



Aged Care
Standards and Accreditation Agency Ltd

McGowan Lodge

RACS ID 5155
35 Doolan Street
NAMBOUR QLD 4560

Approved provider: Sundale Garden Village Nambour

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 1 December 2015.

We made our decision on 8 October 2012.

The audit was conducted on 29 August 2012 to 31 August 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

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.

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

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.

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

Standard 3: Resident lifestyle**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

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.

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

Audit Report

McGowan Lodge 5155

Approved provider: Sundale Garden Village Nambour

Introduction

This is the report of a re-accreditation audit from 29 August 2012 to 31 August 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an 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 the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

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

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 29 August 2012 to 31 August 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two 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:	Kimberley Reed
Team member:	William Tomlins

Approved provider details

Approved provider:	Sundale Garden Village Nambour
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Details of home

Name of home:	McGowan Lodge
RACS ID:	5155

Total number of allocated places:	53
Number of residents during audit:	44
Number of high care residents during audit:	15
Special needs catered for:	Not applicable

Street/PO Box:	35 Doolan Street	State:	QLD
City/Town:	NAMBOUR	Postcode:	4560
Phone number:	07 5441 0726	Facsimile:	07 5441 0703
E-mail address:	pamela.fox@sundale.org.au		

Audit trail

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

Interviews

	Number		Number
Management staff	11	Residents/representatives	10
Registered staff	2	Volunteers	2
Care/ Lifestyle staff	5	Hospitality staff	6
Physiotherapist	1		

Sampled documents

	Number		Number
Residents' clinical files	6	Medication charts	18
Staff files	10	Residents' administration files	5

Other documents reviewed

The team also reviewed:

- Activity calendar
- Activity report
- After hours request to registered nurse log
- Assistance with medication administration request
- Audit results
- Beverage preference list
- Birthday list
- Blood sugar level record chart
- Catering service survey
- Cleaner's schedule
- Clinical pathways for skin tears
- Competency tools
- Complaints register
- Continuous improvement summary report
- Controlled drug register
- Dietitian's report
- Disaster management plan
- Emergency evacuation checklist
- Equipment register
- Fire evacuation plan
- Fire panel operation checklist

- Food and drink preference form
- Food safety program
- Food transport temperature log
- Health and safety representative handbook
- Housekeeping manual
- Incident report/ review
- Internal referral form
- Interview form
- Invitation to tender/tender criteria
- Job descriptions
- Leisure interests and activities
- Maintenance request books
- Mandatory reporting register
- Mandatory training matrix/mandatory training planner
- Medication competency checklist/ matrix
- Meeting action sheet
- Menus/menu assessment
- New employee checklist
- New team member information pack
- Newsletter
- Nurse initiated medication list
- Observations –post fall/ head injury
- Patch application history
- Performance planning
- Police checks
- Policies and procedures
- Preferred supplier contract/ preferred supplier certificate register
- Preventative maintenance program
- Recruitment policies and procedures
- Reference checks
- Resident data collection –infection control
- Resident list
- Residents' information handbook
- Residents' information package and surveys
- Roster
- Self assessment
- Shower and shampoo list

- Staff handbook
- Supplement list
- Supplier evaluation form /supplier non-conformance
- Temperature monitoring logs
- Training completed report
- Treatment/wound regime
- Weight report
- Work health and safety plan
- Work methods statements

Observations

The team observed the following:

- Activities in progress
- Assembly areas
- Chemicals store
- Equipment and supply storage areas
- Fire detection/fire fighting equipment
- Fire panel/fire exits
- Handover processes
- Interactions between staff and residents
- Internal and external living environment
- Maintenance shed
- Meal and beverage service
- Notice boards
- Personal protective equipment
- Residents assisted with medication
- Storage of medications
- Suggestion box

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

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

McGowan Lodge (the home) has a continuous improvement system for identifying improvement opportunities, implementing solutions, and monitoring and evaluating outcomes. Residents and staff have input via various feedback mechanisms including making suggestions verbally, submitting improvement request forms, raising issues of concern at meetings, completing satisfaction surveys or through the complaints mechanisms. Continuous improvement records are maintained and an internal auditing schedule regularly reviews the service areas within the home. Incidents, accidents, hazard reports and maintenance requests are further sources of improvement opportunities. Outcomes of audits are analysed to identify further areas for improvement, and to monitor the outcomes of improvements made. Results of continuous improvement activities and progress of actions taken are communicated to residents and staff through meetings, notices, memoranda, newsletters and one-on-one communication.

