle

Approved provider details

Approved provider:	Kyabram District Health Services
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Details of home

Name of home:	Kyabram Nursing Home
RACS ID:	3455

Total number of allocated places:	42
Number of residents during site audit:	38
Number of high care residents during site audit:	38
Special needs catered for:	Dementia suite

Street/PO Box:	Fenaughty Street	State:	VIC
City/Town:	KYABRAM	Postcode:	3620
Phone number:	03 5857 0445	Facsimile:	03 5852 1868
E-mail address:	Isullivan@kyhealth.org.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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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 residential services	1	Residents/representatives	11
Assistant director of residential services	1	Clinical support nurse education	1
Acting nurse unit manager	1	Human resource manager	1
Clinical care coordinator	1	Infection control liaison nurse	1
Registered nurses division two	4	Hotel services supervisor	1
Infection control coordinator	1	Facility manager (acute and residential)	1
Administration assistant	1	Maintenance manager	1
Food services manager	1	Quality/risk manager	1
Lifestyle coordinator	1	Occupational health and safety coordinator	1
Occupational health and safety representative	1		

Sampled documents

	Number		Number
Residents' clinical files (electronic/hard copy)	5	Medication charts	10
Residents' lifestyle and leisure documents	4	Blood glucose records	4
Summary care plans	5	Food allergies	38
Weight records	38	'Whenever necessary' medication administration records	25
Wound care documents	6	Resident agreements	5
Enteral feeding regimes	3	External contracts	5

Personnel files	6		
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Other documents reviewed

- 'Better oral health in residential aged care' resource folder
- Adverse event reporting documents: data and trend reports
- Allied health referral documents
- Assessments: validated and generic
- Audit schedule and reports
- Business plan 2009-2010
- Cleaning schedules, duty lists and associated tasks
- Comments and complaints forms and register
- Continuous improvement evidence folders
- Education folder: attendances, evaluations and fliers
- Emergency procedures manual
- Fire and emergency procedures and charts
- Fire and emergency training records
- Fire equipment test records
- Food safety plan
- Handover sheet
- Hypoglycaemic and hyperglycaemic treatment guidelines
- Infection control guidelines
- Infection details/monthly
- Infection register
- Infection summary/unit comparison
- Infection trend analyses
- Kitchen registration certification
- Laundry schedules
- Lifestyle calendar
- Material safety data sheets
- Meeting minutes
- New equipment trial sheets
- Newsletter
- Occupational health and safety annual/periodic audits
- Organisational chart
- Orientation program 2009
- Performance reviews
- Pest control folder
- Plan for continuous improvement
- Point prevalence surveillance report 2007-2008
- Police check matrix
- Policies, procedures and flowcharts: clinical and non-clinical
- Position descriptions
- Preventative/cyclical maintenance schedules
- Registered nurses division one, two and two (endorsed) registration records
- Resident review document
- Residents' information handbook
- Residents' information package
- Risk assessments
- Seasonal menu
- Staff handbook
- Staff memoranda
- Strategic plan 2008-2011

- Suite of food service documents: temperature checking (refrigerator, freezers and cool rooms), food temperature records, cleaning schedules and records
- Surveys
- Terminal care wishes
- Third party food safety audit
- Vision and mission statement.

Observations

- Activities in progress
- Archive area
- Blood and body fluid spill kit products
- Bulk chemical storage
- Computerised maintenance request system
- Equipment and supply storage areas
- Fire and emergency equipment
- Infectious out break kit
- Kitchen
- Laundry
- Living environment
- Palliative care kit
- Storage of chemicals within the home
- Storage of medications, wound supplies and continence aids
- Stores of personal hygiene products
- Therapeutic interactions between staff and residents
- Utility room.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home actively pursues continuous improvement and is able to demonstrate improvement activities related to the systematic evaluation of services the home provides, and from feedback provided by stakeholders. Quality activities include a plan for continuous improvement, quality action forms, surveys, audits, staff education and training, comments and complaints and adverse event reporting. A quality and risk committee oversees quality activities at the corporate level and assists the home in the conduct and monitoring of its quality activities. Stakeholders stated that they are encouraged to contribute to and participate in the home’s pursuit of continuous improvement and cited examples of recent improvements.

