Decision to accredit
Marcus Loane House

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

The Agency has decided that the period of accreditation of Marcus Loane House is three years until 20 January 2014.

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

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

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

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

Home and approved provider details

Details of the home

Home's name:	Marcus Loane House
RACS ID:	0887

Number of beds:	102	Number of high care residents:	17

Special needs group catered for:	• Dementia

Street/PO Box:	6-14 Macpherson st

City:	Warriewood	State:	NSW	Postcode:	2102
Phone:		02 9998 3330	Facsimile:		02 9998 3333
Email address:					

Approved provider

Approved provider:	Anglican Retirement Villages

Assessment team

Team leader:	Jose Rigor
Team member/s:	Sandra Heathcote
Date/s of audit:	16 November 2010 to 18 November 2010

Executive summary of assessment team's report		Accreditation decision

Standard 1: Management systems, staffing and organisational development

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

Standard 2: Health and personal care

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

Executive summary of assessment team's report		Accreditation decision

Standard 3: Resident lifestyle

Expected outcome		Assessment team recommendations	Agency findings
3.1	Continuous improvement	Does comply	Does comply
3.2	Regulatory compliance	Does comply	Does comply
3.3	Education and staff development	Does comply	Does comply
3.4	Emotional support	Does comply	Does comply
3.5	Independence	Does comply	Does comply
3.6	Privacy and dignity	Does comply	Does comply
3.7	Leisure interests and activities	Does comply	Does comply
3.8	Cultural and spiritual life	Does comply	Does comply
3.9	Choice and decision-making	Does comply	Does comply
3.10	Resident security of tenure and responsibilities	Does comply	Does comply

Standard 4: Physical environment and safe systems

Expected outcome		Assessment team recommendations	Agency findings
4.1	Continuous improvement	Does comply	Does comply
4.2	Regulatory compliance	Does comply	Does comply
4.3	Education and staff development	Does comply	Does comply
4.4	Living environment	Does comply	Does comply
4.5	Occupational health and safety	Does comply	Does comply
4.6	Fire, security and other emergencies	Does comply	Does comply
4.7	Infection control	Does comply	Does comply
4.8	Catering, cleaning and laundry services	Does comply	Does comply

Assessment team's reasons for recommendations to the Agency

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

SITE AUDIT REPORT

Name of home	Marcus Loane House
RACS ID	0887

Executive summary

This is the report of a site audit of Marcus Loane House 0887 6-14 Macpherson st Warriewood NSW from 16 November 2010 to 18 November 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Marcus Loane House.

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 16 November 2010 to 18 November 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:	Jose Rigor
Team member/s:	Sandra Heathcote

Approved provider details

Approved provider:	Anglican Retirement Villages

Details of home

Name of home:	Marcus Loane House
RACS ID:	0887

Total number of allocated places:	102
Number of residents during site audit:	87
Number of high care residents during site audit:	17
Special needs catered for:	Dementia

Street/PO Box:	6-14 Macpherson St	State:	NSW
City/Town:	Warriewood	Postcode:	2102
Phone number:	02 9998 3330	Facsimile:	02 9998 3333
E-mail address:	Nil		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Marcus Loane House.

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 three days on-site and gathered information from the following:

Interviews

	Number		Number
Facility manager	1	Residents	19
Care services manager	1	Representatives	5
Registered nurses	2	Chaplain	1
Care staff	14	Laundry staff	1
Workplace trainer	1	Cleaning contractor area service manager	1
Catering staff	3	Building manager and asset services manager	2
Pharmacist	1	Physiotherapist	1
Team leader (Certificate IV care service employee - CSE)	1	Physiotherapist aide	1
Recreational activity officer	1	Regional sales leader	1
Diversional therapist	1		

Sampled documents

	Number		Number
Residents' files	12	Medication charts	17
Incidents involving residents	4	Personnel files and staff appraisals	5
Feedback, response and management form	11		

Other documents reviewed

The team also reviewed:
- Activity program, activity participation records
- Cleaning schedules