Improvement initiatives implemented recently by the home in relation to Standard 1, Management systems, staffing and organisational development include:

- A newsletter was suggested by staff for the home's residents to improve communications about what was going on in their home and to get to know each other better. This was introduced and a number of residents are contributing anecdotes, jokes, and other stories. Staff stated residents look forward to the next edition each month.
- Training for fire emergencies has recently been enhanced by the purchase of a system which has a fire on a television/radiator type screen. The trainee uses a normal extinguisher (weight and size) which emits laser beams when used. Different types of fires can be simulated and staff stated that it was an effective way of learning "as well as being fun".
- Clinical management became aware that some staff were having difficulty locating phone numbers to make appointments for allied health for residents. Also agency staff were often not aware of the login process to the online clinical care system. An allied health resource folder was developed listing the phone numbers, physical addresses, and email addresses of all providers used by the home. This has recently grown to include login details for the online clinical care system, church services in the community, and volunteer transport facilities available. Staff stated they find this folder a useful source of information.

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

There are systems to capture changes to relevant legislation, regulatory requirements, professional standards and guidelines. These systems include membership of the peak body representing aged care, subscriptions to organisations providing information on such changes, access to Internet websites, attendance at professional seminars and education sessions, liaison and subscriptions to professional journals. These changes are monitored within the provider's corporate office and communicated to staff through emails, meetings, noticeboards, education sessions where required, and can be accessed at any time via a regulatory compliance intranet site and updated policies and procedures. Staff criminal record checks are monitored along with annual licence registrations, and residents and relatives had been notified of the forthcoming accreditation audit. Staff stated they are provided with adequate information on changes to legislation and regulatory requirements relevant to their work area, and compliance with these changes are monitored via the audit process and supervisor observation.

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

The home has a range of strategies to ensure that staff have appropriate knowledge and skills, including incorporating these requirements in the key selection criteria at recruitment. The staff performance planning system identifies general educational needs, supported by a review of incidents and accidents, audits, staff practices, new technologies and methodologies, and specialised resident needs. The home has a library of self-directed learning packages, access to the aged care channel, the use of toolbox talks on locally relevant topics, and is at present trialling an online system available for staff to access offsite. Competency assessment also forms part of the audit of staff skills and is commenced at orientation for new staff and is an ongoing process. The organisation offers a range of training opportunities both on site using senior and other local experts, suppliers, or through other external providers. Traineeships over various qualifications and designations are offered to staff, and staff stated they are satisfied management is responsive to their learning needs. Examples of education provided include documentation, computer systems use, call bells, missing persons reporting and answering telephones.

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

Residents/representatives are informed of internal and external comments and complaints mechanisms on entry to the home, through the residential care agreement, the resident handbook and at resident meetings. Information leaflets and a secure suggestion box with information displayed and forms available are situated in a convenient place within the home.

Staff are aware of the complaints process and how to assist residents to lodge a complaint when required. Management has an open door policy and accepts the responsibility to log and action complaints through to resolution and any complaints are discussed at executive management level on a monthly basis. Residents and their representatives feel comfortable bringing issues of concern to staff and management and they receive feedback.

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

Management has documented the home's vision, mission, and values, and these are displayed in the residents' handbook, the staff handbook and on the walls of the home and discussion of them forms part of the orientation sessions. The quality statement forms part of a staff member's conditions of employment and management's strategic vision. The organisation's strategic plan is published as a one page document and distributed to all residents and displayed for visitors and relatives for their information and interest.