Examples of continuous improvement activities reflecting Standard one include the following:

- The home has purchased and refined a new suite of relevant audit tools in response to findings that the home’s existing tools were inadequate in monitoring quality outcomes.
- The home purchased an improved resident agreement supported by a suite of schedules reflecting regulatory and quality requirements in response to an acknowledgement that the home’s current resident agreement was inadequate in complying with legislative requirements.
- The home’s quality and risk committee identified that the home’s current suite of policies and procedures did not reflect current best practice. A new suite of policies and procedures was purchased and includes legislative references and improved cross referencing with relevant work instructions; these are currently being implemented.
- Implementing the continuing professional development record for all staff and for registered nurses division one, two and two medication endorsed registration requirements.

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 monitors legislative change through electronic compliance updates provided by an external provider and membership to peak bodies. Changes to legislation are recorded and management and staff informed of changes through meetings, internal memoranda and staff education. Regulatory compliance is a standing agenda item at the home’s quality and risk review meetings. Staff personnel records confirm monitoring and recording of police checks for all staff and volunteers.

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 enables all staff to access broad, high quality education utilising various modalities. The topics for inclusion in the 2009 education calendar are derived from a staff needs analyses, staff appraisals, maintaining regulatory compliance, audit results, clinical diagnoses, contemporary practice changes and mandatory topics. Attendances are maintained and all sessions are evaluated. Staff selection criteria require all staff to have basic qualifications; a range of clinical and non-clinical competencies are in place. All staff complete a formal orientation that includes an overview of mandatory topics. Staff are informed of forthcoming internal and external education programs via fliers displayed on the staff notice board, at handovers, meetings and meeting minutes. Staff confirmed their satisfaction with their opportunities in accessing continuing education.

Education opportunities completed by management and other staff that reflect the management systems, staffing and organisational development include the following:

- Leadership training.
- Managing occupational violence/bullying and harassment.
- Case conferencing.
- Managing and understanding the funding tool.

1.4 Comments and complaints

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

Team's recommendation

Does comply

Information regarding both internal and external complaint mechanisms is available to all stakeholders throughout resident and staff literature, resident agreements and brochures located throughout the home. Residents and their representatives stated that they are able to forward comments/complaints to management verbally, through complaints forms as well as at resident meetings. Complaints are logged on the home's complaints register upon receipt and outcomes monitored to help ensure issues are actioned in a timely manner. Residents and their representatives, as well as staff, stated that they were familiar with the complaints process and felt confident in raising issues either directly with management or through the home's quality system and indicated that actions and feedback occur following a comment/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

Management has developed a corporate mission and values statement as well as a statement specific to the home documenting its commitment "to provide excellence in aged care, giving comfort and support and palliative care to residents who are no longer able to live at home with families or independently". The statement is displayed

prominently in the home's reception area and is documented in the resident handbooks as well as the home's quality documentation. The home's commitment to the provision of quality is reflected through corporate management's development of a strategic plan and business plan in dialogue with stakeholders through planning workshops.

1.6 Human resource management

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

Team's recommendation

Does comply

The home has appropriately skilled staff to deliver clinical and non-clinical services. The director of clinical services supports and guides all staff at all times; this role is supported by registered nurses division one, registered nurses division two and two (medication endorsed) across all shifts. Lifestyle and leisure staff, hotel and food services, administrative and maintenance staff complement clinical services. To ensure maximum resident care during periods of increased resident acuity, the nurse unit managers in collaboration with the director of clinical services, has the ability to increase the staffing profile. Recruitment is managed at a local level, vacant positions offered internally, externally, a variety of media options and by word of mouth. Staff are selected according to organisational needs and criteria for the vacant position is available. New staff attend a formal orientation that includes an over view of mandatory topics; all staff are appraised at the completion of the three month probationary period and then on an annual basis. Staff interviewed confirmed that staffing levels reflect the changing needs of the residents. Residents/representatives interviewed confirmed their satisfaction with human resources; one representative said that they are "extremely comfortable with the level of care provided".

1.7 Inventory and equipment

This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".