- Clinical and care assessment documentation (including assessments, care plans, pathology results, resident dietary preference forms, bowel monitoring charts, clinical monitoring results including weights, blood pressures and blood glucose levels)
- Communication books between staff, medical and allied health personnel
- Continuous improvement
- Customer liaison register
- Education training and attendance records, education calendar and competencies
- Emergency procedures folder, flipcharts, facility security checklist
- Gastroenteritis outbreak investigation documentation
- Job descriptions and duty statements
- Kitchen and laundry
- Licenses and certificates
- Medication management documents including medication policy and procedure, medication incident forms and medication audits
- Minutes of meetings and audits
- Police record checks and professional registrations
- Policies and procedures
- Residents' name listing
- Residents' pre-entry information package; residents' handbook; residential care agreement
- Rosters
- Staff communication diary and handover sheets
- Staff handbook, induction
- Staff satisfaction survey 2010
- Temperature records
- Workplace incident reporting form, hazard/maintenance reports

Observations
The team observed the following:
- Activities in progress
- Biometric device for staff logon when commencing and ending shifts
- Broadband internet for residents
- Charter of resident rights and responsibilities' on display
- Equipment and supply storage areas
- Hospitality services in operation
- Living environment (internal and external, including residents' rooms, ensuite bathrooms, communal living areas including dining and lounge areas, numerous sitting rooms, activity rooms, coffee shop, hairdressing salon, physiotherapy room, landscaped gardens and outdoor areas)
- Medication rounds and safely stored medications
- Mobility aids including walkers, wheelchairs and lifters
- Organisation's - home's intranet
- Pet dog
- Staff handover
- Staff mailboxes, staff noticeboard
- Staff practices and courteous interactions with residents, visitors and other staff
- Staff serving/supervising/assisting residents with meals
- Weighing chair and resident lifting equipment

Standard 1 – Management systems, staffing and organisational development
Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

Team's recommendation
Does comply

The home has a system in place to identify opportunities for improvements and to plan and implement improvement initiatives. A variety of inputs drive the home's continuous improvement system. Some of these include results from staff and residents' surveys, audits, feedback forms from staff and residents and representatives, hazard reporting, external contractors as well as medical and allied-health staff. Opportunities for improvement are identified and managed using a continuous improvement work plan. Initiatives are evaluated upon completion. Residents, representatives and staff state that they are able to provide feedback and feel comfortable to raise issues or concerns with management and that they are satisfied with home's response to their input. Management provided the team with the following examples of recent improvements undertaken by the home:
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- A process has been implemented to ensure that all staff are aware of changes and updates to the organisation's policy and procedure manual. All new policies and procedures are now placed in a memo folder in the staff room. All staff are now required to read and sign an acknowledgement that they have read the changes prior to filing. The team observed that management posted signage in the staff room to draw attention to policy updates.
- To facilitate an operational management decision to create a 'Centre of Excellence' in dementia care for the organisation's northern region, 15 dementia residents were transferred to the home from one of the organisation's nearby facilities. Key staff members previously employed by the nearby facility originally accommodating the 15 residents were invited to transfer employment to the home. Management stated that the process of transition was implemented well and has resulted in positive outcomes for the main stakeholders.

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

Team's recommendation
Does comply

The home has a system for identifying relevant legislation, regulations, guidelines and for monitoring compliance with these in relation to the Accreditation Standards. Management demonstrates this by maintaining an active subscription to an industry association (peak body) to ensure compliance with all relevant legislation, regulatory requirements and professional standards and guidelines.

The team reviewed current documents and electronic media which indicate that the home's management has access to (as a peak body association member) current legislative and regulatory information affecting the industry. In addition, the home regularly references resources from the Aged Care Accreditation Agency, NSW Health and the Department of

Health and Ageing through receipt of various periodic publications, policy directives, guidelines, information bulletins, facsimiles and email.

Relevant information and changes to policies are communicated to staff through memorandums, meetings, education and handovers. Some examples demonstrating the home's capacity are as follows:

- Policies and processes developed and regularly reviewed to reflect relevant legislative and regulatory changes. This is supported by the organisation's subscription to an industry legislation publishing and update service.
- Implementation of recent changes in ACFI (Aged Care Funding Instrument)
- Adherence to NSW Health recommendations in reporting and managing an infectious outbreak
- Building certification in accordance with the Aged Care Certification Instrument (1999)
- Compliance audit reports
- Police record checks

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 is part of an organisation which also functions as a registered training organisation. The organisation has a learning and development department which manages staff's attendance at required compulsory education. Compulsory education involves fire safety, manual handling and infection control. Documentation, observation and interviews confirm the home has systems in place to ensure management and staff have appropriate knowledge and skills to effectively perform their roles. Staff attend education programs covering the four Accreditation Standards internally and externally. An in-house workplace trainer facilitates staff education and assessment of competencies which include medication administration, manual handling and infection control (hand washing and use of personal protective equipment - PPE). Training attendance and program evaluations are documented. Interviews with residents/representatives indicate staff demonstrate the appropriate skill and knowledge when performing their care-related duties. Some examples of the education and training provided related to Accreditation Standard one are as follows:

