Aged Care
Standards and Accreditation Agency Ltd

Masonic Care Queensland Sandgate Nursing Home

Approved provider: The Board of Benevolence and
of Aged Masons Widows and Orphans' Fund

This home was assessed as meeting 44 of the 44 expected outcomes of the
Accreditation Standards and accredited for three years until 5 December 2014. We
made the decision on 11 October 2011.

The audit was conducted on 19 September 2011 to 21 September 2011. The
assessment team's report is attached.

We will continue to monitor the performance of the home including through
unannounced visits.

Home and approved provider details

Details of the home

Home's name:	Masonic Care Queensland Sandgate Nursing Home
RACS ID:	5968

Number of beds:	192	Number of high care residents:	176

Special needs group catered for:	• Dementia specific

Street/PO Box:	60 Wakefield Street			
City:	SANDGATE	State:	QLD	Postcode:	4017
Phone:	07 3869 6000		Facsimile:	07 3269 2470
Email address:	Jstephan.cs@masoniccareqld.org.au			

Approved provider

Approved provider:	The Board of Benevolence and of Aged Masons Widows and Orphans' Fund

Assessment team

Team leader:	Lyntara Quirke
Team member/s:	Felette Dittmer
	Kathy Prain
	Nicole Goodwin
Date/s of audit:	19 September 2011 to 21 September 2011

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.	
Expected outcome	**Accreditation Agency decision**
1.1　Continuous improvement	Met
1.2　Regulatory compliance	Met
1.3　Education and staff development	Met
1.4　Comments and complaints	Met
1.5　Planning and leadership	Met
1.6　Human resource management	Met
1.7　Inventory and equipment	Met
1.8　Information systems	Met
1.9　External services	Met

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

Home name: Masonic Care Queensland Sandgate Nursing Home　　Date/s of audit: 19 September 2011 to 21 September 2011
RACS ID: 5968　　AS_RP_00851 v3.0

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Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.	
Expected outcome	**Accreditation Agency decision**
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 Resident security of tenure and responsibilities	Met

Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.	
Expected outcome	**Accreditation Agency decision**
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met

Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

Masonic Care Queensland Sandgate Nursing Home 5968

60 Wakefield Street

SANDGATE QLD

Approved provider: The Board of Benevolence and of Aged Masons Widows and Orphans' Fund

Executive summary

This is the report of a site audit of Masonic Care Queensland Sandgate Nursing Home 5968 from 19 September 2011 to 21 September 2011 submitted to the Accreditation Agency.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home's accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency visits the home to conduct a site audit. The team assesses the quality of care and services at the home, and reports its findings about whether the home meets or does not meet each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team's reasons for its findings.

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 19 September 2011 to 21 September 2011.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of four registered aged care quality assessors.

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

Assessment team

Team leader:	Lyntara Quirke
Team member/s:	Felette Dittmer
	Kathy Prain
	Nicole Goodwin

Approved provider details

Approved provider:	The Board of Benevolence and of Aged Masons Widows and Orphans' Fund

Details of home

Name of home:	Masonic Care Queensland Sandgate Nursing Home
RACS ID:	5968

Total number of allocated places:	192
Number of residents during site audit:	182
Number of high care residents during site audit:	176
Special needs catered for:	Dementia specific

Street/PO Box:	60 Wakefield Street	State:	QLD
City/Town:	SANDGATE	Postcode:	4017
Phone number:	07 3869 6000	Facsimile:	07 3269 2470
E-mail address:	Jstephan.cs@masoniccareqld.org.au		

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Audit trail

The assessment team spent three days on-site and gathered information from the following:

Interviews

	Number		Number
Management / administration	15	Residents / representatives	18
Clinical / care / lifestyle staff / volunteers	26	Medical / allied health	2
Hospitality / environment / safety staff	18		

Sampled documents

	Number		Number
Residents' files including care plans and progress notes	24	Medication charts	10
Restraint records	6	Personnel files	20

Other documents reviewed

The team also reviewed:
- 'Do you have something to say' forms
- 'We want to hear from you' forms
- Asbestos register
- Assessments
- Audit and survey tools, results and reports
- Australian guidelines for the prevention and control of infection in healthcare
- Behaviour incident analysis
- Call bell response reports
- Cleaning schedules and records
- Code of conduct
- Comments and complaints folder
- Communication diaries
- Competencies
- Controlled drug register
- Departmental managers meeting minutes
- Diversional therapy care plans
- Diversional therapy meeting minutes folder
- Done and destination book
- Education and training database
- Emergency information folders and flip charts
- Falls analysis
- Fire fighting equipment maintenance records
- Food and equipment temperature monitoring records
- Food safety program
- Fruit and vegetable sanitation records
- Hazard and risk identification and assessment records
- Incident forms and reports
- Infection control reports
- Information folder - Lucinda