Team's recommendation

Does comply

The home provides appropriate stocks of goods and equipment for the delivery of care and services. The team observed adequate supplies of goods, including appropriate storage for clinical needs, food and hotel services. Generally, equipment is stored appropriately avoiding hazards to residents and staff whilst ensuring accessibility. Residents and staff interviewed indicated that there is adequate and appropriate provision of supplies and equipment to provide delivery of care. An asset register is maintained by the facility manager. Food items were observed to be appropriately stored and stock rotation processes are in place. Observations of all electrical equipment confirmed that it is tested and tagged.

1.8 Information systems

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

Team's recommendation

Does comply

The home has effective information management systems in place. Appropriate documentation and communication systems are in place to identify residents' care

needs and to help ensure delivery of care. A new suite of documented policies and procedures is currently being implemented and clearly defined roles and responsibilities of staff and management assist staff in the delivery of care and in fulfilling their duties. Meetings, handovers for care staff, staff email and memoranda, newsletters and various feedback mechanisms ensure effective communication with all stakeholders. The home's computer systems are password protected and are backed up on a daily basis. Residents/relatives stated that they are kept well informed of events and improvements in the home, including feedback of findings of the resident surveys. Staff expressed satisfaction with the home's information management systems in fulfilling their duties.

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

Externally sourced services are provided in a way that meets the home's service quality goals and service's needs. The home has developed an approved suppliers list and holds details of service providers, agreements, insurances and qualifications, which are reviewed annually. The approved provider's facility manager conducts an evaluation of each external service prior to renewal of contracts. All external suppliers are required to complete a sign in/sign out register when attending the facility and the home has recently completed an external contractor's handbook. Staff and residents stated satisfaction with the quality of externally sourced services.

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's quality system assists the organisation in actively pursuing continuous improvement in regard to residents' health and personal care. Audits and surveys conducted by staff members assist in identifying staff compliance with care standards, and where non-compliance is identified, action plans are developed. Nursing staff implement action plans arising from quality activities identified at staff meetings; staff training and education is responsive to quality outcomes. The home's plan for continuous improvement and quality reports demonstrate a commitment to continuous improvement in the provision of health and personal care. Residents and their representatives/relatives spoke positively of the level of care provided in the home.

Examples of continuous improvement activities reflecting health and personal care include the following:

- In response to active involvement in the 'Better Health Oral Program's' pilot program, residents are provided with improved access to oral and dental health services.
- The home established a 'diet committee' with involvement of the home's dietitian, food services manager and nurse unit manager to improve the monitoring of resident weights; this included the tracking of weights and related action plans where required, leading to improved outcomes for residents.
- Nursing management revised bi-monthly resident care plan reviews to be conducted on a more frequent monthly basis leading to improved monitoring and assessment of resident care needs.
- Nursing management identified that medication audits were seen as ineffective and purchased a new suite of medication audits with improved monitoring of compliance relating to medication administration and management.
- The home introduced a new resident admission/pre-admission kit providing more accurate details to assist staff in identifying resident care needs.

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 in place for identifying relevant legislation, regulations and guidelines relating to clinical care. Care staff are informed of any relevant changes to regulations or acts through handovers, staff meetings and education. Staff personnel files indicate that nurse registrations are updated annually. Care plans are reviewed and overseen by a registered nurse division one. Residents and their representatives are informed of specified care and services in the resident handbook and resident agreement. The approved provider's corporate level medication advisory committee reviews issues related to medication management and monitors procedures to help

ensure compliance. Care staff have access to relevant legislation, acts and regulatory requirements relating to the provision of clinical care.

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 enables all clinical care staff to access broad, high quality education utilising various modalities. The topics for inclusion in the 2009 education schedule are derived from a staff needs analysis, staff appraisals, maintaining regulatory compliance, clinical audit results, clinical diagnoses and contemporary practice changes and mandatory clinical topics. Staff selection criteria require all clinical staff to have basic qualifications or be working towards higher registration; a range of clinical competencies are in place. Clinical care staff confirmed their satisfaction with their opportunities in accessing continuing education.