- self-directed learning for the implementation of new organisational policies and procedures
- documentation of care plans and 24 hour reports

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 has a feedback and complaints policy to ensure consideration, local resolution, fairness, timeliness, confidentiality and respect. Information about internal and external complaints' mechanisms is accessible to each resident/representative. Information about complaints' mechanisms is included in the resident agreement, resident handbook, during orientation to the home, residents' meetings and minutes, newsletters, verbally and through daily communication with staff. Residents and staff are encouraged and can easily place feedback, response and management forms into a conveniently located suggestion box in

the main foyer. Issues arising from complaints are communicated to all stakeholders, documented in a complaints register and are actioned appropriately in a timely manner in accordance with the home's policy. Audits are conducted to ensure the home complies with the organisation's comments, feedback and complaints management policy. Residents/resident representatives interviewed are familiar with the complaints mechanisms at the home and residents are satisfied with the complaints mechanisms available to them

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

Team's recommendation
Does comply

A review of documentation and observations confirm a commitment to quality within the home. The home's mission, vision and values are on display in the main foyer and throughout the home. It is also documented in the staff and resident handbook, the organisation's plan for the future presentation as well as at employment interviews for new staff.

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 continuously reviews the home's staffing levels and skills to ensure that the residents' care, health and lifestyle needs are consistently met. The majority of the home's residents receive low care and the home's roster indicates that a registered nurse is on duty during the day and afternoon. Residents requiring high care are managed by a registered nurse. The majority of care staff have a Certificate III in aged care and the home employs a workplace trainer to ensure that staff skills and competencies reflect the acuity and needs of residents. Management stated that the home has human resources and recruitment policies and processes in place to ensure that the best candidates are fielded for the job. Residents and representatives interviewed reported and confirmed that the home has carefully selected staff. Residents and representatives added that they are confident that the majority of staff are knowledgeable and well-trained. Most of the staff are new and management stated that performance appraisals are conducted four months after commencing employment and on an annual basis thereafter. Staff interviewed reported that they are able to perform and complete their designated duties during their respective shifts. They added that replacement staff are consistently sought in response to short and long term staff absenteeism.

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

Documentation, interviews and observations confirm that the home has systems in place to order and have available stock of goods and equipment appropriate for quality service delivery. This includes medical supplies and equipment, food, chemicals, furniture and linen. All storage areas reviewed indicate there are adequate supplies. There is a stock rotation policy for food and there are processes in place to maintain the freshness of the food

supplies and food in storage. Temperatures for freezers, refrigerators, cool rooms, food deliveries and washing machines are monitored to ensure they are within the required ranges. Chemicals used are safely stored and managed. The home maintains a preferred suppliers list and there are established systems for procurement, purchasing and monitoring of these processes. Maintenance programs combined with systems for repair and workplace inspections ensure equipment is monitored and well maintained.

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

Team's recommendation
Does comply

The team's observations, document review and interviews indicated that effective information management systems are in place, and that these support the range of functional areas in the home. The resident information system includes, but is not limited to, administration forms, residents' and staff handbook, resident agreements, information brochures, residents' meetings, newsletters, resident assessments, care plans and clinical records. Management, staff and contractor communication systems are in place to ensure the efficient dissemination and exchange of information between relevant stakeholders. These systems include a variety of resident, staff and quality management meetings. Staff have access to computers and important information is communicated through the home's intranet service in addition to hard copy forms. Other forms of communication include distribution of materials in soft and/or hard copy (e.g. policies and procedures, memos, staff newsletters, minutes of meetings), staff noticeboard, communication books, and induction and training. Systems are in place for the archiving of redundant files and for file destruction. The team observed that resident and staff records are kept in secure areas to help ensure appropriate security and confidentiality of information. Computers are password protected and electronic information is backed-up for security. Interviews conducted indicate that residents and staff receive information (through meetings, newsletters, minutes and handovers) regularly and appropriate to their needs.