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 ensures appropriately skilled and qualified staff through its human resource procedures, which include key selection criteria at recruitment, reference checks, contracts of employment, position descriptions, performance reviews, and training and education opportunities and requirements. Roster reviews taking into account resident acuity, staff changes, and staff needs ensures the correct skills mix and staff sufficiency are maintained. Roster gaps on a daily basis are filled using a casual pool and if necessary agency staff. New staff have buddy shifts as required and supervisors to guide them through the three months probationary period. Staff are satisfied that there is sufficient of them rostered for them to complete their duties and attend to residents in a reasonable time. Resident surveys and interviews indicate that residents are satisfied with staff responses to requests for assistance.

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

There is a purchasing process for consumables and capital budget items that ensure sufficient and appropriate goods and equipment are consistently available to deliver the care and services required. Staff, residents and representatives have the opportunity to contribute ideas to the capital expenditure budget. Key personnel are responsible for ordering and maintaining stock levels of specialised health and personal care products, catering items and

other housekeeping and cleaning materials; stock is examined for fitness on receipt and rotated with remaining stock. There are preferred suppliers and contracts are negotiated as appropriate, reviewed as required, or when there are concerns and stakeholders are asked for their input. There is a planned maintenance program to ensure ongoing reliability of equipment and infrastructure and a corrective maintenance program to attend to minor items needing attention. Residents and their representatives and staff are satisfied with the availability and appropriateness of the goods and equipment provided.

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

There are systems to enable staff and management access to sufficient and reliable information for appropriate decision making. The home uses computer systems for care and other management processes and staff have password access at the appropriate level. Staff files are stored in locked cabinets and residents' clinical files are accessible electronically to those needing the information. Staff indicated that the information necessary to perform their jobs is readily available and that regular staff briefings keep them informed on a range of relevant topics. Staff can access information about happenings at the home, staff newsletters and training information through their work email address on their personal computers at home. Records are archived electronically, or physically on site for a period then removed to contract storage from where they are destroyed under contract. Residents and their representatives and staff are satisfied with information management, including communication, at the home.

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

The home's management has written preferred supplier contracts with various external services to ensure that all areas of residential care needs are met. These agreements detail the quality expectations of the home and the type and frequency of service provided by the contractors. Where contractors do not have a criminal check on file or have not received emergency orientation, management ensures that a staff member remains with them while they perform their task. All contractors are required to sign in and out of the home when they visit. Residents and staff indicated satisfaction with the services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Improvement initiatives implemented recently by the home in relation to Standard 2, Health and personal care include:

- Staff stated that when residents showed symptoms of low blood sugar levels they did not always have immediate access to the fast-acting carbohydrates recommended in their clinical pathways manual. A “hypo kit” has now been put in place (which includes preferred items to treat residents with low blood sugar levels) and staff stated it is useful to be able to immediately source the items listed in the home's clinical pathway.
- Staff suggested the addition of “brain training exercises” to the suite of activities for use on the residents' computer. Various games have been purchased or downloaded free and staff stated these are having a positive effect to improve cognitive skills, attention, memory, and speed of reaction.
- Clinical and care staff raised the concern that residents returning from hospital sometimes had new medications which could only be administered by a registered nurse. A system was developed to insert an alert card into the medication chart so that medications are not given by anyone not authorised to do so. A review of medication charts at the home indicated this process is being utilised effectively.

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

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance processes.

In relation to Expected outcome 2.2, management maintain and monitor the systems to manage residents' care planning in accordance with the *Quality of Care Principles 1997*, protocols for medication management, and the reporting of unexplained absences as set out in *The Accountability Principles 1998*. Staff demonstrated knowledge of their legislative responsibilities under Standard 2 outcomes.

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

Refer to Expected outcome 1.3 Education and staff development for information about the home’s education and staff development processes.

In relation to Standard 2 Health and personal care, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to health and personal care. Examples of education provided includes (but not limited to) medication administration, pain management, recognise healthy body systems, wound management, heat wave and residents, nursing care, skin tears and catheter management. Staff demonstrated their clinical and care knowledge and responsibilities under Standard 2 outcomes.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents’ clinical needs are assessed on entry to the home through interviews with residents and their representatives, and discharge summaries as provided. Interim care plans are formulated which guide staff practice until individualised care plans are established. Completion of individualised assessment tools guide staff in the development of care plans. Registered nurses review care plans every three months following input from care staff across all shifts. Care staff are knowledgeable of individualised resident’s requirements, and their knowledge is consistent with care plans. Information relating to residents’ health status is discussed at shift handover and recorded in progress notes and communication diaries. Reassessment occurs if indicated; changes are actioned, and care plans are amended as required. Residents are satisfied with the clinical care that is provided by staff.