Education opportunities completed by clinical care staff that reflects health and personal care include the following:

- Oral hygiene.
- Renal and fistula care.
- Complex and simple wound care.
- Enteral feeding care and regimes.
- Continence aid training.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home’s objective is “to provide excellence in aged care, giving comfort and support and palliative care to residents who are no longer able to live at home with families, or independently”. Residents and representatives confirmed their satisfaction with the clinical care provided by the home and confirmed that they are actively involved in the care planning processes. Residents’ clinical care needs are assessed (using validated and generic tools), planned, managed and reviewed by registered nurses division one and two in collaboration with the family, the attending general practitioner and relevant allied health practitioners. Care plans (electronic) are reviewed according to a monthly schedule and whenever necessary. Residents have a choice of general practitioner and allied health professionals who assess, review and document treatments in the resident’s progress notes. Residents and relatives are consulted formally when initial care plans are implemented and at other times of their choice. If residents require an episode of acute care, a transfer document accompanies them. Direct care shift handovers are comprehensive; clinical and behavioural adverse events are reported, recorded and monitored.

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 registered nurses division one in for example, diabetic care, catheter care, wound management, enteral feeding regimes, palliative care, oxygen therapy and complex behavioural management. A range of clinical nurse consultants, support nurses and allied health professionals can be accessed to provide additional advice and support. Care plans and the integrated progress notes record strategies recommended by these professionals. A suite of clinical competencies ensure that the skills and knowledge bases of the registered nurses division one and two are maintained. Specialised nursing care is monitored by audits and resident/representative satisfaction. Residents and representatives confirmed their satisfaction with the specialised nursing care given to them.

2.6 Other health and related services

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

Team’s recommendation

Does comply

Residents have access to a wide group of allied health professionals such as a physiotherapist, a dietitian, a speech pathologist, a podiatrist, a dentist and dental technician, an optometrist, an audiologist and a hairdresser who either visit regularly or on referral. Comprehensive assessments and prescribed treatments are documented in the progress notes and specific information is then transcribed into the electronic care plans. A list of preferred allied health practitioners is available to guide staff. Residents confirmed their satisfaction with the care given to them by 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 division one manage residents’ medication; medication administration is a collaborative system between registered nurses division one and two (endorsed). A new monitoring system generally identifies deficits; 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 a confidential report to the attending general practitioner and the home. A resident outcome is generally recorded after the administration of all categories of ‘whenever necessary’ medications. The team observed that general medications are stored securely and that there is a safe disposal system in place. Schedule eight medications are stored with additional security; the home has a system in place to ensure safe administration of these drugs. Resident/representatives said that medications are given on time and in a safe 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 residents’ past history and current presence of pain are defined prior to and during the entry assessment phase using validated and generic pain assessment tools to assist care staff in assessing pain in residents with intact or diminished cognition; pain assessments are linked to the physiotherapy, continence, behaviour and sleep assessments. Pain management protocols are reviewed during the monthly review, when there is a new episode of reported pain and when ‘whenever necessary’ medications are administered over a period of time. Alternatives to medication such as heat/cold packs, repositioning, simple massage and individualised diversional therapies are utilised. Specialised equipment such as oscillating air mattresses and clinical practices such as the application of dermal patches and sub-cutaneous infusions are used; the home has access to pain management specialists for additional support and advice. Residents said that if and when they have pain it is managed well.

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 attitude to palliative care is “a holistic, multi-disciplinary, caring approach..... in consultation with the resident and their representatives covering physical, emotional, cultural & spiritual needs”. Residents and their families are consulted about end of life wishes during the entry phase or when the resident and family choose to communicate these wishes; families are encouraged to discuss all end of life concerns with the family general practitioner. Registered nurses division one reassess the resident’s needs and develop an individualised palliative care plan when the resident reaches this stage; this is completed in collaboration with the resident, the family, general practitioner and if requested, palliative care specialists. The home has access to specialised equipment for the constant and consistent administration of analgesia and a range of other equipment and care practices to maintain individualised and maximised resident comfort. To enhance resident and relative support, the home facilitates visiting social workers, religious, pastoral and secular professionals.

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, meal size, the need for adaptive cutlery and crockery, the presence of food allergies, swallowing difficulties and weight management requirements are noted on two generic nutrition and hydration assessment tools; a care plan is devised from this information. Food service staff are informed of specific and relevant dietary information; a range of texture modified meals, thickened fluids and nutritional supplements including wound healing supplements are available. Residents are weighed monthly or as required; unplanned weight loss is monitored and protocols are in place to guide staff in the

context of the weight loss. The attending general practitioner, the dietitian and speech pathologist review residents that are identified at risk; the dietitian reviews a comprehensive monthly report on all residents who have been weighed. The menu which is developed from resident input, is reviewed by the dietitian to ensure maximum nutritional value. Residents and representatives confirmed their general satisfaction with the quality and quantity of the meals provided.