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

Team's recommendation
Does comply

The home has systems and processes to ensure external services are provided to meet the care service needs of residents. External providers' service agreements/contracts are in place at the organisational level to ensure agreed standards for delivery and specifications of service are consistently met. Purchasing policies, guidelines as well as performance indicators are in place to ensure quality. The team verified that there are processes in place for ordering, delivery and payment of goods and equipment. All contractor criminal history checks are monitored by the organisational head office. All work performed is monitored for quality and effectiveness of services and performance evaluations are considered prior to contract renewals. Management demonstrated that changes are made when services received do not meet the needs of residents or the home. Staff stated they are satisfied with the quality of services provided by external suppliers in meeting residents' needs.

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

Refer to expected outcome 1.1 Continuous improvement for information regarding the home's continuous improvement system. Examples of recent improvements in relation to Accreditation Standard Two include:

- An audit showed that registered nurses were not correctly documenting changes in wounds. Wound management and documentation training was undertaken attended by the registered nurses. A subsequent audited later showed an improvement in compliance.
- A central computerised listing of residents on psychotropic medications is now available and accessible to doctors, management and registered nurses to monitor the commencement and cessation of medications.

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 to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home's systems. Examples of regulatory compliance with Accreditation Standard Two include:

- Referencing practice guidelines as recommended by the Australian Pain Society
- Illness register (line listing) as reported to a state hospital's public health unit

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

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. Examples of education and training related to Accreditation Standard Two include:

- basic wound care for carers
- continence management (supplier)
- medication management and associated competencies
- falls risk assessment tool (FRAT) training

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

Team's recommendation
Does comply

Residents/representatives interviewed confirm that the home provides residents with appropriate clinical care. The home has a process to assess residents on entry with the staff, gathering information from a variety of sources. Residents/representatives are consulted for their input as to their preferences in the manner by which care is to be delivered. Medical practitioner summaries, hospital discharge letters and the Aged Care Assessment team report are reviewed. A range of assessments are completed to identify residents' specific care needs and preferences. The registered nurse reports they utilise this information to develop individual resident care plans. These care plans are reviewed annually and on resident clinical condition change. Ongoing consultation with residents and representatives occurs through regular verbal updates, family case conferences and on condition change. On documentation review, the team noted the resident's medical practitioner conducts regular reviews and in emergencies residents are transferred to hospital. Staff practice is monitored through reviews of incident /accident data, audits and the comments and complaints mechanism.

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 identified and appropriately qualified staff deliver care to meet residents' needs and preferences. Review of documentation confirmed that care plans generally include appropriate management and address residents' specific specialised care needs such as pain management and wound care. Registered nurses are provided with training to address specific care needs such as wound management, catheter care and pain management. Residents confirm they receive appropriate 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

The home has processes to refer residents to a range of health specialists in accordance with the residents' needs and preferences. The home can access services for palliative care advice, dietitian review and psychogeriatric review. A physiotherapist, podiatrist and hairdresser regularly visit the home to provide treatment for the residents. The residents' representatives transfer residents to appointments where needed. Residents confirm that they are referred to specialists as the need arises.

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

Team's recommendation
Does comply

The home has effective systems in place to manage ordering, storage, administration and review of medications to ensure that medications are managed safely and correctly. Blister

pack systems are delivered weekly and checked by the registered nurse prior to use. New or altered packs are supplied on request. Medications are stored in a locked trolley and are administered by care staff that have been assessed as competent to do so. The team reviewed medication charts and noted that they were legible, current, provided clear instruction, have a photograph and written resident identification and signed by staff. The team observed the correct administration of medications and staff showed understanding of the medication management system within the home. Residents confirm that they are satisfied with the home's management of medications.

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

Team's recommendation
Does comply

Interviews with residents/representatives confirm that pain management strategies in place are effective and that residents are as free as possible from pain. Consultation with the resident, physiotherapist and their medical practitioner is conducted by the home. The specific management strategies devised to relieve the resident's pain are recorded on the care plan. Care staff interviewed report that they monitor, document and report resident pain to the registered nurse. The registered nurse assesses the resident and recommends an appropriate intervention strategy to relieve the pain. A range of pain relieving strategies is used by the home and includes analgesia, heat pack treatment, massage, repositioning and exercise.

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 has systems in place to ensure that the comfort and dignity of terminally ill residents is maintained. The home does not have any resident who is palliating at this time. Staff interviewed are able to confirm a range of interventions employed by the home when caring for terminally ill residents to ensure their pain is managed and that their comfort and dignity is maintained. Where palliative care is required all care and treatment is discussed with the resident and their representative. The home has access to palliative care services, if needed, and residents are supported to remain in the home in the event of requiring palliation. Pastoral care services are available to support and counsel terminally ill residents and/or representatives if required.