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

The home has systems and processes to support the specialised nursing care needs of residents. The home is currently providing, and has equipment and skills to support care needs such as diabetes management, anti-coagulant therapy, wound management, chronic infections, pain management and palliative care. The registered staff assess the initial and ongoing specialised nursing care needs, and establish residents’ preferences. Care plans are developed to guide staff practice, care guidelines support specific care needs and interventions are evaluated regularly or as required. Registered nurses are available 24 hours a day, and oversee and assess specific care requirements. Where care needs exceed the knowledge and skill of staff, external education is sourced from specialised health care services to support care delivery and provide training to staff. Residents are satisfied with the quality of care provided at the home and the support received with specialised care needs

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

The home has processes to support referral to other health and related services where residents’ health needs dictate. Residents’ needs and preferences are assessed on entry to the home and on an ongoing basis. Residents are supported and encouraged to access other health professionals and health services including podiatry, dietetics, optometry, audiology, physiotherapy, pathology, speech pathology and mental health services. Some services are provided on site and assistance for residents to attend external appointments is facilitated when necessary. Specialists’ reports are received, information is documented in progress notes and changes are made to care plans as required. Residents are satisfied with the range of and access to allied health specialists.

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’ medication needs are assessed on entry to the home and on an ongoing basis. Medications are managed using a packaged system and individually dispensed items for medications that are unable to be packed. Registered staff administer medications and care staff assist residents with their medication. Policies and procedures guide staff in ensuring residents’ medication is managed safely and correctly. Medications are stored securely and records of controlled medication are maintained in accordance with state regulatory requirements; those medications required to be stored at specific temperatures are stored within refrigerated confines. Residents who prefer to self administer their medication have been assessed as competent and are provided with secure confines to store their medication. Medication incidents capture information related to medication errors and staff practice is reviewed following incidents. Medication charts contain information to guide staff in the administration or assistance required when administering medication to residents. Residents indicated they receive their medication in a timely manner and are satisfied with the support they receive in relation to medications.

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

The pain management needs of residents are identified through initial assessments on entry to the home using focus tools with provisions for non-verbal assessments as required. Pain strategies are implemented as required and include medication, heat packs, gentle exercise and pressure relieving devices. Medication measures include regular prescribed oral pain relief and patches. The use of pain relief is monitored for effectiveness and ‘as required’ pain relief is recorded and monitored for frequency of use. Pain monitoring is completed by registered staff and pain assessments are commenced on residents identified as requiring regular ‘as required’ pain relief or experiencing acute pain. Physiotherapy services provided at the home include the use of therapeutic massage, electronic stimulation and range of movement exercises. Pain management strategies are reviewed regularly, and as required,

to ensure the interventions for pain are current and changes are communicated to staff as required. Residents are as free from pain as possible and are satisfied with the care they receive to minimise pain.

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

Palliative care strategies and wishes are discussed with residents/representatives on entry to the home or at a time which is suitable. Information such as enduring power of attorney and advanced health directives are located in the resident records if required. The home is supported by palliative care resources (including emergency medications and syringe drivers) which are available from a neighbouring high care facility. Specific care instructions are communicated to staff using care planning guidelines, handover processes, communication diaries and progress notes. Staff have access to palliative care resources such as mouth care products, specialised bedding and pain relief to ensure appropriate care provision. Staff are aware of the care needs and measures to provide comfort and dignity for terminally ill residents.

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’ dietary needs, allergies, likes and dislikes are identified on entry to the home and on an ongoing basis. Nutrition and hydration requirements, special diets and preferences are reflected in care plans and resident profiles to guide staff practice. Residents’ dietary requirements are reviewed regularly and as required. Catering staff are alerted to changes in resident diets and fluid requirements. Residents are weighed in accordance to their individual requirements and changes in weight are monitored by the registered staff to support changes in diet, implementation of supplements and/or referral to the Dietitian and Speech Pathologist if required. Directives from allied health personnel relating to nutrition and hydration are implemented. Strategies implemented to assist residents to maintain adequate nourishment and hydration include assistance with meals, specialised cutlery and dietary supplements. Residents and their representatives are satisfied with the quantity of food and fluid received.