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- Maintenance system - electronic
- Mandatory education spreadsheet
- Mandatory reporting log
- Masonic Care Queensland Central and Southern Region Business Plan
- Meal production sheets
- Medication advisory committee minutes of meetings
- Memoranda
- Minutes of resident and staff meetings
- Movement of resident form
- New employee information
- Newsletter
- Nutrition and hydration management system – electronic
- Observations and weight monitoring
- Orientation folder
- Outings planner – 12 month
- Pandemic / outbreak plan
- Pathology reports
- Periodic maintenance schedule
- Pest control records
- Pharmacy ordering forms
- Police certificates for staff
- Policies and procedures
- Position descriptions
- Purchase order book
- Quality action plans
- Record of trial evacuation
- Referrals
- Resident admission files
- Resident care, lifestyle and clinical documentation system - electronic
- Resident handbooks – permanent / respite residents
- Resident location and mailing list
- Residents infection data analysis
- Residents' information handbook
- Service agreements
- Special functions folder
- Staff appraisals
- Staff handbook
- Staff registration records
- Supplementary items by wing list
- Training calendar
- Training evaluation forms
- Training flyers
- Unmarked clothing list
- Work instructions
- Work procedures

Observations

The team observed the following:
- Activities in progress
- Charter of residents' rights and responsibilities
- Disposals room
- Emergency generators
- Equipment and supply storage areas

- Evacuation diagrams
- Fire fighting equipment tags
- Handover
- Infection kits including hand notices for resident rooms
- Interactions between staff and residents
- Internal and external environment
- Living environment
- Locked comment boxes
- Medication practice
- Medication round
- Memory and special care units
- Midday meal, setting, service and practices
- Morning and afternoon tea/beverage round
- Mortuary
- Personal protective equipment in use
- Proximity cards and security access
- Smoker's rooms
- Spill kits
- Storage of medications
- Whiteboards in work stations

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 findings
The home meets this expected outcome

The home has a framework that has multiple mechanisms to assist in the active pursuit of continuous improvement. Improvement information is identified, implemented, monitored and evaluated through the audit program, various staff and resident meetings, incidents/accidents/hazard reports, comments and complaints process and maintenance requests. Feedback on improvements is communicated through staff and resident meetings and via staff/resident memos and letters. Staff, residents/representatives demonstrated an understanding of these processes and related examples of recent improvements to the home.

Examples of improvements related to Standard one include:
- Feedback from residents identified that some support services and catering services staff were not communicating effectively with them. Education about 'communicating needs of residents' and 'managing challenging behaviours' was provided to staff resulting in residents' reporting they are satisfied there is an improvement in staff communication towards them.
- Following feedback from staff and the need to provide improved continuity of care to residents, the home reviewed all rostering arrangements when moving into the new building. As a result, the home has moved from a seven week rotating roster to a four week rotating roster for care staff and a two week rotating roster for registered staff. Staff are allocated specific floors of the home and they report this has improved continuity of care for residents. Residents/representatives indicated that having familiar staff assists in meeting their needs.

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 findings
The home meets this expected outcome

The home has a system for identifying and monitoring compliance with relevant legislation, regulations, guidelines and professional standards. This includes subscription to aged care peak bodies and other online services that alert the home to any changes requiring action. Policies and procedures are reviewed and revised to reflect changes and updates are communicated to staff through meetings, newsletters and memos. Compliance with legislative requirements is monitored through audits, staff competencies, performance appraisals, observation of staff practice and performance management as required. The home monitors currency of police certificates and maintains a register of police certificates and 'blue cards' as per their risk management approach.

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 findings

The home meets this expected outcome

Staff are provided with information to perform their roles effectively through the orientation program and other internal and external training courses. Position descriptions, duty lists, policies and procedures are available to guide staff practice. Training needs are identified through performance reviews, audits, clinical indicator trends, and staff and resident feedback. A monthly education calendar and flyers are circulated to alert staff to upcoming external, internal and mandatory training available. Processes to monitor staff attendance are managed through the human resource department. Staff are aware of the requirements for their positions and demonstrated knowledge applicable to their various roles. Examples of information topics relevant to Standard one include electronic documentation, computer training and incident reporting.