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, registered nurses division one review the resident’s skin, discuss what skin care has been used prior to entry and using a validated skin assessment tool, identify risks to skin integrity and the potential for pressure injury. Special note is taken if there are co-morbidities in place for example, if the resident is frail, diabetic, has continence issues, peripheral oedema or has impaired mobility. Emollients and barrier creams are used in conjunction with other skin care practices. Registered nurses division one in collaboration the attending general practitioner and wound clinical nurse consultant, manage all wounds using contemporary and varied dressing protocols; skin tears are monitored via the adverse event reporting mechanism. Pressure relieving practices, specialised equipment and re-positioning regimes are utilised; a variety of nutritional and wound healing supplements are provided if required. A podiatrist and a hairdresser enhance skin care practices. Residents confirmed that their skin care needs are managed well.

2.12 Continence management

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

Team’s recommendation

Does comply

During the entry assessment phase, individual resident continence requirements are discussed reflecting if and what aids are being used, how successful the current practices are and what can be done to improve the level of comfort and enhanced dignity. 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. Urinary catheter care is managed by registered nurses division one; there is access to clinical nurse consultants for additional support. Behavioural management includes continence care as a trigger for episodes of restlessness and disruptive behaviour; continence requirements are also considered if there are disturbed sleeping patterns. The continence clinical nurse consultant offers additional staff education and guidance. Urinary tract infections are defined using evidence based signs and symptoms. The use of invasive bowel preparations is kept to a minimum; early intervention strategies such as a high fibre diet, additional hydration and appropriate exercise and recorded observations are in place to maximise normal bowel health. Residents and representatives confirmed that continence needs are managed well.

2.13 Behavioural management

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

Team’s recommendation

Does comply

The home effectively manages the needs of residents with challenging behaviours by implementing “meaningful activity with improved sense of worth and belonging”. All residents undergo a range of validated behavioral management assessments during the entry phase, when behaviours change and annually. Electronic care plans are developed from behavioral assessments, other clinical tools, from documented staff observations over a defined period of time and the family; these plans are reviewed monthly and as required. The home has access to aged persons’ mental health nurse specialists and psychogeriatricians. If required, the home engages limited restraint practices with appropriate assessments, authorisations and review protocols; however, the home prefers to employ alternate environmental strategies, music, individualised diversional therapies, validation and reminiscing to moderate challenging behaviours. Episodes of aggressive behaviour and absconding are recorded as adverse events and reported appropriately. The team observed staff interacting in a calm, respectful and therapeutic manner with the residents in a secure, low stimulus environment.

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 division one, assess the resident’s mobility, dexterity and rehabilitation needs including resident transfer needs, falls risk rating, post fall and slow stream rehabilitation; registered nurses division one supervise repositioning regimes to minimise pressure injury. Residents have individualised physiotherapy programs in place that are supervised on a daily basis by the care staff; residents have access to gentle chair based and other exercises incorporated into their leisure and lifestyle activities. All falls are reported, monitored, analysed, trends identified and if necessary actioned; the home has a range of falls prevention strategies and equipment in place. Residents were observed utilising different mobility aids in a safe manner. Maintenance of mobility aids is provided by the maintenance staff. Representatives and relatives are satisfied 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 home has specially trained registered nurses division two (endorsed) in aged oral hygiene practices. The residents’ oral and dental needs are assessed during the entry assessment phase, and reviewed as part of daily hygiene practices and at the monthly review. Care plans document individual preferences for cleaning dentures/natural teeth and other care; the additional need for staff support is documented. Residents identified as having swallowing difficulties are referred to a speech pathologist. Residents’ oral care during palliation, enteral nutrition or post nebuliser therapy is individual and specialised. The home supports residents to attend local dentists and dental technicians; access to a visiting mobile dental service is in place. Residents

confirmed their satisfaction with their oral and dental care and the support specialist oral care staff give them.