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’ skin integrity is assessed on entry to the home and planned interventions are included in the residents’ care plan to guide staff practice. The potential for compromised skin integrity is also assessed and preventative strategies implemented as appropriate, including moisturisers, specialised mattresses and assistance with personal hygiene. Skin care needs are reviewed during hygiene routines, reassessed regularly and changes

communicated in daily handover reports, communication diaries, care plans and progress notes. Wound care is managed by registered staff guided by wound care pathways. The home receives support and education from external wound specialist services if required. Staff have an understanding of factors associated with risks to residents' skin integrity. The incidence of injury/skin tears is captured on incident reports and interventions are implemented as appropriate. The home has sufficient supplies of wound and skin care products to ensure effective skin care management when required. Residents are satisfied with the management of their skin integrity.

2.12 Contenance management

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

Team's findings

The home meets this expected outcome

Residents' continence needs are assessed on entry to the home and on an ongoing basis. Residents' individual continence programs are assessed and developed by the registered nurses in consultation with care staff trained in continence management. Care plans direct staff practice and ensure individual residents' preferences are met. Staff have an understanding of continence promotion strategies such as the use of aids and toileting programs. Staff monitor and record urinary and bowel patterns; care plans are reviewed every three months and as required. Individualised bowel management programs are developed and include medication and other natural methods. Residents are satisfied with the assistance by staff to maintain their continence.

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 are assessed on entry to the home and actual or potential indicators for challenging behaviours are identified. Care staff monitor and chart challenging behaviour to enable assessment by the registered staff and the development of care plans that identify risks, triggers and the effectiveness of interventions. Staff are knowledgeable of individual resident needs and risks. Care staff, lifestyle staff and volunteers support residents in maintaining their abilities and interests as well as providing distraction and one-on-one support when they are unsettled. The effectiveness of strategies used by various staff members to assist residents with challenging behaviours is discussed during handover processes and communicated in progress notes. Residents requesting or requiring protective assistive devices have relevant authorities which are reviewed regularly. Residents are satisfied with the way challenging behaviours are managed; staff are discreet and supportive in their interventions.

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' mobility, transfer and dexterity needs and falls risks are identified on entry to the home. Referral to physiotherapy services occurs following falls or identified issues relating to mobility. Care plans are developed and reviewed regularly and as required. Care staff, physiotherapy and lifestyle staff provide assistance to residents with exercise, balance and range of movement activities. Mobility aids such as hoists, wheelchairs and wheeled walkers are provided if required. Incident forms are utilised to record the incidence of falls and actions are taken to reduce the risk of further falls, for example the implementation of mobility aids. Staff are provided with mandatory training in manual handling techniques. Residents are satisfied with the assistance provided to maintain mobility and maximise independence.

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' oral and dental care needs are assessed on entry to the home and care strategies are developed including consideration for resident preferences. The level of assistance required maintaining oral and dental hygiene is determined and this information is included in the residents' care plan to guide staff practice. The effectiveness of care plans are reviewed regularly and as care needs change. Dental services are provided locally and assistance is provided to access resident's preferred dental provider when required. Resources such as mouth care products are utilised to meet residents' oral hygiene needs. Residents are satisfied with the assistance given by staff to maintain oral and dental health.

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' care needs in relation to senses such as hearing, vision, touch, speech and communication are assessed on entry to the home, reassessed regularly and when care needs change. Care plans are developed to guide staff practice and strategies address identified needs and personal preferences including reference to the use of assistive devices. Residents identified with impaired sensory function have specific care planning guidelines to assist staff in their daily care. The lifestyle program includes activities to stimulate residents' senses such as musical and sensory activities. Audiology and optical specialists are accessed as required to identify and address identified concerns and/or provide ongoing management. The environment at the home supports the needs of residents with sensory loss by the use of specific storage areas with adequate egress. Staff assist residents to clean and fit sensory aids. Residents are satisfied with the care and support offered to minimise the impact of any sensory loss.