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 findings

The home meets this expected outcome

Information regarding internal and external complaints processes is provided in the resident handbook, the resident agreement and on display in prominent places throughout the home. Residents/representatives are encouraged to make verbal complaints one on one with management and/or staff, or through resident meetings. 'Do You Have Something to Say' forms can be completed and placed in locked suggestion boxes located in each area of the home. All general complaints are logged and outcomes monitored. Confidential complaints are actioned and monitored by the Regional Manager (RM) and are kept in a separate secure area. Residents/representatives and staff are aware of the internal and external comments/complaints processes.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has documented their mission, vision, values and philosophy in a strategic directions document approved by the Board. The mission, vision, values, philosophy, objectives and commitment to quality are also included in the resident and staff handbooks. Staff and resident/representatives are aware of the mission, vision, values, philosophy, objectives and the homes commitment to quality.

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 findings

The home meets this expected outcome

The home has recruitment and selection processes for employing staff which identifies their skills and qualifications. A process of orientation, ongoing education and training needs provides staff with the skills and knowledge to perform their roles effectively. Staff skills are monitored through annual performance appraisals, competency assessments, incidents and comments and complaints. Staffing hours are increased or adjusted and reviewed in consultation with staff and Departmental Managers to meet increasing resident needs. The home has processes for replacing staff through local agencies to fill planned or unexpected staff absences. Residents indicated staff understand their needs, and are generally responsive to their requests and provide good care.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has processes in place to ensure there are sufficient stocks of goods and equipment available for use by staff and residents. Needs are identified through maintenance requests, hazard reports, staff and resident/representative feedback. Items for purchase are discussed with Departmental Managers, Property and Environmental Manager or Regional Manager for approval. Staff receive education on the correct use of any new equipment or products and some new equipment is trialled prior to purchase. Maintenance staff and external contractors' complete maintenance for all the equipment at the home. Stock levels are maintained and rotated to ensure availability of goods to meet health and personal care needs and environmental service needs. Stock is stored securely and is accessible to staff when needed and there are processes to monitor usage. Staff and residents reported equipment meets their needs and is maintained to a high standard.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Staff and resident information is stored in secure areas and is accessible to authorised personnel only. Shift handover information, diaries and memos are used to disseminate information amongst staff. Staff reported that they have access to information relevant to their position and stated that changes to residents' current needs are communicated to them in a timely manner. Residents are aware of internal communication processes and have access to information about care and service delivery. Electronic information is secured by passwords and information is backed up to prevent loss of important information. There is a system in place to archive and destroy documentation as required.

1.9 External services

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

Team's findings

The home meets this expected outcome

Service agreements are established and reviewed by the Regional Manager. Agreements outline the homes' requirements on site and the quality of the service to be provided. Performance of external service providers is monitored by the Regional Manager and feedback is obtained from staff and residents. External service providers are provided with information about the homes' workplace health and safety processes and requirements. Staff have access to the contact details of key service providers if required after hours or in an emergency. Staff reported that external service providers are responsive to concerns raised by the home and were satisfied that if goods were faulty they would be replaced. Staff and residents indicated satisfaction with the quality of external services provided.

Standard 2 – Health and personal care
Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

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

Team's findings
The home meets this expected outcome

The home has a framework that has multiple mechanisms to assist in the active pursuit of continuous improvement. Improvement information is identified, implemented, monitored and evaluated through the audit program, various staff and resident meetings, incidents/accidents/hazard reports, comments and complaints process and maintenance requests. Feedback on improvements is communicated through staff and resident meetings and via staff/resident memos and letters. Staff, residents/representatives demonstrated an understanding of these processes and related examples of recent improvements to the home.

Examples of improvements related to Standard two include:
* Following staff feedback and a review of palliative care best practice, the home has introduced palliative care kits which include massage lotions infused with essential oils for use in palliative care. Staff and representative feedback has been positive with reports of residents' anxiety being reduced.
* Feedback from staff about the need for improved communication between shifts has resulted in general 'floor' handovers. Staff report this has improved communication and continuity of care for residents.

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 findings
The home meets this expected outcome

The home has a system for identifying and monitoring compliance with relevant legislation, regulations, guidelines and professional standards. This includes subscription to aged care peak bodies and other online services that alert the home to any changes requiring action. Policies and procedures are reviewed and revised to reflect changes and updates are communicated to staff through meetings, newsletters and memos. Compliance with legislative requirements is monitored through audits, staff competencies, performance appraisals, observation of staff practice and performance management as required. The home keeps records and information related to any unexplained absences of residents.