2.16 Sensory loss

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

Team’s recommendation

Does comply

The five senses, communication and comprehension needs are assessed during the entry assessment phase then annually or as required; care plans clearly nominate individual strategies to manage the resident’s needs. Residents are supported to access relevant allied health professionals in the broader community, whilst several allied professionals visit the home. Adaptive cutlery and crockery, simple massage, functioning hearing aids and clean spectacles ensure that the senses are managed; leisure and lifestyle staff conduct regular cooking sessions, the cooking smells stimulating the olfactory senses. The living environment is conducive to residents with sensory loss; the internal environment is well lit, calm, and has no excessive background noise. The garden areas are well maintained and several courtyards provide attractive and secure recreational areas. During palliation, additional care is taken to ensure that sensory care is enhanced. Residents and representatives confirmed 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

The residents’ sleep assessment is conducted over a 24 hour period for three to five days and include the resident’s preferred rest periods during the day; a longer reassessment occurs if there are clinical/medication changes and changes to normal routines. In consultation with the resident and/or representative, individual resident preferences for rising and settling and other specific rituals are documented in a very clear care plan; residents are routinely checked throughout the night or according to specific wishes. The home actively promotes the minimisation of sedation; the use of non-pharmacological interventions are utilised where possible. Pain management, continence care and behavioural management assessments include a consideration of sleeping patterns. Residents confirmed that the home was quiet at night, and that night staff address their individual needs.

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 conducts continuous improvement activities in relation to residents’ lifestyle. Resident and family meetings are held and action plans are developed arising from initiatives and suggestions forwarded by participants documented in meeting minutes. An annual resident survey assesses resident satisfaction with lifestyle, choice and decision making to assist management in pursuing continuous improvement. Residents/representatives state they are encouraged to identify areas for improvement in relation to outcomes arising from resident lifestyle. The home’s resident newsletter circulated to residents/relatives relates information on quality activities and safety issues.

Examples of continuous improvement activities reflecting the residents’ lifestyle include the following:

- The home revised the feedback questionnaire relating to resident satisfaction of food services which has led to improved feedback, improved services and regular attendance of the food service manager at resident meetings to respond to resident concerns.
- Lifestyle staff reviewed the activities program offered in the dementia suite which led to a more structured and relevant activities program with increased lifestyle staffing hours and the establishment of a specific men’s group to commence post-accreditation.
- The home has increased the rostered hours of lifestyle staff extending the residents’ lifestyle program from three days to five days a week.
- The home conducts a memorial service for bereaved families and residents following the death of a resident to provide pastoral support for residents, families and staff.

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 in place for identifying relevant legislation, regulations and guidelines relating to resident lifestyle. The team observed resident agreements are in place and conform to requirements under the Act. The home has developed a resident handbook and admission pack which includes details relating to residents’ rights and responsibilities and details relating to specified care and services. The Charter of residents’ rights and responsibilities is prominently displayed throughout the facility. Stakeholders are informed of internal and external complaints mechanisms as per regulations through various means including brochures, handbooks and resident and staff meetings. The home has implemented a policy and protocol relating to mandatory reporting of elder abuse.

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 enables all staff to access broad, high quality education utilising various modalities. The topics for inclusion in the 2009 education schedule are derived from a staff needs analysis, staff appraisals, maintaining regulatory compliance, audit results, contemporary practice changes and mandatory clinical topics. Staff selection criteria require all clinical staff to have basic qualifications. Lifestyle and other staff confirmed their satisfaction with their opportunities in accessing continuing education.

Education opportunities completed by lifestyle and other staff that reflect resident lifestyle include the following:

- Confidentiality, privacy and dignity.
- Aromatherapy education.
- Understanding and managing residents with dementia and challenging behaviours.
- Tai Chi.
- Exercise to music.

Education for residents and representatives:

- Understanding elder abuse.
- Understanding restraint.

3.4 Emotional support

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

Team's recommendation

Does comply

The home has processes in place to support residents in adjusting to living in the home and on an ongoing basis. The resident's social, religious and cultural requirements are assessed upon entry to the home and a social needs care plan is developed in consultation with the resident and his/her representative. On entry, residents and families are oriented to the home and new residents are introduced to fellow residents; families/representatives are encouraged to support the resident in the settling in process. Resident files demonstrate that where residents had experienced a bereavement or time of anxiety, care staff had been responsive, and where required, counselling provided. Residents and their representatives expressed satisfaction with the emotional support provided by staff and expressed satisfaction with the memorial services held in the home for bereaved families and residents.