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

Team's recommendation
Does comply

The home has systems in place to ensure that residents receive adequate nutrition and hydration. Assessment of residents' dietary preference and requirements are recorded in consultation with the resident and or their representatives and communicated to the catering department. Residents' nutritional and fluid intake is monitored by the care and catering staff, food intake and wastage is observed. Residents are weighed monthly and weight loss is investigated. The home uses a range of strategies to assist in preventing weight loss including offering alternative meals and nutritional supplements and providing flexible meal times in the dementia secure units. To maintain resident hydration the home provides extra

fluids at and between meals. Preferred drinks are offered to residents to encourage their fluid intake. Residents and their representative's interviews confirm residents are generally satisfied with the manner in which the home manages nutrition and hydration.

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

Team's recommendation
Does comply

Residents' skin integrity is consistent with their general health. Care staff interviewed report that they monitor residents' skin condition. They report problems to the registered nurse such as a resident's skin becoming dry; or if there is a rash or a break in the resident's skin. The registered nurse develops management strategies to improve or maintain residents' skin condition. The home provides assistive devices such as pressure relieving mattresses, leg and arm protectors and sheepskins. Other strategies to maintain residents' skin condition include regular repositioning and the application of emollients. The home monitors accidents and incidents including wound infections and skin tears. Residents report satisfaction with the way the home manages their skin care needs.

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

Team's recommendation
Does comply

The home has systems in place to ensure that residents' continence is managed effectively. The system involves identification of residents continence needs on entry, a three-day assessment and documentation of strategies into the care plan. Care staff are knowledgeable about residents' care needs and preferences for toileting and the use of continence aids. The continence link nurses stock take and order continence aids, monitor the need for reassessment and update the care plan with new intervention strategies as required. The external continence aid supplier is accessible and provides advice and staff training. Care staff interviewed reported they monitor and record residents' bowel motions daily. Any abnormal bowel motions are reported to the registered nurse for follow up. The team observed adequate supply of continence aids and linen, and staff report they do not run short of continence supplies. Residents interviewed by the team are satisfied with the way in which their continence needs are managed.

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

Team's recommendation
Does comply

Residents/representatives confirm that the needs of residents with challenging behaviours are managed effectively. Behaviour management methods at the home encourage a restraint free environment and are linked to the lifestyle programme with small group activities and one to one time with residents. The care staff report that when residents exhibit challenging behaviours they try a number of different interventions to decrease the resident's distress including offering the resident food and fluids or toileting the resident ,changing the resident's continence aid, checking for pain, repositioning or providing the resident with extra warmth. If these strategies are not successful they contact the registered nurses for advice. Specialist advice is available from the local mental health unit and psycho geriatrician services. The team observed staff engaging with residents in a warm and caring manner.

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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

Systems are in place at the home to ensure optimum levels of mobility and dexterity are achieved for all residents. The system includes assessment of residents' mobility needs and the development of individual care plans. The home's physiotherapist reviews new residents and develops a program for each resident. The program includes passive and active exercises in one to one sessions and group activities; these are regularly evaluated and altered as required. The team observed handrails throughout the home, staff supervising and assisting residents to mobilise and residents using mobility aids. An accident and incident reporting system is in place which includes analysis of incidents to identify trends and implementation of strategies to reduce falls. All staff in the home attend training on manual handling. Residents interviewed by the team express their satisfaction with the therapy program they receive.

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 a system in place to ensure residents' oral and dental health is maintained including initial and ongoing assessment of residents' oral and dental needs. Care staff encourages residents to attend to their own oral care if able or provide oral care assistance as required. Oral health care is monitored daily by care staff during teeth and denture cleaning. Residents have access to dental services as management organises for a dentist to regularly visit the home or organise for referral of residents to their local dentist. Staff training on oral and dental care has been provided to care staff. Residents interviewed confirm that staff assist them to maintain their oral and dental hygiene.