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 findings
The home meets this expected outcome

Staff are provided with information to perform their roles effectively through the orientation program and other internal and external training courses. Position descriptions, duty lists, policies and procedures are available to guide staff practice. Training needs are identified through performance reviews, audits, clinical indicator trends, and staff and resident feedback. A monthly education calendar and flyers are circulated to alert staff to upcoming external, internal and mandatory training available. Processes to monitor staff attendance are managed through the human resource department. Staff are aware of the requirements for their positions and demonstrated knowledge applicable to their various roles. Examples of information topics relevant to standard two include continence management and behaviour management.

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

Team's findings
The home meets this expected outcome

Residents/representatives are satisfied with the clinical care provided. There are established processes to identify residents' clinical care needs and preferences on entry including observation of the resident, discussion with the medical and care staff and focused assessment as care needs dictate. An electronic care system supports the care planning and clinical reporting processes; care planning by registered nurses is inclusive of the resident or their chosen representative with case conferencing occurring if indicated. The medical officer, staff and other allied health team professionals provide input into the plan of care and evaluation processes. The Manager of Nursing Services (MNS) and a Nurse Unit Manager (NUM) provide clinical support and supervision to care staff. The effectiveness of care strategies is monitored and where appropriate referral processes are initiated. Care staff undergo clinical competencies and demonstrate knowledge of individual care strategies. Minor procedures can be conducted by medical staff in a purpose built room to minimise hospitalisation.

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 findings
The home meets this expected outcome

Residents/representatives are satisfied with the specialised nursing care provided. Specialised nursing care needs are identified on entry through the focused assessment process including referral information and hospital discharge summaries, where applicable. Access to hospital, visiting specialists and tertiary wound care consultants support the delivery of specialised nursing care. Registered staff implement and evaluate specialised nursing care interventions developed and demonstrate knowledge of individual care needs. Education is provided and competencies conducted to support the provision of specialised nursing care. Staff have access to appropriate equipment and supplies to support the delivery of 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 findings
The home meets this expected outcome

Residents/representatives are satisfied with the care provided by onsite and visiting allied health specialists. Residents are referred to other health services such as podiatry, physiotherapy, dietetics, behavioural management services, speech pathology, dental and optometry in accordance with their assessed needs and preferences. The home contracts a full time physiotherapist; other allied health professionals visit the home and residents are supported to access related services within the community, if required. Video conferencing with health professionals has also commenced. Interventions recommended by allied health professionals are recorded in care plans, implemented, monitored and evaluated for effectiveness.

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

Team's findings
The home meets this expected outcome

Residents/representatives were satisfied with the management of their medication. Registered and medication competent staff administer prescribed medications in accordance with medical officers' directions and the care needs of residents. Medication is delivered weekly from the onsite pharmacy and as changes occur in mult-dose sachet packaging. Medication charts contain information such as: the drug, dose, route, commencement date, cease date, administration time, resident photograph, medication alerts, special administration instructions, allergies and the medical officer's signature. Medication is generally administered in acordance with the relevant medical order. An imprest system provides access to standard medications for after hours use. Non-packaged medication is monitored for expiry dates and the home has processes for the return of expired or discontinued medication. Scheduled medication is stored securely and records are kept. Processes are in place to manage time critical and periodic medication. Medication reviews are conducted by the medical officer and/or pharmacist. Audits of medication charts are conducted monthly and medication incidents are reported and acted upon.

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

Team's findings
The home meets this expected outcome

Residents/representatives are satisfied with the management of their pain symptoms including pharmacological and non pharmacological interventions. Registered staff assess the individual pain symptoms on entry and as their symptoms change. A range of pain management strategies are provided to residents to ensure they remain as free as possible from pain and these include repositioning, exercise, applications of heat, transcutaneous electrical nerve stimulation (TENS) and massage. Regular and 'as required' (PRN) analgesia are provided as ordered by the medical officer who also reviews and evaluates the effectiveness of pain relieving medications. A care plan is developed reflecting the management strategies; evaluation occurs through pain assessment tools which also

consider verbal and non verbal indicators. The home contracts a full time physiotherapist who also contributes to the active management and evaluation of pain strategies.

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

Team's findings
The home meets this expected outcome

Residents/representatives were confident staff understand their advanced care needs and would support their dignity. Residents' extended care preferences, including cultural and spiritual wishes are identified on entry. This information is recorded on the resident care plan; relevant substituted decision makers and stated health care directives, where applicable are also recorded in the resident record with demonstrated consultation processes for informed consent to provide palliative care. A palliative care pathway is initiated with emphasis on symptom management. The home has access to palliative care services and resources to support residents and staff. Pastoral care and emotional support is provided based on the preferences of the resident and their family.