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 assists residents to maintain their independence and to participate within the broader community. Residents' culture, interests and health care needs are assessed on entry to the home and reviewed on a monthly basis. Care files record the level of

support and assistance required and identifies residents who require an authorised person to act for them. The resident handbook outlines the residents' rights and responsibilities and discusses services to support residents' needs such as the advocacy service. Physiotherapy and the activities program assist residents to maintain social and physical independence. Staff encourage and support residents to maintain previous links within the community while relatives, friends and community visitors are encouraged to visit and incorporate the residents into the life of the community. Residents and their representatives confirm they are supported to be as independent as possible.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Generally, the home has systems in place to ensure that residents' privacy, dignity and confidentiality is recognised and respected. The team observed staff knocking on residents' doors before entering resident rooms, the use of curtains in shared rooms and warm and respectful exchanges between care staff and residents. Staff were observed by the team to handle residents in a caring manner when attending to activities of daily living and assisting with meals. Where rooms are shared, staff demonstrate an awareness of privacy and dignity issues when assisting residents in these areas. Residents were observed to be well groomed. Residents and their representatives commented that staff are respectful of their privacy and dignity when caring for them.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

Residents' interests, preferred activities and lifestyle preferences are identified and recorded upon entry to the home. Following the social/human needs assessment, a leisure and lifestyle program is developed for each resident and formally reviewed on a monthly basis. The program is designed to accommodate individual needs and sessions are planned at times throughout the day to optimise participation and encourage social interaction. A variety of activities are offered to cater for creative, cognitive, social spiritual and special needs and attendances and the degree of participation by residents are recorded to assist staff in reviewing the program. One on one activities are provided for those residents unable, or who choose not to participate in group activities. Residents and their representatives confirmed they are very satisfied with the range of activities offered to them.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

The home has systems in place for identifying and recording residents' individual cultural and spiritual needs. Personal beliefs, religious affiliation and days of cultural

significance are documented and observed in accordance with residents' wishes. The lifestyle program incorporates cultural celebrations and theme days and a range of religious representatives provide pastoral visits and worship services. The home has resource materials available for staff to assist in meeting residents' cultural and spiritual needs. Residents and their representatives expressed satisfaction with the cultural and spiritual support given by the home.

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. These preferences include for example, rising and settling times, retiring rituals, personal hygiene practices, choices for dressing, grooming, oral and dental care, food likes and dislikes, lifestyle and leisure activities, cultural and spiritual needs, choice of general practitioner and allied health professionals. If the resident and representative choose to, end of life wishes are completed during the entry process or at a time that suits the respondents. Residents are provided with an information package and handbook that clearly defines the operations of the home; the Charter of resident rights and responsibilities is included in the resident agreement and displayed throughout the home. Preferences are reviewed and if required, amendments made to the care plan. All aspects of resident choice and decision making are monitored. Residents and representatives confirmed their satisfaction with their ability to make independent choices

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

Residents have security of tenure and understand their rights and responsibilities; all residents are offered an occupancy agreement. The resident handbook is distributed to prospective residents and their representatives which include details relating to security of tenure. Occupancy agreements are offered to all new residents and contain relevant information relating to security of tenure, residents' rights and responsibilities and fees and charges. The home encourages each resident to nominate an enduring power of attorney. The Charter of residents' rights and responsibilities is displayed in the home's reception area and brochures from residential care rights are readily available.

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 conducts continuous improvement activities relating to physical environment and safe systems although some activities are not reported within the home’s quality forum. Improvement activities have been initiated in response to environmental audits, surveys, and the monitoring of infections rates and incidents reports. The home continues to make adjustments to the delivery of services, including food and hotel services, in line with feedback received through meetings, audits and surveys. Residents and representatives confirmed that they contribute to the review of these services through surveys, resident meetings and feedback forms.