2.16 Sensory loss

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

Team's recommendation
Does comply

The home has systems in place to identify and address the sensory loss of individual residents. A management plan is developed incorporating these needs. Specialist services are involved as required, including audiology, optometry and speech therapy. Residents interviewed by the team reported that staff assist them in cleaning their glasses, fitting their hearing aids and replacing the batteries. The physical environment is set up to assist residents with sensory impairment. Specific strategies include hearing loop technology in the activity/function room, safe walking areas, clear wide corridors, good lighting and hand rails along the corridor. The activity program incorporates sensory stimulation, such as massage, music, large print and talking books. Residents are satisfied with the manner in which the home identifies and manages sensory loss.

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

Team's recommendation
Does comply

The home ensures residents are able to achieve natural sleep patterns. Residents sleeping patterns are identified upon entry to the home and ongoing as needed. Residents are accommodated in single rooms with ensuite bathrooms. Strategies to assist residents to achieve natural sleep patterns include low lighting at night, reduced noise levels, warm drinks, pain and continence management and night sedation if ordered by the medical officer. Residents have access to a nurse call buzzer to alert staff of any sleeping difficulties. Residents interviewed are satisfied with the home's approach to sleep management.

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

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system, which exists in the home. Examples of recent improvements in relation to Accreditation Standard Three include:

- A new bus has been purchased for regular residents' outings and shopping trips. The bus is capable of seating some residents in wheelchairs.
- A new coffee shop has been opened in the main lounge area near the foyer. The team observed the area and service to be well-used and enjoyed by several residents and visitors.
- Residents' personal profiles and lives are documented in the "Rhythms of life' project. Through consultation with residents and their representatives, the information is placed in each resident's room to help staff develop a rapport and become more familiar with each resident.

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 to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home's systems. Examples of regulatory compliance with Accreditation Standard Three include:

- Reporting register (alleged or suspected assaults) in accordance with the compulsory reporting guidelines, and missing resident record report
- Volunteers undergo a police clearance check prior to engaging in any activity with residents

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

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. Examples of education and training related to Accreditation Standard Three include:

- missing residents – "Protecting the vulnerable"
- recreational activity officer undertaking a Certificate IV in Leisure and lifestyle
- care staff undertaking a Certificate III in aged care with subject components that cover - confidentiality and trust and cultural awareness

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

Management has processes in place to ensure that each resident receives support in adjusting to life in the new environment and on an ongoing basis. On entry to the home the resident is provided with a tour of the home, introduced to staff and other residents and receives a resident information pack. During this initial period there is an assessment of each resident's social, cultural and spiritual support needs and an individualised care plan is developed. Residents and representatives interviewed by the team confirmed that they are provided with appropriate ongoing emotional support and all feel they are supported in adjusting to their new life within the home.

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

Team's recommendation
Does comply

Management has systems in place to ensure that residents are assisted to maximise their independence, maintain friendships and participate in the life of the community within and outside the residential care service. The home uses a range of strategies to promote independence including a resident laundry for those residents who wish to wash their personal clothes, and enabling residents to manage their own medications. The home has a mobile kiosk coordinated by residents within the home to provide shopping on site. It also has created a coffee shop run by the activity officer and a resident to facilitate residents socialising with family and friends. Residents maintain friendships through connecting with family and friends via the telephone and internet connection provided by the home. Regular community groups and entertainers also visit the home. Residents interviewed expressed satisfaction with the way the home assists them to maximise their independence and keep in touch with family, friends and the community.

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

Team's recommendation
Does comply

Residents advised their privacy, dignity and confidentiality are respected and staff practices take into account their individual preferences. Staff sign a confidentiality agreement on commencement of their employment. Resident records are securely stored. Staff address residents in a respectful manner using their preferred name. Observations by the team confirmed this. Residents have their own room with ensuite bathroom. There are several private areas including a quiet room located within the home. Staff knock on residents' room doors and wait for an invitation before entering residents' rooms. Many residents enjoy the

services of the visiting hairdresser. The team observed that staff take care with dressing and grooming residents who are no longer able to perform these functions for themselves.

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

Encouragement and support for residents to take part in a wide range of interests and activities commences on entry to the home when they are consulted about what their interests, current and past activities are. These are recorded in an assessment and an individualised care plan is developed. The care plans are reviewed every six months or on change of a resident's needs and preferences'. The activity officer incorporates individual and group activities and monitors participation, enjoyment and suitability of the activities provided. Care staff also have a role in providing activities in the dementia secure areas of the home. The monthly activities program take into account significant cultural days and residents preferred activities. The activity officers have designed different programmes for the low care and dementia secure areas to overcome barriers to participation and involvement. Some examples of leisure interests provided include exercise programmes, bingo, sing-a-long, Tai Chi, bowling, bus outings, book club, manicures and newspaper reading. Information obtained from surveys and residents' meetings is also used to plan and evaluate activities on offer by the home. Residents interviewed were satisfied with activities within the home.