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

Team's findings
The home meets this expected outcome

Residents/representatives are satisfied with their nourishment and hydration and efforts to maintain their desired weight. On entry to the home, the nutritional and hydration needs of residents are identified and include allergies, food preferences, likes and dislikes, and specialised dietary requirements and aids required to assist with eating. This information is communicated to the kitchen staff through the electronic care system. Residents' weights are monitored monthly and more frequently where unplanned weight gain/loss occurs. Referrals to a dietitian or a speech pathologist occur where there is an identified need and recommendations are implemented and monitored for effectiveness. Allied health professionals also evaluate the prescribed interventions. Food monitoring occurs when residents' intake varies and strategies such as additional portions, modified textures and meal supplements may be implemented, if appropriate. Staff generally demonstrate knowledge of individual care needs in relation to nutrition and hydration.

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

Team's findings
The home meets this expected outcome

Residents/representatives are satisfied with the management of their skin and wounds. On entry, each resident's risk of impaired skin integrity is measured through focused assessments and observation of their skin and mucosa. Care plans contain strategies to maintain residents' skin integrity based on potential or identified risks. Aids and equipment are available to minimise the risk of skin breakdown including pressure relieving mattresses, cushions and physiotherapy aids. Skin tears are recorded through the electronic incident

reporting processes and analysed by the MNS. Wound management is coordinated by the registered staff and access to university based specialists has been established to guide staff in current practices. A variety of skin care products and wound dressings are available to suit individual care needs. Education is conducted to promote healthy skin and minimise the risk of skin tears through manual handling techniques by staff.

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

Team's findings
The home meets this expected outcome

Residents/representatives are satisfied with the care provided to maintain their continence. Care staff demonstrate consideration for privacy and dignity when providing continence care. Residents' continence needs are identified during the assessment phase soon after entry to the home. Individual programs are implemented including scheduled toileting times, prescribed continence aids and management of indwelling or supra pubic catheters. Should continence needs change, re-assessment occurs in consultation with the resident/representative and relevant care staff. Alternative strategies are implemented and effectiveness is monitored. Continence programs are communicated to care staff through handovers and care plans. Residents at risk of urinary tract infections are monitored for symptoms and provided with additional fluids to prevent further infections.

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

Team's findings
The home meets this expected outcome

Residents' representatives are satisfied with the management of challenging behaviours and the way staff respond to and interact with residents. The home provides accommodation for residents with challenging behaviours or risk of wandering in newly built Memory Units and a Special Care Unit (SCU). Care needs are identified through pre-admission assessments, discharge planning and consultation with the family. Challenging behaviours are monitored following entry and as care needs change. Care staff utilise university based dementia programs in the SCU to implement strategies that minimise and reduce the incidence of behaviours through the identification of triggers and the management or modification of the internal and external environment. Management and staff report they use a person-centred approach to dementia in the SCU promoting total well-being and have plans to implement the approach throughout the home. The incidence of physical aggression is reported and investigated to ensure ongoing behaviour management strategies are appropriate. Diversional therapy such as reminiscence, outdoor gardens and meaningful individual and small group activities are incorporated into the management of residents' behaviour. The effectiveness of interventions is monitored and referral to specialists occurs where additional support or advice is required.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Residents/representatives are satisfied with the assistance provided by physiotherapy and care staff to maintain or improve their mobility and dexterity. The Physiotherapist assesses all residents' desired levels of mobility and dexterity on entry including residents' ability, independence and manual handling needs; strategies are developed and implemented in consultation with the physiotherapy aide and care staff. Manual handing assessments guide staff in the correct and most appropriate way to manage residents' transfers and mobility. The use of manual handling equipment and inbuilt overhead transfer aids to support residents' mobility and safety are utilised. Staff are provided with education on manual handling techniques and are assessed for competency. Exercise programs are offered to residents and range of movement exercises are also implemented. Falls are reported and investigated for causative factors. Referral to the Physiotherapist occurs following a fall or event and reassessment occurs.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Residents/representatives are satisfied with the assistance provided by staff to maintain their oral health and hygiene. The needs of residents are assessed on entry and care plans detail individual routines and the presence of dentures or partial prostheses. Care staff provide assistance to residents and demonstrate knowledge of the individual oral and dental care needs including the frequency of mouth care and the monitoring of fluid intake to support healthy oral mucosa. Palliative pathways detail the frequency and monitoring of residents' oral and dental care for residents who are palliating. Consideration is also given to meal texture and consistency where there are health needs that impact on residents' ability to eat. Residents are referred to dental specialists or visiting dental hygienists as required.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Residents/representatives are satisfied with the assistance provided by staff to manage their sensory loss and to clean and fit their glasses and hearing aids. The needs of residents are assessed on entry including consideration for all senses. Residents' preferences to maintain these are identified and care interventions to effectively manage residents' sensory loss are developed and communicated to staff. Referrals to specialists are arranged, where required. Care staff demonstrate knowledge of the individual sensory needs of residents including the cleaning, maintaining and fitting of sensory aids, where utilised and the support needed to participate in planned activities.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Residents are satisfied with the support provided to assist them to sleep and rest and commented the new building is quiet and conducive to sleeping. Each resident's individual rest patterns are identified when they enter the home and care plans are developed to reflect the individual's requirements and settling routines. Flexible care approaches including individual rising and settling times ensure the individual sleep patterns are supported and rest periods are maximised. Staff reported strategies used to enhance optimal sleep patterns and respond to sleep disturbances through the provision of pain relief, comfort measures, nourishment and fluids. Sedation is administered as prescribed.