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’ preferred sleep and rest patterns are identified on entry to the home. Focus tools are utilised by staff to monitor sleep patterns and triggers for sleep disturbances such as pain or toileting needs are identified. This information is recorded on care plans to guide staff practice. Staff at the home maintain a quiet environment to assist residents to settle and remain asleep. Residents’ medical officers are consulted if interventions are considered to be ineffective. Residents are satisfied with the interventions by staff to assist them to achieve their desired sleep and rest patterns.

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

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Improvement initiatives implemented recently by the home in relation to Standard 3, Resident lifestyle include:

- Activities in the home were being held in the dining room which sometimes caused difficulties in setting up for meals. Another room which adjoins the lounge room and without a dividing wall was suitably furnished and arranged to be the activities room. Staff and residents stated that not only is it more convenient but having a separate place for activities makes it “a special place”.
- It was suggested at a residents’ meeting that just as some clothing retailers occasionally visit the home, it would be appreciated if a similar arrangement could be made for shoes. Staff arranged for a local store that retails locally made shoes to visit twice yearly. Staff stated residents’ choice has been enhanced as well as their independence.
- Some residents suggested they would like access to a chaplain on a more regular basis than the monthly visitation of religious ministers. A chaplain from the local hospital volunteered to visit the home one morning a week. Feedback from residents regarding these visits has been positive.
- A computer was introduced for use by residents and families. Lifestyle staff put photos from activities on the computer and families bring in memory sticks of recent and past family events for their residents to share and enjoy. A mobile computer device is being trialled for use with residents who have difficulties using the mouse or prefer the privacy of their own room. A second computer has been purchased to meet the demand. Staff stated many residents are using the computer at their leisure.

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

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance processes.

In relation to Expected outcome 3.2, management maintain and monitor the mandatory reporting register, residents’ privacy, and ensure residents’ security of tenure in line with legislative requirements. Staff demonstrated knowledge of their legislative responsibilities under Standard 3 outcomes.

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

Refer to Expected outcome 1.3 Education and staff development for information about the home's education and staff development processes.

In relation to Standard 3 Resident lifestyle, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to supporting residents' lifestyle requirements. Examples of education provided include resident protection, resident rights and Eden alternative. Staff demonstrated their knowledge and responsibilities under Standard 3 outcomes.

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

The entry process at the home includes gathering information from the resident and/or their representative to identify residents' lifestyle background, personality traits, likes, dislikes, current abilities and assessment of emotional needs for the development of care plans. This knowledge enables staff to provide support in a manner that minimises the adjustments necessary for residents settling into communal living accommodation. Pastoral care is available to support residents' emotional needs and residents are given the choice of continued visitation. Clinical staff use assessment tools to assist in the early detection of residents with depression and referrals and support systems are implemented as necessary. Feedback from residents and their representatives is gained during individual care conferences, written correspondence, thank you cards, resident meetings and one to one conversations. Residents and their representatives are satisfied with the emotional support provided by the staff.

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 to ensure that residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Residents are assisted to maximise their independence through health care interventions and are encouraged to be independent by participating in outings within the local community. Residents' independence is also fostered by providing individualised mobility aids, eating utensils, assistance to vote if desired, and the opportunity to have telephones, televisions, computers and radios in their room. Social functions and interaction with friends and family is promoted within the home environment. Staff practices promote and support residents' independence within their capacity in relation to personal care and

activities of daily living. Residents are satisfied with the level of independence afforded to them.

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

Resident's right to privacy, confidentiality, dignity and respect is recognised and maintained by management and staff. Information about the right to privacy and dignity is contained in the resident handbook, discussed at resident meetings and explained to residents and their representatives on entry to the home. Residents' administrative and care files and treatment information are stored and accessed in a way that provides security and confidentiality of resident information. Information about each resident's personal preferences and needs regarding privacy and dignity are collected and specific needs are incorporated into care plans and communicated to relevant staff. Staff practices in relation to interactions with residents ensures that their privacy and dignity is maintained for example knocking on doors, addressing residents by their preferred name and closing doors when personal care is provided.