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

Team's recommendation
Does comply

Management has systems in place to assist residents in their cultural and spiritual beliefs and activities. Assessment of residents' specific needs, customs and beliefs are recorded on entry. Some of the specific cultural days that are celebrated at the home are Christmas, Easter, Australia Day, Remembrance Day, Anzac Day and Melbourne Cup Day. Regular religious services are held at the home by the Anglican chaplain and inter-denominational services are also conducted. Pastoral care and spiritual support is provided during one to one contact with residents. A telecast of the religious service is available for residents to watch on television in their room if they are unable to attend communal services. A Catholic service is also provided once a month and communion is available for residents who wish to receive it. Residents interviewed confirmed that they are encouraged and supported to continue with their own interests, customs and beliefs.

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

Team's recommendation
Does comply

Residents stated they are generally satisfied with the choices available to them at the home. Residents' likes and preferences are identified during the assessment process following their entry to the home. Residents advised that staff know their preferred time for personal care routines. In the secure wing, residents' habitual routines are supported by staff. The daily

menu is displayed in the dining rooms. Residents' choices of medical practitioner and allied health professionals are respected. Participation in activities is the choice of the individual resident. Resident rooms are personalised with memorabilia and their own possessions including small pieces of furniture. Mechanisms for residents/representatives to participate in decisions about the services the resident receives include resident satisfaction surveys, resident/relative meetings and through the comments and complaints system. Staff described how they encourage and support residents to make choices and decisions concerning their life at the home.

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 management is able to demonstrate that residents have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure and residents' rights and responsibilities is provided to prospective residents and their representative prior to and on entering the home. The resident handbook and agreement outline the care and services provided by the home and associated costs are discussed at the time of entry. Information on methods of complaint resolution and security of tenure is also contained in the agreement and the residents' handbook. Management advised that residents and their representatives would be consulted prior to moving rooms should this be necessary in the future. The charter of residents' rights and responsibilities is included in the pre-entry information and displayed in the home.

Standard 4 – Physical environment and safe systems

Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

4.1 Continuous improvement

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

Team's recommendation

Does comply

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system, which exists in the home. Examples of recent improvements in relation to Accreditation Standard Four include:

- In response to an OHS alert made by the maintenance staff in transporting bins up a steep driveway from an underground storage area, an electric trolley was trialled and subsequently purchased to manage the manual handling risk. Staff interviewed report that the electric trolley has made the task safer and more convenient.
- It was identified that some staff were unsure of the appropriate actions to take in relation to an outbreak. Management took steps to re-educate staff and complement this with the placement of outbreak management literature and resources in all the sections of the home. Management reported that a recent outbreak was managed by staff very well. Management added that the outbreak was contained within one cluster and resolved within four days.

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 to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home's systems. Examples of regulatory compliance with Accreditation Standard Four include:

- Food safety site audit report
- Formation of an occupational health and safety committee who meet on a regular basis
- Fire safety and building certification
- Food authority license
- Infection control reporting and practices consistent with government health regulations and guidelines

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

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and

knowledge to effectively perform their roles. Examples of education and training related to Accreditation Standard Four include:

- manual handling
- chemical training
- food safety
- bus lifter and restraint training
- advanced laundry operations

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 accommodates predominantly low care residents in single rooms with ensuite bathrooms in a modern building with contemporary internal designs and external landscaping. The newly constructed building has many modern and safety features which are currently still under warranty. The home is air-conditioned throughout with comfortable and functional furniture appropriate for the elderly. The home's plant and equipment are asset managed to ensure that all are well maintained and serviced on a regular basis under a preventative maintenance schedule. The home has a variety of equipment such as commode chairs, shower chairs, hand rails and lighting to promote and ensure resident safety and comfort. Residents have electric beds, and calls bells are located within easy reach near beds as well as the ensuite bathroom. The home's maintenance team demonstrated that hot water systems are regularly checked in addition to regularly scheduled pest control.