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 findings
The home meets this expected outcome

The home has a framework that has multiple mechanisms to assist in the active pursuit of continuous improvement. Improvement information is identified, implemented, monitored and evaluated through the audit program, various staff and resident meetings, incidents/accidents/hazard reports, comments and complaints process and maintenance requests. Feedback on improvements is communicated through staff and resident meetings and via staff/resident memos and letters. Staff, residents/representatives demonstrated an understanding of these processes and related examples of recent improvements to the home.

Examples of improvements related to Standard three include:
- Following a review of activities available for residents on the weekend, the home has engaged the services of a music therapist to enhance activities over the weekend and this has resulted in positive feedback from residents.
- Feedback from representatives indicated that attending special events and social outings with residents was difficult as many events were scheduled during the week when representatives were working. As a result the home has scheduled some family functions and outings on the weekends and feedback from residents/representatives has been extremely positive.

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 findings
The home meets this expected outcome

The home has a system for identifying and monitoring compliance with relevant legislation, regulations, guidelines and professional standards. This includes subscription to aged care peak bodies and other online services that alert the home to any changes requiring action. Policies and procedures are reviewed and revised to reflect changes and updates are communicated to staff through meetings, newsletters and memos. Compliance with legislative requirements is monitored through audits, staff competencies, performance appraisals, observation of staff practice and performance management as required. The home keeps consolidated records of all reportable and non-reportable assaults.

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 findings

The home meets this expected outcome

Staff are provided with information to perform their roles effectively through the orientation program and other internal and external training courses. Position descriptions, duty lists, policies and procedures are available to guide staff practice. Training needs are identified through performance reviews, audits, clinical indicator trends, and staff and resident feedback. A monthly education calendar and flyers are circulated to alert staff to upcoming external, internal and mandatory training available. Processes to monitor staff attendance are managed through the human resource department. Staff are aware of the requirements for their positions and demonstrated knowledge applicable to their various roles. Examples of information topics relevant to Standard three include person-centred care, elder abuse and mandatory reporting.

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 findings

The home meets this expected outcome

Entry processes at the home include gathering information from the resident/representatives about residents' lifestyle background, likes and dislikes, and assessment of emotional needs. This information is reflected in individual clinical care plans and diversional therapy care plans that enables staff to provide support to residents that meets individual needs. Welfare officers provide initial and ongoing support to residents. Clinical staff have access to assessment tools that assist in identifying depression and the need for additional support strategies to be implemented. Feedback from residents/representatives is gained through case conferences, resident meetings and face to face interactions. Residents/representatives are satisfied with the emotional support provided at the home both on entry and on an ongoing basis.

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 findings

The home meets this expected outcome

The home has systems in place to ensure that residents are assisted to achieve maximum independence. Residents' independence is encouraged with access to mobility aids. Residents individualise their rooms with items of personal significance and have access to phones to support conversations with family and friends. The home supports residents to celebrate special family events in private. There is a system in place for residents returning from outings after hours. Residents/representatives are satisfied with level of independence promoted in the home.

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 findings
The home meets this expected outcome

The homes layout promotes privacy and confidentiality with single bedrooms and access to a number of lounge rooms where families/friends can meet with residents in private if required. Residents care files are stored in a secure office. Staff respect a residents right to privacy by knocking on doors before entering rooms, hanging signs on doors when cares are being carried out and by being discreet during conversations with residents in communal areas. Residents/representatives are satisfied with how privacy, dignity and confidentiality is maintained in the home.