Examples of continuous improvement activities reflecting the physical environment and safe systems include the following:

- Pocket masks have been replaced with disposable air vivas reducing the risk of cross contamination.
- Staff education has been provided in relation to managing a gastroenteritis outbreak and the home’s provision of a gastro outbreak kit; this has led to improved staff awareness of gastroenteritis outbreak management.
- Management has reviewed ‘Code Black’ and ‘Code Brown’ procedures including improved response to external threats and possible bushfire threats to assist staff in emergency response and safety of all stakeholders.
- A new duress alarm system in the nursing home now complements the existing duress alerts throughout the affiliate acute facility, providing improved communication with staff and management in the event of emergency.
- An audit identified that the current commodes were cracked and difficult to clean and required replacement. The home purchased 11 new commodes assisting enhancing resident transfers, reducing risk of infection and resident skin tears.

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 in place for identifying relevant legislation, regulations and guidelines relating to the physical environment and safe systems. Staff attend mandatory education and training in manual handling, infection control and fire and emergency procedures and are informed of changes to legislation through the home’s information systems. The laundry design and operations comply with the relevant national standards and the team observed that in most cases, material safety data sheets are maintained and located as required. Third party audits and inspections are undertaken to monitor compliance with food safety and essential services; the home’s kitchen is registered with the local council. Elected occupational health and safety representatives assist in ensuring a safe workplace and living environment.

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 enables all staff to access broad, high quality education utilising various modalities. The topics for inclusion in the 2009 education calendar are derived from a staff needs analysis, staff appraisals, maintaining regulatory compliance, audit results, and mandatory topics. Staff confirmed their satisfaction with their opportunities in accessing continuing education.

Education opportunities completed by staff that reflect the physical environment and safe systems include the following:

- A suite of mandatory topics: fire and emergencies, manual handling, and infection control.
- Food safety for food handlers.
- Safe chemical handling.
- Chief fire wardens training.
- Eight food service staff are currently training in Certificate three in Health support services.

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

Management is actively working to provide a safe and comfortable environment consistent with residents' care needs. The home is attached to a local hospital and consists of two residential wings and a dementia suite. Buildings, grounds and garden areas are well maintained and several courtyards provide attractive and secure recreational areas for residents and relatives. The home's corrective and preventative maintenance schedules are completed as per schedules and completed work documented. A review of maintenance records and comments of staff and residents confirmed that repairs and services are completed in a timely manner. Residents' rooms are fitted with reverse cycle heating and cooling systems and air conditioners provide comfortable temperatures in public areas. Keypad access provides a secure internal and external environment for all stakeholders. Residents and representatives state that the living environment is safe and comfortable.

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 demonstrates a commitment in providing a safe working and living environment that meets regulatory requirements. The approved provider has a corporate level occupational health and safety committee including appropriately trained representatives to assist in responding to issues arising from the relevant

reporting processes and inspections. The home is represented at the corporate committee through an elected occupational health and safety representative. Posters throughout the facility inform stakeholders of the identity of occupational health and safety representatives. Staff commented that management is proactive in providing equipment and resources to maintain a safe working environment. Audits of grounds, most buildings and workplace inspections are conducted. A reporting system for identifying hazards and subsequent action is monitored by the occupational health and safety committee.

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

Procedures are in place to provide guidelines for all stakeholders in the management of fire, security breaches and other emergencies. Fire and emergency training is compulsory for all staff upon orientation and on an ongoing basis; training records confirm that staff have also participated in several fire drills. Evacuation plans and procedure charts are located throughout the facility. Accredited external contractors and internal staff monitor and maintain the safety and functioning of the fire alarm and security system. Staff and residents expressed satisfaction with the training provided and were able to outline required response to fire and emergency as per the home's procedures. Recent upgrades of security and fire procedures include review of policies and procedures and newly designed fire evacuation plans.

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 policies and procedures are current and accessible to all staff. 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. The infection control coordinator (registered nurse division one) and the infection control liaison person (registered nurse division two (endorsed)) are the central persons responsible for managing all aspects of infection control, acting as resource persons, conducting formal and random audits, providing relevant education and conducting analyses of monthly surveillance data. Infections are monitored as they occur; data analyses of key indicators are reported. The team observed clinical care staff using correct hand washing techniques; hotel and food service staff demonstrated 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 and food services enhance all aspects of residential life and staff working environment. Residents/representatives are informed about hotel and food services

offered prior to entry. Catering staff have relevant resident information identifying for example, specific food and nutrition 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 on-site; 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 satisfaction with hospitality services.