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

Information about residents' interests (past and present), capabilities and significant relationships is collected on entry to the home and reviewed as needs change. The Lifestyle Coordinator develops a program of activities in consultation with the residents and information about activities and outings are contained in calendars and displayed on notice boards throughout the home. Themed days are organised and special days of significance are celebrated. The activity program is evaluated and amended based on residents' feedback from one-to-one discussion, resident meetings, surveys, residents' attendance rates and on the changing needs of the resident population. Residents are satisfied with the range of activities available to them and are encouraged and supported to attend those activities of interest to them.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Resident's spiritual beliefs, customs and cultural and ethnic backgrounds are assessed through consultation with the resident and their representatives. Residents' specific cultural and spiritual needs and preferences are incorporated into care plans and relevant information is available for care staff members. Church services are provided; residents unable to attend can be visited in their rooms, and residents preferring a visit from a spiritual adviser of another denomination are accommodated. Staff facilitate resident attendance as

requested. Significant days, related to an event or culture, are celebrated and residents are encouraged to have cultural and/or spiritual items in their rooms. Community resources are available and can be accessed for information, advice and translation services when required. Residents are satisfied with the support and assistance they receive to maintain their cultural and spiritual preferences.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents and their representatives are able to exercise choice and make decisions regarding the care and services they or their relative receive through ongoing one-to-one consultation with staff and management, surveys, resident meetings and the comments and complaints process. Residents' hygiene and grooming preferences, sleep patterns and other routines are assessed on entry to the home and on an ongoing basis. The home assesses when residents are unable to make decisions for themselves and alternative decision-makers (such as an enduring power of attorney or significant other) are identified to make decisions on their behalf. Information is communicated to residents with the ability to make informed choices in written and verbal forms. Staff interactions with residents support the right of residents to make choices and provide them with the opportunity to make their own decisions, within their capacity, in relation to activities of daily living. Residents have an awareness of their rights and responsibilities and have access to information regarding advocacy services if required.

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

Each resident and their representative is provided with an information package which includes a residential care agreement and a resident handbook. The information provided includes residents' rights and responsibilities, security of tenure (including the circumstances in which a resident may need to be transferred or discharged and the consultative process to be followed), fees and charges, internal and external complaint mechanisms, and the care, services and routines provided at the home. Residents and their representatives are notified about changes relating to security of tenure, rights and responsibilities or fees via personal letters, and one-to-one contact when required. If there is a need to relocate a resident to another room or service the home has policies and procedures and consultation with the resident and/or their representative occurs. Residents and their representatives are aware of their rights and responsibilities and are satisfied that their tenure at the home is secure.

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

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Improvement initiatives implemented recently by the home in relation to Standard 4, Physical environment and safe systems include:

- Following a review of the organisation’s readiness to manage in a crisis, a catering pack was designed to be in place on each site. This comprises seven boxes, one for each day, containing the ingredients to feed the residents on that site for the three meals of that day. It also contains directions on each recipe and catering management is confident that any person could “be the cook”. Management stated that these supplies gave the site more food security especially if they had to vacate the site.
- Cleaners attend to the cleaning of resident rooms on a regular basis. Some residents complained that their rooms had not been cleaned because they were not there when the cleaner called so did not see them. The cleaners designed a calling card to leave in the room which records the date and the time the cleaning was done. Residents have responded positively to the system.
- A computerised system has been installed in the catering department which has entered into it all of the meals on the menus. By entering the meal to be served and the number of portions the total of each ingredient required is calculated. This ensures accurate forecasting, purchasing, and portion control and easy recipe modification. Catering management stated this system allows them to modify recipes without changing the nutrient values. They also said wastage has been reduced since the introduction of this system.
- Staff indicated that time was being wasted returning to the handwashing basins in the home when this was needed. Because of the long layout and age of the home sanitisers were installed along the verandah outside every second room. Staff stated this has saved time and as they are making more frequent use of them infection control practices have improved as a result.

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

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance processes.

In relation to Expected outcome 4.2, management maintain and monitor the systems to manage fire safety and other emergencies, occupational health and safety, infection control

best practice and food safety. Staff feedback demonstrated knowledge of their legislative responsibilities under Standard 4 outcomes.