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 findings
The home meets this expected outcome

Residents' interests are identified on entry to the home and on an ongoing basis. Interests are reflected in individualised care plans to ensure that all staff have access to information that supports residents needs being met. The home has in place an activities program that includes a variety of activities reflecting individual resident's mobility and cognitive abilities. Activities include both indoor and outdoor activities, outings and one on one activities. The activities program is displayed on notice boards and in newsletters. Each activity has a documented plan enabling any staff member to be able to conduct the activity. Participation records are maintained as part of the ongoing evaluation of the activities program both at an individual and an organisational level. A resident's participation is also recorded on the clinical database. Family members are encouraged to participate in activities. Residents/representatives and staff are satisfied with the number and type of activities available in 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 findings
The home meets this expected outcome

Residents/representatives indicated satisfaction with the support residents receive to maintain their spiritual needs. Information about each resident's interests, customs and beliefs, cultural and ethnic backgrounds is collected on entry to the home and documented in individualised care plans. The activities program includes a regular church service, bible reading and hymn singing. Pastoral care workers visit the home regularly and residents can also be supported to visit the on site chapel or weekly church service conducted in hostel. Each year the activities program includes a country / cultural celebration which includes food tasting and clothing examples.

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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 findings
The home meets this expected outcome

Residents/representatives are able to exercise choice and make decisions regarding the care and services they receive through ongoing consultation and communications with staff and management. Resident meetings, surveys and comments and complaints mechanisms support these consultation and communication processes. On entry to the home information such as enduring power of attorney and advance health directives is collected and maintained in resident file. Diversional therapy and welfare staff collect information on individual resident choices. The information is kept in front of the resident file ensuring that all staff can easily access this information and implement strategies that ensure that resident choices are supported. Information on resident rights and responsibilities is provided on entry to the home, displayed around the home and kept in folders that are in all rooms.

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 findings
The home meets this expected outcome

Processes are in place to ensure that residents and/or representatives are provided with an information package either on enquiry or on entry to the home. The package contains information about fees and charges, security of tenure, resident's rights and responsibilities and complaints mechanisms. Residential care agreements once signed are maintained in resident admission file. The admission file also contains evidence that information such as the resident handbook book has been provided. Residents/representatives indicated they were secure in the tenure of the home and knew who to contact if they had any concerns.

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 findings

The home meets this expected outcome

The home has a framework that has multiple mechanisms to assist in the active pursuit of continuous improvement. Improvement information is identified, implemented, monitored and evaluated through the audit program, various staff and resident meetings, incidents/accidents/hazard reports, comments and complaints process and maintenance requests. Feedback on improvements is communicated through staff and resident meetings and via staff/resident memos and letters. Staff, residents/representatives demonstrated an understanding of these processes and related examples of recent improvements to the home.

Examples of improvements related to Standard four include:
*   As a result of risks associated with residents who smoke, the home has reviewed the smoking policy, implemented smoking risk assessments and purchased smoking aprons for residents who continue to smoke. Staff spoke favourably about the enhanced safety requirements in relation to the care of residents who still choose to smoke.
*   Following a review of best practice national and international literature on disaster management, the home has revised their approach to disaster/major incident management on the site. This has resulted in the release of a draft global action plan which is currently awaiting feedback from departmental managers.
*   Staff suggestions on easier ways to identify residents with infections has resulted in the home implementing pictures of laminated hands and the use of colour coded dots on the pictures to hang near resident doors. Staff commented that this assists them to quickly identify a resident with an infection, the type of infection and what personal protective precautions to use.
*   Complaints received from residents stating morning toast was 'not hot' and 'unpalatable' prompted the home to review the process of providing ready made toast from the central kitchen. Toast is now prepared fresh at delivery point in each servery and response from residents has been positive.

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 findings

The home meets this expected outcome

The home has a system for identifying and monitoring compliance with relevant legislation, regulations, guidelines and professional standards. This includes subscription to aged care peak bodies and other online services that alert the home to any changes requiring action. Policies and procedures are reviewed and revised to reflect changes and updates are communicated to staff through meetings, newsletters and memos. Compliance with legislative requirements is monitored through audits, staff competencies, performance appraisals, observation of staff practice and performance management as required. The home has a food safety plan in place.

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 findings

The home meets this expected outcome

Staff are provided with information to perform their roles effectively through the orientation program and other internal and external training courses. Position descriptions, duty lists, policies and procedures are available to guide staff practice. Training needs are identified through performance reviews, audits, clinical indicator trends, and staff and resident feedback. A monthly education calendar and flyers are circulated to alert staff to upcoming external, internal and mandatory training available. Processes to monitor staff attendance are managed through the human resource department. Staff are aware of the requirements for their positions and demonstrated knowledge applicable to their various roles. Examples of information topics relevant to Standard four include fire safety and evacuation procedures, workplace, health and safety including manual handling and chemical training and infection control and outbreak management.