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's occupational health and safety (OHS) program is overseen by management in conjunction with the home's OHS committee with representatives from different departments who meet on a monthly basis during quality meetings. The OHS system uses a risk management and assessment approach and covers compulsory manual handling training, infection control and fire safety as well as provision of clear OHS guidelines for staff. Staff state that the home undertakes hazard reporting/risk management, regular OHS audits to ensure safe work practices. There is evidence of data collection and acting on accident/incident trend data results, provision of suitable well-maintained equipment, and the design of safe work practices in the work place. Management maintains staff awareness through dissemination of a regular safety alert message on different safety issues and topics. Quality meeting minutes showed that issues are investigated, acted upon and opportunities for improvements are encouraged. Staff interviewed demonstrate a sound knowledge of general safe operating procedures and their roles and responsibilities with regard to OHS practices in their work area. For example, safe lifting techniques, use of material safety data sheets, safe use of chemicals and use of personal protective equipment. Incident data is monitored, reported and submitted to quality meetings for analysis and appropriate action.

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 systems in place to minimise fire, security and emergency risks. The home has taken into consideration significant emergency events and takes a risk management approach in formulating processes to deal with these. These include regular maintenance checks of fire fighting equipment, electronic access control systems by an external company and internal audits. An emergency reference folder and ready reference flipcharts located and accessible at nurses' stations were reviewed by the team. Various emergencies for which the home has prepared processes for are loss of power, no water, loss of kitchen (no food), no refrigeration and no linen. The team noted that the home has processes in place for alternative accommodation for residents in the event of an evacuation. Specific staff have completed fire officer training and fire safety is part of the home's compulsory education. Information about fire evacuation procedures are displayed at various locations. Staff interviews indicate awareness of procedures and confirm compulsory fire training is attended. Checks by the team confirm appropriate signage, evacuation plans, clear access to assembly points, current fire fighting equipment inspection and testing records, and a current fire statement is on display. Security measures for the home include electronic security with a scheduled daily lockdown and an annual security assessment.

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. The results of the team's observations, interviews and document review revealed that the program incorporates an organisation-wide approach. This involves an infection control surveillance and reporting system, a hazard risk management system, a waste management system and a food safety program in the kitchen. Staff practices incorporate sanitising procedures for high-risk foods, effective procedures for the management of outbreaks and appropriate disinfection methods in the laundry. Preventative measures include education for all staff disciplines, an effective cleaning program and a staff and resident vaccination/immunisation program. In addition, appropriate equipment, staff practices and workflows are minimising the risk of cross infection. Staff interviewed confirmed that they receive infection control education and demonstrated an awareness of infection control as it pertains to their work area.

4.8 Catering, cleaning and laundry services

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

Team's recommendation
Does comply

Catering
There are systems to identify residents' meal requirements and preferences on entry into the home and as residents' needs change. Where residents have special requirements these are recorded and provision is made to cater for them. All meals are cook/chilled then reheated, served and plated from a bain-marie. Residents' are served dietitian approved meals from a seasonal four-week rotating menu. Residents have a choice of the main course or sandwiches and/or salad at lunch. Meals are prepared in a central kitchen on each level transported to the serveries for plating. The kitchen and serveries are clean and orderly with

a system in place to ensure food is handled and stored safely. Residents/representatives said they are generally satisfied with the variety, quality and quantity of food.

Cleaning
The residents' rooms are cleaned daily and are scheduled for regular spring-cleaning. Common areas and bathrooms are also cleaned daily. The home employed a new cleaning contractor who commenced in August 2010 and the team reviewed weekly cleaning audit documents which show that residents' rooms are sampled randomly to ensure service quality. Resident rooms and common areas were observed to be clean at all times during the visit. Residents/representatives interviewed stated they are satisfied that their rooms and the home overall is always clean and tidy. Cleaning staff are uniformed and use colour coded equipment designated for specific surfaces. The cleaning contractor reported that they have specialised processes in place to be deployed in the event of an infectious outbreak.

Laundry
All laundry is washed in the onsite laundry. The laundry has clearly designated dirty and clean areas and the storage and transporting skips are appropriately labelled for clean or dirty usage. The laundry has modern washing and drying equipment and the laundry area is air-conditioned for staff comfort. The laundry is well equipped with materials safety data sheets for all chemicals used as well as PPE (personal protective clothing) in the event of an outbreak or contaminated material. The team observed adequate stocks of clean linen stored. There is a system for the labelling and sorting of residents' personal laundry. Residents/representatives interviewed by the team expressed general satisfaction with the laundering services.

Name of home: Marcus Loane House RACS ID 0887
Dates of site audit: 16 November 2010 to 18 November 2010
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