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

Refer to Expected outcome 1.3 Education and staff development for information about the home's education and staff development processes.

In relation to Standard 4 Physical environment and safe systems, education is provided to staff to ensure that residents' have a safe and comfortable living environment that supports the quality of life and welfare of residents, staff and visitors. Examples of education provided includes (but not limited to): fire and emergency training, manual handling, infection control, asbestos management, safe food handling, oxygen handling, chemicals and incident reporting. Staff feedback demonstrated their knowledge and responsibilities under Standard 4 outcomes.

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 scheduled audits, visual inspections, risk assessments, incident/hazard reports, maintenance requests, feedback from residents and staff observations. The home consists of single ensuited rooms and residents are encouraged to take ownership of their environment by personalising their room. The environment provides safe access to clean and well maintained internal and external areas, with appropriate furniture sufficient for residents needs. Preventative maintenance and cleaning schedules are adhered to by staff. Any additional maintenance requirements are reported by staff or residents and are attended to by maintenance staff and/or external contractors in a timely manner. Security measures are in place to ensure overnight security in the home. Residents are satisfied with the 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

The home's management is actively working to provide a safe environment for staff that meets regulatory requirements through its monitoring systems and its education programs. A three-monthly meeting across the organisation covers issues of work health and safety and the topic is a standing agenda item at all staff meetings. Audits of the internal and external environment are carried out on a regular basis. Staff are introduced to safe working practices

through the initial orientation program, during their buddy shifts, during normal working times by observation of safety representatives and supervisory staff, and by annual mandatory training programs. There are daily corrective as well as preventative maintenance programs to ensure equipment and infrastructures are kept in a safe working condition. New equipment is risk assessed and trialed prior to purchase and staff are trained in its safe use. Personal protective equipment is provided for use in appropriate situations and staff were observed to be using it in those situations.

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

Procedures have been established and staff are trained in the processes to follow in the event of fire or other emergency. Training sessions are conducted monthly and training records indicate that all staff have completed their annual statutory fire training requirement. Fire drills are carried out monthly and across each shift quarterly and debriefs are held to discuss improvements possible. Fire detection and fighting equipment such as smoke and heat detectors, fire blankets, exit lights, and fire extinguishers are maintained on a regular basis. Evacuation plans are displayed throughout the building, and the assembly areas are signed and easily accessible. A certificate of maintenance regarding fire is held. Security measures are in place to ensure overnight security in the home. Residents are notified of the safety procedures to follow when they enter the home and through resident meetings and stated that they are satisfied with the safety of their environment.

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

The home has an infection control program to identify, document, manage and minimise infections. The program includes a food safety program, pest control measures, a vaccination program for residents and staff if they choose and outbreak management contingency plans. Infection control education is provided to all staff. Cleaning schedules and laundry practices are monitored to ensure infection control guidelines are followed. Residents' infection statistics are recorded and reviewed monthly. Personal protective equipment and colour coded equipment are in use and hand washing facilities, hand sanitisers, sharps' containers and spill kits are readily accessible. Staff described infection control measures, including the appropriate use of personal protective equipment, hand hygiene procedures and precautions to be taken.

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

Catering services are provided to meet residents' dietary needs and preferences that are identified on entry and an ongoing basis. Meals are prepared in a central kitchen and

transported to the dining areas of the home where they are plated from a bain marie and served. Residents have input into the menu through resident meetings, direct daily feedback to catering and care staff and annual surveys. The menu is a seven-weekly rotating menu and allows choice if the resident does not wish to have the served meal. The kitchen has monitoring systems to ensure that food is stored at the correct temperature; stock is dated and rotated, and food is served within safe temperature ranges. Cleaning schedules are used to ensure that residents' rooms, common areas and service areas are cleaned regularly, with care staff assisting with emergencies over the weekend. All laundry is done on site in a central laundry three days a week. Staff demonstrated knowledge of the importance of infection control principles to their roles, knowledge of chemicals used and the needs of individual residents. The home monitors the effectiveness of hospitality services through resident feedback and regular environmental and infection control audits and identified deficiencies are actioned in a timely manner. Residents are satisfied with the catering, cleaning and laundry services provided by the home.