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 findings

The home meets this expected outcome

The living environment and resident safety and comfort needs are assessed and reviewed through regular staff meetings, audits, incident and hazard reports, a maintenance system and staff observation. The home is spread over two buildings on a campus providing the three levels of aged care. There are varied configurations of room arrangements and the environment provides safe access to clean and well maintained internal and external communal areas; there are no malodours, with sufficient furniture appropriate for residents' needs. Handrails are in place throughout the home and walkways facilitate resident mobility outside. The maintenance team implement and oversee a preventative maintenance program on buildings, infrastructure and equipment, with external contractors being utilised as is appropriate. Restraint is utilised for some residents and appropriate authorisation and monitoring is generally undertaken. Staff ensure all external entrances to the home are secure in the evening; regular security rounds are undertaken by the onsite security guard, and staff have access to police and emergency telephone numbers in the event of a security breach. Residents/representatives are satisfied with the maintenance, safety and comfort of their living environment.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings

The home meets this expected outcome

Management of the home have implemented a safety system that meets regulatory requirements. The home's safety system is coordinated by on-site workplace health and safety officers and representatives. Effective processes are in place for the notification and control of hazards; for managing exposure to risks; for the reporting and investigation of staff

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incidents; for the management of chemicals; for regular safety and environmental audits, and for the rehabilitation of injured staff and to support their return to work. Staff are given education on their responsibilities in relation to the environment, and the home actively works to provide a safe working environment that meets regulatory compliance.

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 findings
The home meets this expected outcome

Processes are generally in place to identify and minimise risks associated with fire, security and other emergencies through regular fire inspections and auditing of both the environment as well as practices. Emergency and evacuation procedures are documented and available to guide staff practice along with resident evacuation lists that are updated weekly: resident movement is also captured in work station communication diaries. A preventative maintenance program for fire systems, equipment and signage are completed by an external provider and the workplace health a safety officer. Internal environmental and maintenance audits are conducted to monitor emergency systems and equipment and deficiencies are actioned accordingly. Evacuation diagrams are located across the site and exits are generally clear of obstructions. All staff participate at orientation and annually thereafter in a mandatory education program which includes evacuation training in response to fire and other emergencies, and are made aware of lock up procedures for security. Residents are informed of the fire, security and emergency procedures. Procedures are in place to ensure night time security of residents and staff.

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

Team's findings
The home meets this expected outcome

Each work unit area has a pandemic / outbreak plan and access to a pandemic kit if required. The kit includes personal protective equipment and signs that can be placed on resident room doors signifying the type of infection in a dignified way. All infections are documented as an incident on the clinical database and reports are generated regularly and analysed for trends. Staff have access to personal hand gel as well as hand washing facilities located throughout the facility. The infection control coordinator undertakes regular random hand washing audits. The team observed staff wearing personal protective equipment and disposing of waste in appropriate colour coded receptacles. Staff are provided with infection control training and access to free influenza immunizations. The homes food safety program includes taking the temperature of food items. Safe food storage practices are evident in the main kitchen: temperature monitoring of food stuffs and meals on delivery, storage and serving is conducted and recorded. Infection control systems are used for laundering items and cleaning. Cleaning schedules are in place for general cleaning. Residents expressed satisfaction with the cleanliness of the home and cares provided by the staff, and residents/representatives are satisfied with the actions of staff to control the risk of cross contamination.

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 findings

The home meets this expected outcome

Residents/representatives are generally satisfied with the standard of the catering, cleaning and laundry services provided at the home. Residents' dietary needs are assessed and along with their allergies, likes, dislikes and preferences are recorded so their needs and preferences can be met. Catering services are operated according to the home's food safety program. Rotating four weekly four season menus are planned with dietetic consultation prior to implementation. Meal alternatives are generally provided and specific food, drinks and snacks are provided according to resident preference and clinical need. The home's manchester along with residents' personal clothing items are attended to in the house laundry using specialised equipment and practices that minimise risks of cross infection. Cleaning services are carried out by trained staff using appropriate cleaning and waste disposal practices and according to schedules suitable to residents. Staff are directed by duty lists and complete work and cleaning schedules to ensure duties are carried out as required. Hospitality services are monitored via regular audits, observation of staff practice and through resident feedback in meetings, surveys and the complaints system.